Anglia Living Care Services Ltd

Anglia Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Anglia Care is a domiciliary care service providing personal care to people living in their own homes. The service provides support to adults.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 109 people receiving the regulated activity of personal care.

People's experience of using this service and what we found
We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

There had been recent changes in the management of the service. The provider and management team had identified areas for improvement, but these had not yet been fully implemented or embedded in practice. The systems in place for monitoring and assessing the service were not fully established to ensure shortfalls were identified and addressed in a timely way. This included the lack of documented actions taken to show how shortfalls in staff practice, recording and feedback received was addressed.

Records relating to people's care and support required improvement, there were inconsistencies and some information out of date. To address the shortfalls, a new electronic care planning system was being rolled out and all people's care needs were being reviewed and documented.

The systems to plan people's care visits needed improvement to ensure they were managed to support staff with time to travel between visits and stay for the planned amount of time. We received feedback from people and relatives that staff were not always skilled to support them in the way they needed and preferred.

There were systems in place to reduce the risks of abuse and avoidable harm. Support provided with medicines was monitored and actions taken where discrepancies were identified. Staff received training in infection control and processes were in place to monitor staff.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 29 September 2017).

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We received concerns in relation to the care provided, medicines management and visit times. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Anglia Care on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to deployment of staff and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Anglia Care

Detailed findings

Background to this inspection

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

Inspection team
The inspection was undertaken by one inspector.

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

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

At the time of our inspection there was not a registered manager in post. There was a manager in post, they had not yet submitted their application to register.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because we needed to be sure someone would be in the office to support the inspection, due to there not being a registered manager in post.

Inspection activity started on 7 June 2023 and ended on 23 June 2023. We visited the location's office on 7 June 2023.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 25 May 2023 to help plan the inspection and inform our judgements.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
During our visit to the office, we spoke with the manager, office manager, and the training and recruitment manager. We reviewed records including 6 staff personnel and recruitment files, care plan audits, safeguarding records, medicine audits and error logs.

Following our visit to the location's office, we used electronic file sharing to enable us to review documentation. This included the care and medicines records of 5 people who used the service, records relating to care visits undertaken and policies and procedures. We received electronic feedback from a person who used the service, a relative and 11 staff members, including care and senior care staff. We also spoke with 9 people who used the service, 12 relatives and 3 members of care staff on the telephone.

We fed back our findings of the inspection via video call on 23 June 2023 to the office manager and manager.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

● Improvements were needed so that people received care for the full amount of their agreed time and from staff who understood their needs and knew how to care for them.

● The manager told us there were enough staff to cover the planned care visits. There had been only 1 missed visit, which was documented, and actions taken to reduce the risk of this happening again.

● Records of April and May 2023 showed 67% of visits had no travel time between each visit. The manager told us they informed the staff the planned times were a guide, they must not rush visits and cut visits short. However, we found 11% of visits were less than half the planned duration and 41% of visits were between 50% and 90% of the planned length of time.

● People did not always know when their care visits were going to be and who was visiting them. People told us they were not always kept updated when there were going to be changes to the usual visit times. For example, earlier than expected in the mornings so they were still in bed and in the evening, later than when they preferred to go to bed. The manager told us the contract identified visit times were a guide and not guaranteed, and they informed people of times in exceptional circumstances.

● The majority of people and relatives said there were main staff who undertook their visits who they were happy with. However, we were told sometimes other staff who undertook visits did not always know how to support them. People said they were spending the time they should be receiving care explaining to staff how to provide care and having to check they had undertaken all the tasks expected. A person told us they worried that staff would not have time to provide the support they needed.

● The majority of people told us they did not feel rushed by their regular care staff, but sometimes felt other care staff were, "Watching the clock." We received mixed feedback about if staff stayed for the duration of their visits, some said they did not stay for the planned time.

● We received concerns from some people and relatives that staff could not always communicate with them in English. We also saw this had been raised in recent quality assurance calls to people. The manager provided assurances this was being addressed. This included training provided to staff in how to communicate with people effectively including the use of English and regional terms.

Systems had not been established to ensure staff were appropriately deployed and skilled to undertake care visits which were planned to meet people's needs and preferences. This was breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Records showed staff were recruited safely, including the necessary checks, such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment

decisions.

Learning lessons when things go wrong
● There were systems in place to learn lessons, this was identified in records of complaints and incidents. This included disciplinary action where required.
● However, the oversight in the service needed improvement to ensure all actions taken were recorded.

Assessing risk, safety monitoring and management
● There were risk assessments in people's care records which identified how these were to be mitigated.
● However, there were 2 care plans being used for people. The initial care plans and risk assessment had been partially uploaded onto and electronic care plan. The manager and office manager told us they had identified shortfalls in the electronic system and a new system was to be introduced in August 2023 when it was planned that all records would be in 1 place.
● We were assured by feedback from staff and people that risks were being mitigated. However, there was a risk that staff may not always read the 2 sets of care records and potentially miss information of how to keep people safe.

Using medicines safely
● People's care records included the support people required with their medicines. However, some records were contradictory regarding who supported people with their medicines. Although there were prompts on the electronic system for what creams were to be administered, this was not in the main body of the care plans. There had been no incidents which related to this, however, there was a potential risk of error. The manager assured us records would be amended to include the information.
● Medicine audits demonstrated checks were undertaken and where errors identified actions were taken to reduce risks to people.
● Staff received training in the safe handling of medicines and their competency was checked.

Systems and processes to safeguard people from the risk of abuse
● There were systems in place to guide staff in how to identify and report abuse and poor practice, known as whistleblowing. This included policies and procedures and staff training.
● Staff confirmed they had received training and were aware of the actions they needed to take if they were concerned about a person's safety.
● The service reported safeguarding concerns to the local authority safeguarding team, when abuse was suspected. Records were maintained of safeguarding incidents, when they were reported and the outcomes.

Preventing and controlling infection
● Staff had received training in infection control, and they confirmed there was enough personal protective equipment (PPE) provided.
● A person told us how staff used PPE when they visited.
● We saw spot check records which showed staff were provided with guidance when they were not following infection control processes as required, including changing gloves and washing hands.

Requires Improvement

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager in post. The last registered manager deregistered in March 2023. There was a new manager in post who was planning to submit a registered manager application and was being supported to access a qualification relevant to the role.
- Some staff told us they felt the service was well led, others said that changes of managers bought changes in ways of working which was unsettling.
- We were assured the provider and management had identified where improvements were needed in the service. However, these were not all fully implemented or embedded in practice.
- There were detailed spot checks in staff files, which identified shortfalls observed in staff practice and how they were advised of the improvements needed. However, not all of the staff files included 1 to 1 staff supervision and appraisals and where these were in place, they had not followed up on the shortfalls identified in spot checks to ensure staff had learned lessons to improve their practice.
- Daily notes, which recorded the support people had been provided with, required improvement. For example, some contained conflicting information. For example, where some people were not feeling well or displaying distressed behaviours, the record identified the incident but then recorded the person's mood was 'okay'.
- The language and ways of describing the support provided used in some daily records was not always person centred or respectful. There was limited documentation which identified actions taken as a result of the monitoring of daily records. However, discussions with staff and the manager showed staff were advised where improvements were needed, the manager assured us this would be recorded in future to ensure there was an audit trail of actions taken to improve.
- Care plans were not always kept up to date and current. For example, a person's records described how they should have equipment in place, which the manager confirmed was no longer used. Another care plan in 1 part stated there were no medical conditions recorded, and in another part listed the person's conditions. There was not always detailed information in the care plans which identified how the person's health conditions affected them, to ensure staff were aware of how to identify and report any concerns about the person's wellbeing.
- During our monitoring activity of the service, we were told the last satisfaction surveys had been completed in 2021. During this inspection, the manager told us telephone monitoring was undertaken in May 2023, which was confirmed by a person who used the service. We saw the results of 28 responses, however, there was no information to show how people's comments were being addressed and used to

drive improvement. The manager told us this would be addressed.
● Audits were undertaken on staff files, some of these were not dated or included who had undertaken the audits.

Governance systems in place were not robust enough to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. The provider was not maintaining accurate and up to date records relating to people's needs. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We received mixed feedback from people using the service and relatives about the quality of care provided. Where people had told us about their concerns, the majority also added they were happy but wanted to make us aware of the areas they had identified which needed improvement. For example, a relative said, "We are 95% happy."
● The provider and management team formally informed us of notifiable incidents which was required.
● The manager and office manager had told us they had identified shortfalls in the electronic care planning systems in place, as a result a new system had been sourced and due to be rolled out in August 2023. Staff were being trained in the system prior to it being implemented and work was being undertaken to ensure all care plans and reviews were up to date.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● We received mixed feedback from people who used the service and relatives about how the service engaged with them, including if they were asked for their views of the service. Some said they had reviews of their care, others said they were never contacted by the service other than the staff who completed their visits. One person said they received, "Zero," contact from the office, "The only time I speak to anyone from the office is when I call them."
● The manager told us how they were improving in this area and conducting visits and telephone calls to people and planning to have regular checks ins with people to check how they were feeling about the care provided.
● Some people and relatives said issues were addressed immediately, whilst others said they felt this was not the case, sometimes issues were addressed then reverted back to how they were.
● A staff survey had been undertaken in August 2022; we reviewed a summary of the results of the surveys, but no information was in place about actions taken as a result. The manager told us this would be implemented.
● Records of complaints included actions taken and how they were used to drive improvement were in place. However, prior to our inspection we had received concerns that complaints had not always been addressed. This had recently improved, and we saw correspondence from a relative and feedback during our inspection which confirmed this.

Continuous learning and improving care
● There were audits undertaken in areas such as medicines management, care plans and daily notes. Records relating to medicines showed errors and discrepancies were being identified and addressed. However, improvements were needed to ensure staff were provided guidance regarding people's prescribed creams in care plans.
● During feedback the manager told us how they were improving and was planning supervision for staff, they were improving the culture in the service by arranging coffee drop ins to show staff that coming into the office did not always mean they were being 'told off'.
● We saw records which showed care staff had received an induction, training and undertaken shadow

shifts. The manager told us they would consider how all training could be recorded, as well as in individual staff files, to give a clear overview of any gaps.

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

- There was a duty of candour policy and procedure in place.
- Records, such as incident records identified people and where appropriate their relatives were contacted and provided with an apology.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems in place were not robust enough to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. The provider was not maintaining accurate and up to date records relating to people's needs. This placed people at risk of harm.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Systems had not been established to ensure staff were appropriately deployed and skilled to undertake care visits which were planned to meet people's needs and preferences.