

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 ☆

Summary of findings

Overall summary

About the service

Anglian Care Limited provides personal care to people living in their own houses and flats and specialist housing. This service is a domiciliary care agency. It provides a service to older people. At the time of our inspection there were 54 people using the service.

People's experience of the service and what we found:

The provider continued to develop and innovate to improve services for people. External professionals were extremely positive about the service. The management team understood issues in the local community and worked to address them through effective working with a wide range of other organisations. People and relatives told us the service was well led. The service was exceptionally well managed.

Effective systems were in place to assess, monitor and improve the quality and safety of the service and the providers and registered manager were constantly looking for areas of the service where further improvements could be made for people's benefit.

Staff understood how to safeguard people from abuse and knew when and how to report safeguarding concerns to the relevant people/agencies. Risks to people were managed safely.

There were enough staff to support people and meet their needs. Medicines were managed safely. Staff had the appropriate recruitment checks to ensure they were suitable for their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People received an assessment prior to using the service. People were supported to maintain good health and access services when required.

Staff respected people's dignity and privacy and people told us staff were kind and caring. A person said, "My [family member] and I are very happy. I have 2 regular carers who have gone the extra mile."

People were encouraged to give their feedback and views about the quality of the service they received. Care plans were comprehensive with guidance for staff on how the person wanted to be cared for. A complaints process was in place.

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 02 August 2018).

Why we inspected

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

Follow Up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Anglian Care Limited - Rankin House

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 team consisted of 2 inspectors 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.

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 a registered manager in post.

Notice of inspection

The inspection was announced. We gave the service 48 hours notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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

We visited the offices of this service. We spoke with the registered manager, the nominated individual, the care manager, care coordinator and the operations manager. We looked at 5 care files and 3 staff files. We also reviewed a variety of records relating to the management of the service. We spoke with 5 people who used the service and 6 relatives on the telephone about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found. Following the inspection, we contacted 8 members of staff.

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 remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff understood how to identify safeguarding concerns and how to report these. A staff member told us, "I do understand safeguarding and any concerns I note in relation to bruising, injuries, financial or sexual abuse I would alert the office. I am also aware I can make my own safeguarding referral to the local authority."
- People and their relatives said they felt safe with staff and the support they received. One person told us, "I feel thoroughly safe when the carers visit me, because I have had other agencies who were not so efficient and the carers with this agency go the extra mile." A relative said, "[Family member] does feel safe with the carers, yes definitely. They need 2 carers to hoist them safely for personal care 4 times a day. Because they have the same regular carers, they feel comfortable and confident."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risks to people were assessed and monitored. Care plans contained guidance for staff on how to keep people safe. Risk assessments considered people's different needs, including health needs, eating and drinking, skin integrity, mobility and environment.
- Staff had started using mobility equipment in people's homes to assist them following a fall. They assessed people for injury carefully using a recognised assessment tool process. This helped reduce the pressure on emergency services as usually an ambulance was called.
- Systems were in place for reporting and monitoring accidents and incidents if they occurred.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The care manager told us, "We have never got to a point where we cannot cover a call, myself or another team member will go out as we are all trained. We do obviously have less capacity at the weekend, but we always cover it."
- The provider paid staff stand by payments to ensure the on call staff member had additional staff availability if a last minute absence was to occur.
- Whilst people and relatives confirmed there were enough staff some people felt as they had different staff at weekends the timings of their calls varied. A person told us, "I think there are enough staff available to help me with my needs, although weekends and evenings its very flexible...I often have different carers visiting me, some I do not know." Another person said, "Oh yes there are always enough staff available. I have a varied number of carers during the week and different carers at the weekend, but I do know them all, so it is not a problem for me." A relative said, "Yes there seems to be sufficient carers available to meet

mums needs. They have never not fulfilled a call and if they are going to be late, we are informed by the carers. Weekends are not so predictable."

- The service had robust systems in place to monitor late or missed calls.

Using medicines safely

- People were supported to receive their medicines safely.
- People and relatives told us they were happy with how their medicines were managed. One person told us, "The staff keep track of my medication and always prompt me to take it when I should. I am diabetic so my tablets are time specific. The staff then record this on their app." A relative said, "Yes staff do support [family member] to take her medication and a lot of the pills are in a blister pack and staff are aware of what [family member] needs to take at what time."
- Staff had received training and had their competency checked to ensure they were competent to administer medicines."
- Medicine audits were carried out and any errors or omissions were fully investigated.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff received training in infection control practices. They used personal protective equipment such as gloves and aprons when delivering personal care to people. A person told us, "They wear uniforms, gloves, aprons and gloves."

Is the service effective?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- Care plans were developed from this assessment which were person centred and made available for staff.
- People's protected characteristics such as their age, gender, religion, culture, ethnicity, and sexual orientation were recorded to ensure the service met their individual needs and preferences.
- The service worked with local hospitals on a bridging service designed to discharge people from hospital to their homes. The service provided on going assessment for people to determine what care packages people might need going forward or work to enable their independence with their care requirements. A staff member told us, "If we accept a package a qualified staff member goes out to meet clients after discharge and assess them and any additional needs they might have. We would make urgent occupational health referrals if needed."
- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment. A professional told us, "Bridging is a fast-moving service and Anglian Care always support with flexing capacity. The acceptance of referrals can be subject to change due to patients no longer fit to be discharged or due to social circumstances. Anglian always support these last-minute changes and will accept referrals to accommodate our busy service."
- The management team communicated changes in people's needs to commissioners and people's relatives so care packages could be appropriately adjusted to meet people's needs. A staff member told us, "My visits are manageable, and I always let the office know if there is anyone who might need extra time. I have escalated this for a person recently as I think they need 45 minutes instead of 30 and the office are working on this now."

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- The provider had a comprehensive induction and training programme in place and included courses relating to health and safety, first aid, food hygiene, infection control, safeguarding, mental capacity, moving and handling, and medicines. A staff member told us, "Training has been online, and we have some in house practical training."
- Where people had specific health needs, training was provided to staff to meet those needs, for example, staff had recently undertaken sepsis training and the provider had introduced additional training to support people living with dementia.
- Staff told us they felt supported and valued in their roles. One staff member told us, "We have supervisions

and talk about our goals, and this give us encouragement."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- People were happy with the support they received. A person told us, "The carers bring breakfast and make me a honey and lemon drink." A relative said, "The carers offer [family member] juice on both visits and they drink it."
- Care records included guidance to ensure staff knew if people required diets of a specific consistency or had any food allergies. One record included risk reduction measures due to a person's allergy. Meals were kept separately and the persons [family member] left meals out to be prepared. The person's food was also cut into manageable pieces.
- The service had recently employed staff from overseas who had given extra support to understand the choices of meals and snacks people may request. Pictorial reminders of how to make snacks people enjoyed were made available to them. Despite this we still received some feedback some overseas staff were struggling in this area. Following the inspection, the registered manager told us they would immediately revisit this area and organise some additional practical sessions with overseas staff to support them further.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives, access healthcare services and support.
- If needed staff supported people to access a range of health care professionals to enable them to live healthier lives. This included their GP, district nurses' occupational therapists, and speech and language therapist (SALT).

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider was working in line with the Mental Capacity Act.
- People were involved in decisions about their care and support and staff supported them to have maximum control of their lives. A person told us, "They always ask me first." A relative said, "The staff do explain what they will be doing or have done. [Family member] often has their hand clenched tightly into their palm and staff have learned to be very sensitive to help keep their hand clean."
- The registered manager and staff team had received training and were knowledgeable about the MCA and what this meant in practice.

Is the service caring?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were well supported.
- People and relatives were positive about the staff who supported them or their family member. A person told us, "Oh yes staff are very kind and caring. I get hugs from most of the carers." Another person said, "Both the care staff and office staff are all very kind and caring." A relative told us, "I don't know all of them, but those we see are very kind and caring."
- There was an embedded culture of kindness and respect and the provider recognised staff often went the extra mile and rewarded this. One staff member nominated had popped in to see a person to wish them happy birthday and to give them a present. It recorded they also got them a particular magazine they liked weekly.
- Another staff member supporting a person in temporary accommodation had helped them access extra heating and blankets.
- A professional told us, "Anglian are extremely caring and considerate whilst caring for our people in the community."

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

- People were supported to express their views and make decisions about their care. One person told us, "They listen to me all the time and they ask me always." A relative told us both they and their family members views are listened to. They said, "Yes most definitely they know [family members] views and mine."
- People were encouraged to give feedback on the care they received, and the provider kept a record called the 'voice of lived experience' and feedback was very positive. A person told us, "The girls are very experienced and knowledgeable. They are very aware and caring." A relative said, "All the carers are very good they are bubbly they take their time to understand [family members] needs and they always check on [other family member] and ask if there is any more, they can do."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- The staff had training to understand why this was important. A person told us, "The carers are so good to me, and they know me very well, so I feel very comfortable with them."
- People were supported to maintain their independence. A person told us, "Actually I have had a plan of exercises given to me by the physio and carers encourage me to do these exercises." A relative said, "Carers encourage [family member] to wash their hands and eat their meal with a spoon and drink from [family members] spouted beaker."

- Care plans included guidance for staff on promoting individual people's independence. A care plan recorded, "[Person] has dementia and some memory issues, they are a very independent and try to do things for themselves. Carers to promote this and get them to do things for themselves, ensuring they have their trolley or walking stick with them at all times."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

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

- People were supported as individuals, in line with their needs and preferences. A person said, "The carers are quite good, and we have built up a good relationship with them." A relative said, "I do believe [family members] care and support has been tailored to their needs."
- The registered manager was aware 1 person was a lifelong football fan and had emailed the football club, to try to arrange a surprise gift in order to lift their mood. The football club agreed to send a best wishes card from a first team player.
- Staff developed care plans with people and their relatives to ensure their views were taken into consideration. Staff had access to care plans on their mobile phones so they could access people's information about the support required.
- A staff member said, "I have my regular clients and I do things in the way they want them done not how I would like it. One person likes things done in a particular way including how the dishwasher is unloaded and this is how I do it."
- People using the service and their relatives told us the service was flexible when reviewing their care. A person told us, "If things change then the carers work with it to meet changed needs." A relative said, "I think so. Initially the second visit was a late morning visit for [family member] but it was far too early for [family member] to have a meal so we set up a meeting to accommodate their needs with actual visits."
- Professionals told us the service was responsive. A professional said, "Anglian staff are very proactive and professional when supporting in the community. All concerns are raised and escalated in appropriate manner. Anglian are the eyes and ears on the ground therefore if they identify any equipment needs or ongoing referrals this is escalated immediately."

Meeting people's communication needs

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

- The provider was meeting the Accessible Information standards.
- People's communication needs were understood and supported. A relative said, "I think [family member] feels very comfortable with the carers as she has a regular team of staff. [Family member] has advanced dementia and they have developed a special way in which to communicate with them and are very sensitive to their needs."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to, and used to improve the quality of care.
- The provider had an effective complaints policy and systems to ensure complaints would be documented, investigated, and responded to within specific timeframes.
- People told us they were aware of how to make a complaint. A person told us, "I do know how to make a complaint. I would contact them either by phone or email. I have made a complaint. I was very happy with the outcome." A relative said, "If there is anything I am unhappy about I will contact the office."

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- No one using the service was in receipt of end-of-life care at the time of the inspection. However, people's wishes for end-of-life care and support were recorded.

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 Outstanding. At this inspection the rating has remained Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service they created drove and improved high-quality, person-centred care.

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

- The provider continued to have an exceptionally positive, open and inclusive culture at the service.
- The 'phone club' which was introduced prior to the previous inspection was still going strong. This service continued to identify people who were considered to be at risk of isolation, and staff would call people for a chat. The registered manager told us, "We have regular people we call to check they are okay and have a chat to them, they look forward to it."
- The provider motivated staff to go above and beyond and additional incentives were in place to reward staff for going the extra mile.
- The provider positively encouraged staff to spend quality time with people and had introduced afternoon tea or lunches where staff surprised people with these visits. They recognised the dedication from their staff team and their willingness to go above and beyond their call of duty made a real difference to people's lives
- Random Acts of Kindness had been introduced for staff to brighten what would have been a 'normal day' for a person. A staff member took a person to the pier in Southend, this was achieved as the provider had supported the person to obtain a wheelchair. This meant the person was delighted to be able to go with the staff member to the seafront for fish and chips.
- We saw other examples of staff going the extra mile, a staff member supported a person to access a book they had always wanted to read, and they sat and discussed their shared love of reading. Another person was supported to attend a family wedding by staff. A staff member told us, "We were able to provide care throughout the day and ensure that [person] was completely comfortable and happy the whole time." Another staff member said, "A person at the end of my lunch round always seems lonely. When I ask if there is anything else I can do before I leave, they say, "Stay" so, I often log out of my call but make another tea for us both and we sit together and watch TV for an extra 30 minutes."

Continuous learning and improving care

- The provider demonstrated a strong emphasis on continuous improvement and Innovation to support people and staff deliver excellent care.
- The provider was committed to providing excellent dementia care. Staff were starting to receive virtual reality dementia training. Virtual reality training helps healthcare professionals improve their understanding of the symptoms and challenges of dementia, and to help them develop enhanced relationships with people with the condition.
- Staff were asked following the training. "Has the training changed the way you may handle situations with our clients who have dementia?" A staff member said, "It has really opened my eyes to it!" Another staff

member said, "I Have a better understanding of the effect my actions have on those with dementia and how to amend my approach depending on the situation." A third staff member said, "It was just incredible. The interaction, the understanding it gives, what a brilliant way to learn!."

- The provider had also been involved in the development of a new artificial intelligence (AI) 'app' for staff called 'Ask Emma'. This 'app' provided access for staff to ask a question in relation to care plans, risk assessments, policies, procedures and care notes. Comments included, "We have Emma who is our virtual AI care assistant. We can ask her a question on a messaging service, and she will get back with the answer. Like we can ask about a client's medicines for example. It's all secure and it gives us an answer straight away", "Emma can help me with topics of conversation, I can ask what the person did as a profession or what their hobbies are" and, "I feel like Emma knows me as she addresses me my name, I often ask her for [subject] to save me looking through, it helps me to be on time."

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

- The provider had creative ways to enable people to be empowered and voice their opinions used a range of quality monitoring tools such as surveys, care service reviews and customer feedback to engage and listen to people, their relative's, and staffs' views of the service.
- An overview called the voice of lived experience captured people and relatives' views. Comments included, "I wanted to rate Anglian care between good and outstanding. The reliability is the best thing and the support we get", "I feel the carers are the best thing they look after me well and I'm happy, I know they care and worry about me which I find very nice, it's nice to be loved and I think the world of them all. I wouldn't want to be anywhere apart from in my own home" and, "The carers they are willing to help, and we have a laugh with them, and the office always tries to help when we need things changed."
- The registered manager sent us examples of where feedback received was used to make a change, for example 1 person had requested their call times to stay the same and be more consistent. The request was followed up to evidence the roster was adjusted to meet the person's call times more consistently.
- Staff were equally positive about working at the service. A staff member said, "The nominated individual and registered manager are always there for support, we all work well. Our aim is to give the best care and promote independence. It's rewarding as I feel we are making a real difference to our clients." Another staff member said, "I think people are getting a really good service, carers here are really good and kind. The company do as much as they can."
- Staff were motivated by and proud of the service. There were consistently high levels of constructive engagement with people and staff from all equality groups.
- The provider took considerable time to evaluate the innovations introduced to staff to gain their feedback. The provider shared videos of staff evaluating the AI app and how it helped them in their day to day work. A staff member discussed on the video how 'Emma' was like a friend and saved them contacting on call for an answer. The care co-ordinator explained how it supported them to reduce the amount of calls they received when they were on call which meant the line was always free for more urgent queries.
- The registered manager had an open-door policy and supported staff wherever they could, we saw examples of staff being offered support and advice and the registered manager sign posting staff to support them. For example, a staff member caring for a family member with Alzheimer's was signposted to various organisations offering support.
- Staff were encouraged to compliment each other and send these to the provider. A compliment recorded, "I called [person] for the phone club to have a chat. [Person] mentioned how they felt [named staff member] has really come out of their shell and is a pleasure to have come in to care for them. They are very relaxed and chilled throughout the visit and doesn't rush. They have a laugh and a chat and [person] really enjoys [staff members] company."

Working in partnership with others

- The provider worked exceptionally well in partnership with others. A professional told us, "I have never known of a complaint against the care agency from a patient or their relatives, so this is really positive. I believe the service is managed well." Another professional said, "Over the past 8 months we have developed a fantastic rapport with both the registered manager and their co-workers at Anglian Care."
- The service was an important part of its community. The provider was driven to provide a high level support to people and the wider community. They went the 'extra mile' to work in partnership with others to build seamless experiences for people based on good practice and people's informed preferences. This included a link with a charity who donated twiddlemuffs and blankets to people. Twiddlemuffs are knitted muffs with items attached to keep people living with dementia hands active and busy.
- The Provider supported Age Concern, who hosted lunch clubs for elderly people in the community, and sponsored some of their lunches, where their regular members and people from Anglian Care enjoyed a 2-course meal, a quiz, and a raffle. Two people who used the service now have a lasting friendship met at the lunch club and now keep in touch with each other with daily phone calls.
- The service also worked with a charity collecting items for a foodbank to help those struggling with the increased cost of living.

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

- The provider fully embraced their responsibilities under duty of candour and had embedded the ethos at the service.

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

- Governance was well-embedded into the running of the service. There was a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. Leaders and managers saw this as a key responsibility.
- Performance management processes are effective, reviewed regularly, and reflected best practice. Leaders and managers provided feedback to staff and there was clear evidence that this led to improvement.
- There was a range of oversight, quality monitoring and auditing in place. This included detailed spot checks of staff performance, supervision, team meetings and appraisals.
- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. A staff member said, "I read the notes and learn about the people prior to attending the call. Asking people is the best way I have learned as people vary and want things done in different ways from person to person. Regardless of culture so I think it's always best to gently ask, "Is this right?."
- The provider took their responsibility to recruit from overseas seriously and worked with the Institute of Health science in Sri Lanka to ensure the applicants were of the right quality. Staff from Anglian Care visited Sri Lanka to meet the staff and support them.