

Review of compliance

<p>Anglian Care Limited Anglian Care Limited - Rankin House</p>	
Region:	East
Location address:	Rankin House 259 Church Road Benfleet Essex SS7 4QN
Type of service:	Domiciliary care service
Date of Publication:	March 2012
Overview of the service:	Anglian Care Limited provides a domiciliary care service that assists people to live independently in their own home. It serves older people, with or without dementia, younger adults, people who have mental health issues, a physical disability and/or a sensory impairment.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Anglian Care Limited - Rankin House was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 1 February 2012.

What people told us

People that use the service told us that the agency's staff treated them well. They said that they were given good information about the service and that they had copies of it with their care and support plans. They told us that they had been and were fully involved in planning and reviewing their care and support. One person told us that all of the agency's staff treated them with dignity and respect.

People told us that the manager had visited them prior to the service commencing and that he had fully explained all aspects of the care and support that the agency could provide. They said that the manager gave them detailed information about the cost of the service. They told us that staff were very reliable and that they let them know if they were delayed for any reason.

People said that they were happy with the care and support they received from Anglian Care. They told us that the staff were polite and helpful and that they carried out all of the tasks detailed in their care and support plans. They told us that they had a full assessment before their service started. They said that their care and support plans were regularly reviewed to ensure that they still met their needs.

People told us that they felt safe when they agency's staff visited them. They said that they trusted them and felt comfortable when they were in their homes. People told us that the staff helped them with their medication. They said that they were happy with the way that they did it.

People told us that all of the carers that visit them were nice, they said that they always

spoke respectfully to them and apologised and explained if they were late for any reason. They told us that the carers knew what they were doing and seemed to be very well trained.

People told us that they were often asked if the service they received was satisfactory. They said that the office checked to make sure that everything was alright and that they were getting the help that they needed.

What we found about the standards we reviewed and how well Anglian Care Limited - Rankin House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider is compliant with this outcome. People using the agency are involved in how their care is provided; their views and wishes are respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider is compliant with this outcome. People receive the care and support that is appropriate to meet their needs.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider is compliant with this outcome but needs to make some improvements to ensure that they remain compliant. Whilst people are generally protected from the risk of abuse the lack of appropriate action in safeguarding issues could put people at risk.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider is compliant with this outcome but improvements need to be made to ensure that they remain compliant. People generally receive their medication appropriately and safely but the lack of clear instructions for the use of as and when prescribed medication may put them at risk.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider is compliant with this outcome. People receive their care and support from well trained staff that are regularly supervised.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider is compliant with this outcome. Anglian Care regularly assesses and monitors the quality of the service it provides to ensure that people receive a good quality service.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People that use the service told us that the agency's staff treated them well. They said that they were given good information about the service and that they had copies of it with their care and support plans. They told us that they had been and were fully involved in planning and reviewing their care and support. One person told us that all of the agency's staff treated them with dignity and respect.

People told us that the manager had visited them prior to the service commencing and that he had fully explained all aspects of the care and support that the agency could provide. They said that the manager gave them detailed information about the cost of the service. They told us that staff were very reliable and that they let them know if they were delayed for any reason.

Other evidence

During our visit in February 2012 we looked at the statement of purpose, which provides information about the service and it had been recently reviewed. It gave people good information about the agency and the service that it provides.

The manager told us that they ensured people's views were taken into account when assessing and arranging care. The assessments and support plans that we looked at

during our visit reflected each individual's preferences and diversity of needs. People had signed to confirm that they were happy with the content.

Staff members had been provided with training to help ensure that people's dignity, privacy and independence needs were considered and respected. The staff handbook and the induction process provided staff with further guidance on the role of the carer and the agency's policies and procedures.

Our judgement

The provider is compliant with this outcome. People using the agency are involved in how their care is provided; their views and wishes are respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People said that they were happy with the care and support they received from Anglian Care. They told us that the staff were polite and helpful and that they carried out all of the tasks detailed in their care and support plans. People said that they had a full assessment before their service started. They told us that their care and support plans were regularly reviewed to ensure that they still met their needs.

Other evidence

During our visit in February 2012 we looked at a sample of care files and found that they all contained detailed assessments, care and support plans and risk assessments. There were management plans in place for any identified risks. The care and support plans described the level of support that people needed and staff spoken with told us that they provided them with clear instructions that enabled them to carry out their work.

The content of the care plans was good, they were written in a person centred way detailing the care and support that each individual required. The daily visit notes that we looked at during our visit showed that any ill health had been dealt with appropriately. There were monitoring charts in place for recording people's weight and nutritional intake where required.

There was no end of life care plans detailing people's wishes for their end of life care on the care and support files that we looked at. The manager had identified this as a need and was in the process of adding a section to the assessment documentation. They told

us that the information would be sought from all existing people using the service and added to the care and support plans.

The daily visit notes were detailed and informative and had been signed by the agency's staff. The visit notes were kept in people's homes until they are brought into the office on a monthly basis where they are securely stored. The care and support plans had been regularly reviewed and any changes had been implemented.

Our judgement

The provider is compliant with this outcome. People receive the care and support that is appropriate to meet their needs.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People told us that they felt safe when they agency's staff visited them. They said that they trusted them and felt comfortable when they were in their homes.

Other evidence

During our visit in February 2012 we looked at the agency's safeguarding procedure. It was clear and provided staff with good instructions and it worked within the Southend, Essex and Thurrock (SET) guidelines. Staff spoken with showed a good awareness of safeguarding procedures and told us that they had received training in safeguarding adults.

The agency provides staff with appropriate training in safeguarding adults. Staff had completed a competency test after their training to ensure that they had fully understood what they had learnt. The test papers were marked by the trainer and a certificate issued when the test had been passed.

A safeguarding issue had arisen in January 2012 which had not been dealt with appropriately at the time. The owner/manager told us that they had followed their procedures and did not consider the issue to be a safeguarding adult concern. A discussion took place about when it was appropriate to refer a concern to the local authority and the owner/manager has since confirmed that a referral had been made and was being dealt with appropriately.

The training records showed that staff had received training and that regular updates

had taken place. There were certificates of training to confirm this on the staff files that we looked at.

Our judgement

The provider is compliant with this outcome but needs to make some improvements to ensure that they remain compliant. Whilst people are generally protected from the risk of abuse the lack of appropriate action in safeguarding issues could put people at risk.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

People told us that the staff helped them with their medication. They said that they were happy with the way that they did it.

Other evidence

During our visit in February 2012 we looked at a random sample of medication records that had been brought back to the office for safekeeping. We found that some records contained unexplained gaps. On checking the daily visit sheets it was apparent that staff had administered the medication but had not completed the medication administration record sheet (MARS).

The care co-ordinator told us that due to this problem being identified they had changed the medication administration record sheets from monthly to weekly. They said that recording had improved as a result of the changes and that the staff that had made mistakes were due to have refresher training shortly.

The medication records that we looked at during our recent visit included medication that had been prescribed on an as and when required basis. There were no clear instructions on the medication administration sheets or the care and support plans showing when, why and how the medication was to be taken.

The care co-ordinator had obtained a copy of the Royal Pharmaceutical Society of Great Britain's 'Handling of Medicines in Social Care' and told us that it was available

for staff to read. The agency had a clear medication policy and procedure and staff had received training. Staff spoken with told us that their medication training was thorough and that it informed them when they should and should not be administering medication. There were certificates of training on the staff files that we looked at during our visit.

The office administrator was responsible for supervising staff and they told us about the new medication competency checks that they intended to carry out on a three monthly basis as part of the supervision and observation process. They said that regular updates in training and the competency checks would ensure that staff practice was in line with their training.

Our judgement

The provider is compliant with this outcome but improvements need to be made to ensure that they remain compliant. People generally receive their medication appropriately and safely but the lack of clear instructions for the use of as and when prescribed medication may put them at risk.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People told us that all of the carers that visit them were nice, they said that they always spoke respectfully to them and apologised and explained if they were late for any reason. People said that the carers knew what they were doing and seemed to be very well trained.

Other evidence

We phoned a sample of staff members after our visit in February 2012 and they told us that they felt well supported. The supervision records showed that supervision sessions had taken place. The office administrator was responsible for providing staff with supervision and observations of practice and had set up a programme to ensure that all staff received regular supervision and observations of practice in the coming year. They told us that the supervision process would include team meetings, observations of practice and annual appraisals.

The training records showed that staff had recently received training which included health and safety, moving and assisting people, infection control, medication administration, pressure area care, older people and mental health, safeguarding adults and the Mental Capacity Act and the deprivation of liberties safeguards.

In addition to the basic training staff received more service specific training where needed such as for epilepsy, dementia, Parkinson's disease, falls prevention, stroke awareness, wound management and challenging behaviour. All staff had either completed or were in the process of undertaking the common induction standards and more than half of the staff team had achieved a National Vocational Qualification in

care. Staff told us that the induction programme was detailed and that the training was good. They said that the agency offered them regular updates and the training records confirmed this.

Our judgement

The provider is compliant with this outcome. People receive their care and support from well trained staff that are regularly supervised.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People told us that they were often asked if the service they received was satisfactory. They said that the office checked to make sure that everything was alright and that they were getting the help that they needed.

Other evidence

During our visit in February 2012 we looked at the agency's ongoing quality assurance processes. They included monthly checks on the care and support plans, daily visit notes, incidents and health and safety. The owner/manager told us that he telephoned people that use the service bi monthly to ensure that the agency continues to meet their needs.

The agency had a whistle blowing procedure that had been recently reviewed and all staff had received training at their induction. Staff spoken with showed a good knowledge of the whistle blowing policy and procedure.

The agency's last quality assurance report dated July 2011 showed that user satisfaction surveys had been sent to people that used the service and their carers. The report showed that the agency had sought feedback and comments from professionals as part of their quality assurance process.

Regular audits had taken place on the systems and processes used by the agency. The records showed that regular audits on medication, health and safety, and falls and incidents had been carried out.

Our judgement

The provider is compliant with this outcome. Anglian Care regularly assesses and monitors the quality of the service it provides to ensure that people receive a good quality service.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>Why we have concerns:</p> <p>The provider is compliant with this outcome but needs to make some improvements to ensure that they remain compliant. Whilst people are generally protected from the risk of abuse the lack of appropriate action in safeguarding issues could put people at risk.</p>	
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>Why we have concerns:</p> <p>The provider is compliant with this outcome but improvements need to be made to ensure that they remain compliant. People generally receive their medication appropriately and safely but the lack of clear instructions for the use of as and when prescribed medication may put them at risk.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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