Inspection Report

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Anchor Domiciliary Care

126 High Street, Strood, Rochester, ME2 4TR
Tel: 01634297777

Date of Inspection: 22 January 2013
Date of Publication: February 2013

We inspected the following standards as part of a routine inspection. This is what we found:

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<th>Standard</th>
<th>Met this standard</th>
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<tbody>
<tr>
<td>Consent to care and treatment</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>✓</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Anchor Support Services Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Ms. Susan Jordan</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Anchor Domiciliary Care provides care and support primarily to adults with a learning disability and older people in their own home.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Domiciliary care service</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Personal care</td>
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and talked with stakeholders.

What people told us and what we found

We spoke to six people who used the service. Everyone one spoken with was very pleased with the service they received. We had a large number of very positive comments and they included; "the staff are cheerful and helped me find my job at the charity shop", "the staff treat me with respect, they let me make my own choices" and "staff are there to help me, and they are always very kind."

People told us that the communication had been very good at the agency. They were kept informed about who would be visiting and were usually updated when this changed. We were told the staff were punctual and they were contacted if for any reason the care worker would be late.

We found that the staff had received training and were able to support people taking medication in a safe manner.

We found the staff had been recruited in a way that made sure that vulnerable adults would be protected. New staff also undertook induction training to make sure they had the skills and knowledge to provide care to people with differing needs. The agency also had systems in place to monitor the quality and safety of the care and support they provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.
There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

<table>
<thead>
<tr>
<th>Consent to care and treatment</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before people are given any examination, care, treatment or support, they should be asked if they agree to it</td>
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</table>

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

People were enabled to consent to the care and support staff provided.

People told us they were able to make decisions and choices about their care and support. This was done by talking about their care needs with them when they first began to use the service and when any concerns about their care arose.

People said that they had discussed their support and preferred routines with staff. They received the help they needed and that they were encouraged to do things for themselves. People spoken with confirmed that they had given consent to their care and felt in control of the care they received.

The service asked people or their representative to sign the care plans/assessments as a sign of their consent; People we spoke with confirmed that they had been asked to sign them to show they were consenting to care.

Staff spoken with said that they had always talked with the person they were supporting before they did anything, giving them choices when possible, if people refused support they respected that, and recorded it.

The assessments and care plans seen had been signed. They had been formulated with individuals and staff made sure they asked people before providing support, this way they made sure people were consenting to their care. This meant that people experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.
Care and welfare of people who use services

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

Our judgement

The provider was meeting this standard.

People's care and treatment was planned and delivered in line with their individual support plan

Reasons for our judgement

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We viewed three people's files and saw that each one contained comprehensive information, enabling care staff to give effective care.

We saw that staff records showed that care staff had been trained in the Mental Capacity Act 2005, and understood that people with limited mental capacity may not be able to make complicated decisions. We saw that the care plans gave detailed information about the outcomes for each person and detailed how the staff would achieve these. The service carried out a review after three to four weeks to see how people were responding to the support. The service then reviewed the care plan at least twice a year, more often if there were significant changes needed to the care provision. This way people had the care and support needed to meet their individual needs.

The care plans seen had detailed the way that people wanted their care and support to be provided. As most of the people who used the service had a learning disability, most of the care plans also included pictures to aid people's understanding. There was a detailed risk assessment in place for each person who received a service. The assessment viewed the level of risk associated with a range of activities, the care provision and the environment. When a significant level of risk had been identified a separate risk management form had been completed with details of how staff should minimise that risk, while still encouraging an individual to make their own choices. The risk assessments had been reviewed regularly to make sure risks were minimised in the most effective way.

The care staff wrote daily notes for each visit. We saw that these contained detailed information, and showed how people were being cared for. They also monitored things like food intake and highlighted any issues such as inappropriate behaviour. The staff had raised any issues with the manager and the records showed that monitoring had followed to make sure inappropriate behaviour was minimised in the future. The staff said by finding out what had triggered the behaviour they could try to avoid the situation in the future. The daily notes also cross-referenced with the care detailed in people's individual plans. The care workers' daily notes were properly signed and dated; they showed the number and type of visits that people needed. These care notes were a valuable record of the care
provided and gave a record of peoples' wellbeing and any action that had been taken. People receiving the care and support had also signed these at the end of each visit.

People commented; "staff support me to do what I can for myself", "staff are friendly and help me when I am not sure what to do," "staff have helped me find work, they take me shopping and help me with my bills, they are all so nice".
Management of medicines

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

Met this standard

Our judgement

The provider was meeting this standard.
Medicines were safely administered

Reasons for our judgement

Medicines were administered appropriately, and were recorded correctly.

We saw the medication administration policy and procedure used by the agency. The policy instructed staff in the way medication should be handled, recorded and administered to the people they assisted. We talked with six staff about their responsibilities regarding the administration of medication. They explained the procedure fully which included telling us that people in their own homes normally have a dosage system that has been supplied by the pharmacy. They said they checked these before giving the medicines, and then recorded the medicines on the medication administration record (MAR) chart only when they had seen the person take it. Staff also told us what they would do if a person refused the medication. The staff told us that they informed the manager when there was any problems concerning medication and they said they would also record the concern in the care plan. All staff we had talked with had undertaken medication training and certificates were seen on files viewed.

We examined medication administration records (MAR charts). We saw that personal details and allergies were recorded on these charts. The charts showed that staff had signed when medication had been given. We saw that the agency had processes in place to monitor MAR sheets as they were returned to the agency. The manager said that any discrepancies were followed up with staff.

Two people we spoke with said that the staff did remind them about their medication and that they gave it to them to take. One said "I see the staff sign a sheet after I have taken it".

The manager explained that some people did look after their own medication and staff were made aware if the person was able to manage their own medication. If staff had noticed any problems with this medication they had informed the manager and recorded it in the daily notes.

The staff training and knowledge, along with the monitoring of records made sure people had their prescribed medicine and that this was being monitored and supported by the agency staff.
Requirements relating to workers

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

There were effective recruitment and selection processes in place

Reasons for our judgement

Appropriate checks were undertaken before staff began work.

We examined five staff recruitment files and found that these contained all the required documentation.

We saw the initial hand written application form which had requested a full employment history, and records of peoples education and qualifications.

People were required to inform the service of any criminal convictions or cautions, and were asked about this at interview, as well as on the application form. Successful applicants were interviewed by at least two staff members. The interviewer looked at for example any gaps in a person's employment, any previous training and skills they had. We saw that interview notes were kept on file. New staff members were required to show proof of their identity. We saw that references were taken up; and Criminal Record Bureau (CRB) and Independent safeguarding Authority (ISA) checks were received before peoples employment was confirmed. This demonstrated a thorough recruitment process had been followed by the agency.

We saw that new staff had to follow detailed induction processes which included all mandatory training That included moving and handling, food hygiene, infection control and health and safety. All new staff members shadowed experienced staff until they were assessed as competent to work unsupervised. This way the agency made sure that only safe and competent staff were caring for vulnerable people in their own homes.
Assessing and monitoring the quality of service provision

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received

Reasons for our judgement

People were asked for their views about their care and treatment, and action was taken in regards to these.

As part of the quality control process the service carried out a review after three to four weeks of receiving care from the agency. They did this to find out how people were finding the care and support and if they were satisfied with the service provided. Further reviews would then take place twice a year unless there had been a significant change to care required.

Last year people, staff and families were asked to complete a quality questionnaire; these were seen and a feedback sheet had been formulated and sent out to all stakeholders. The questionnaire asked three questions these were; "What do you think the staff are good at", "What do you think staff are bad at" and "How can we do better?" Most people were very positive in their answers to the first question about what the staff were good at, responses included "Staff are good at listening", "They ensure the care and safety of residents (question the word residents) sorting out their problems and needs" and "Anchor is cool it helped me find my house, they hold events and they have good staff".

To the question what are staff bad at, people commented that "The care invoices were not clear enough", "Continuity of support staff could be better, we appreciate absence is unavoidable but staff seem to change regularly" and others said "Nothing".

Comments to what could the agency do better were "Listen better," Tell us what staff are coming", "Change the staff if they are not compatible", however most people could not think of anything to write in this section.

The manager of the agency responded to these comments using them to improve the outcomes for people. For example they have a two week rota so people know who would be visiting. They make sure people and their relatives if required, know when staff have had to change. They had also changed the invoicing system to make it clearer for people to understand.

We talked with people and staff about the questionnaires; they confirmed that they had
completed these. They echoed the positive comments seen above, with people being particularly impressed with the listening skills of the agencies staff.

The agency had a number of systems in place to make sure that the service assessed and monitored its delivery of care. For example; the manager checked the daily record sheets that were returned to the office each month to ensure staff were supporting people in the way that they had agreed. The manager also monitored the times staff were visiting the people and the length of time spent at the visit. Another member of staff said that they had been responsible for checking the medication records, and following up any gaps in the records, for example of the records when medicine had been administered.

All the systems and questionnaires that had been completed had been used to monitor the quality of the care provision. These tools had been used to both maintain and improve the experience of people who used the service.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

- ✔ Met this standard
  This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

- ✗ Action needed
  This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

- ✗ Enforcement action taken
  If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our Guidance about compliance: Essential standards of quality and safety. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the Guidance about compliance. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
## (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

## Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

## Responsive inspection

This is carried out at any time in relation to identified concerns.

## Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

## Themed inspection

This is targeted to look at specific standards, sectors or types of care.