

Anco Care Services Limited

ANCO CARE LIMITED

Inspection report

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13 April 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 14 March and 13 April 2017 and was announced. The service was registered in October 2015 to provide personal care to people living in their own homes. The service only started to provide personal care for people in July 2016. At the time of the inspection four people were using the service.

The registered provider was also the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood the importance of protecting people from abuse and avoidable harm. They were aware of the actions they needed to take to report any concerns about people's safety or well-being.

The recruitment systems ensured that only suitable staff were employed at the service. Staffing levels ensured that people received the support they required safely and at the times they needed.

People using the service required minimal support from staff in taking their medicines, although the staff were aware of the importance of ensuring people received their medicines as prescribed.

Staff had received training to equip them with the necessary skills and knowledge to provide specific care to meet individual needs. The provider was in the process of arranging refresher training for staff to fully meet mandatory training requirements.

Staff received day to day supervision and support. Plans were in place to introduce formal staff supervision and appraisal systems to ensure staff had regular opportunities to discuss their learning and professional development needs.

The provider and staff were aware of the Mental Capacity Act 2005 and the importance of seeking people's consent.

People were supported to eat a healthy diet and to have access to health services in the community to improve their health and well-being. The staff followed the advice of healthcare professionals in meeting people's needs.

Staff were friendly, caring and compassionate in their approach to supporting people using the service.

People's needs were assessed prior to taking up the service and the care plans reflected people's needs and preferences in relation to the care provided. Risk assessments were carried out to identify and minimise risks to keep them safe.

Systems to receive and respond to complaints were in place. People were confident that any complaints they had would be listened to, addressed in a timely manner and appropriately acted upon.

The registered manager was approachable and supportive. Formal and informal systems were in place to regularly seek feedback from people using the service to monitor the quality of the care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff understood the importance of protecting people from abuse and avoidable harm and aware of how to report any concerns about people's safety or well-being.

Staff recruitment systems ensured that only suitable staff were employed at the service.

Staffing arrangements ensured that people received the support they required safely and at the times they needed.

People were supported to take their medicines as prescribed.

Is the service effective?

Good 

The service was effective.

Staff had the necessary skills and knowledge to provide people with the right care according to their individual needs. Refresher training was scheduled to ensure all staff received health and safety mandatory training through the provider.

Staff received day to day supervision and support. Plans were in place to introduce formal staff supervision and appraisal systems to ensure staff had regular opportunities to discuss their learning and professional development needs.

The provider and staff were aware of the Mental Capacity Act 2005 and the importance of seeking people's consent.

People were supported to eat a healthy diet and to have access to health services in the community to improve their health and well-being.

Is the service caring?

Good 

The service was caring.

Staff had a good understanding of people's needs and

preferences.

People were involved in making decisions how they wanted their care to be provided.

People's privacy and dignity was protected.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to taking up the service.

The care plans reflected people's needs and preferences in relation to the care provided.

Risk assessments were carried out to identify and minimise risks to keep people safe, without restricting people's rights to take risks.

People were confident that any complaints they had would be listened to, addressed in a timely manner and appropriately acted upon.

Is the service well-led?

Good ●

The service was well led.

The registered manager was approachable and supportive to people using the service, relatives and staff.

Formal and informal systems were in place to regularly seek feedback from people using the service to effectively monitor the quality of the care and service provided.

ANCO CARE LIMITED

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 14 March and 13 April 2017 and was undertaken by one inspector. We gave the provider 48 hours' notice of the inspection; because the location provides a small domiciliary care service and we needed to be sure someone would be available at the agency office. We visited the agency office on the 14 March and carried out telephone interviews with staff on the 13 April 2017.

We had asked the provider to complete a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed and returned to the Care Quality Commission (CQC) on the 6 October 2016. We looked at other information we held about the service from statutory notifications of events that the provider is required by law to submit to CQC.

During the inspection we spoke with one person using the service and the relatives of two people using the service. We also spoke with three staff and the register manager.

We reviewed the care records of all four people using the service, three staff recruitment files, staff training records and records regarding the management oversight of the service.

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Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "The staff are great, they know how to look after me, I feel very safe in their hands." A relative said, "I have every confidence that [Name of person] is very safe with the staff."

The registered manager had recently attended training on Safeguarding reporting. All staff confirmed they had completed safeguarding awareness training and the provider was in the process of arranging dates for all staff to receive refresher training. The registered manager told us they had not had any safeguarding incidents since starting up the business in July 2016; they understood their responsibility to report all safeguarding matters to the local authority and to notify the Care Quality Commission (CQC) should any concerns be brought to their attention.

Risk assessments were carried out to identify any potential environmental hazards in people's homes and the measures needed to be taken by staff to minimise the risks to keep safe.

Safe recruitment practices were followed. Staff told us before they started working at the service they needed to produce documentation to prove they were legally entitled to work in the United Kingdom. They also told us they had to provide references from their previous employer and have suitability checks carried out through the government body Disclosure and Barring Service (DBS). The staff recruitment files we viewed contained evidence these checks had been carried out before staff started working at the service.

Sufficient numbers of staff were available to meet people's needs. One person said, "I usually have the same staff that call on me, it changes sometimes, but this is mainly when the usual staff are on holiday." One relative said, "[Name of person] gets on very well with the staff, they turn up on time, but if they are running behind they always phone to let us know." The staff told us they worked closely as a team and in discussion it was evident they knew the needs of the people they provided care for very well. The registered manager told us they matched staff with people using the service, to ensure the diversity needs of people using the service were fully met. For example, at a person's request a member of staff from a chosen faith had been allocated to provide their care.

The registered manager told us that staff worked closely with family members in ensuring that people received their medicines safely. People using the service and relatives told us they thought their medicines were safely managed. The staff confirmed that the current people using the service only required them to observe that people had taken their medicines. We saw that dates had been arranged for some staff to attend training on the administration of medicines as it was anticipated that as the service developed this would be an area the service would take on more responsibility for.

Is the service effective?

Our findings

Staff had received training to meet the specific needs of people using the service. People told us they thought the staff were appropriately trained to meet their needs. One relative said, "The staff seem to know what they are doing, I have not had any cause for concern about the staffs aptitude to do their work." Another relative said, "I know the staff that staff have received training on using the specialist equipment to assist with moving and positioning my wife."

The staff told us they had completed training specifically to meet the needs of people using the service. For example, how to care for people with Motor Neurone Disease and people using a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube to receive their nutrition and hydration.

They told us they had worked in care settings prior to taking up employment with ANCO Care Services and had completed mandatory training such as safeguarding and moving and handling, from their previous employers. One member of staff told us that they had covered safeguarding training during the completion of their Health and Social Care diploma. They told us they worked alongside other members of staff or the registered provider when providing care for people. One member of staff said, "When I first started working for ANCO I shadowed [Name of carer] on several shifts, I haven't done medicines training yet and I don't give people their medicines."

The provider was in the process of making arrangements for staff to attend refreshers for mandatory training to ensure they were up to date with current legislation. We saw that dates had been arranged for staff to attend further training on areas such as, moving and handling, infection control and medicines administration.

All the staff spoke highly of the support they received from the registered manager. One member of staff said, "You can approach the manager for advice and support whenever needed." The registered manager told us that observational supervisions were carried out, during which staff competence was observed on how they provided care and support for people. They told us that as the service developed and expanded a programme of one to one and group staff supervision and appraisal meetings would be put in place. This would ensure all staff had regular opportunities to discuss their learning and professional development needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care and supported living settings this falls under the Court of Protection. The registered manager told us that all people using the service had capacity and were able to make informed decisions.

The service was committed to working in partnership with people and their relatives. One relative said, "The communication with the manager is very good, [Name of registered manager] and [Name of staff] are the normal points of contact, they take things on board and deal with them straight away." Discussions with the staff demonstrated they fully understood the importance of involving people in their care and enabling them to make choices.

People were supported to eat a healthy diet. People's food preferences were sought so that staff were aware of their likes and dislikes. All of the people using the service lived with family members and staff worked with them in ensuring people received sufficient food and drink. They were knowledgeable of the different levels of support people needed to eat and drink. They followed the advice of the speech and language team regarding the care of people with swallowing difficulties using PEG feed systems.

People were supported to have access to health services in the community to improve their health and well-being. Relatives told us the staff worked closely with other healthcare professionals involved in their family members care and that guidance and advice from healthcare professionals was followed by staff.

Is the service caring?

Our findings

People were supported by staff that were friendly, kind, caring and compassionate and knew and understood their care needs. One relative said "The staff go over and above what is expected, nothing is too much bother." Another relative said, "The staff are exceptionally caring, they keep [Name of person's] spirits up, they are like a breath of fresh air."

The staff knew about people's preferences and the things that were important to them and accommodated their wishes. One person said "They take their time, they don't rush me, and we always have time for a chat." Relatives told us they had observed staff responding sensitively with providing personal care for their family members. They told us the staff always respected their privacy and dignity. The staff told us they were always mindful of preserving people's dignity and respecting their wishes. One relative said, "I am here when the staff attend, I see how they work with [Name of person] they are very respectful in everything they do, making sure she has her privacy. I hear the way they speak to her; they are extremely friendly and professional in their attitude."

People were encouraged to express their views and to make choices and felt fully involved in decisions about their care. One relative said, "We were fully involved in the assessment of [Name of person's] needs and how they needed their care provided." The care plans generated from the assessments included information on preferences and choices about how people wanted their support to be given.

The staff understood the importance of respecting people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. No people currently using the service required the support of an advocate but the provider was aware of how people could be supported to access advocacy should the need arise.

Is the service responsive?

Our findings

Assessments were carried out prior to people taking up the service to ensure their individual needs could be fully met by the service. People using the service and their relatives told us they were involved in the development of their care plans. We found the care plans had the necessary information available for staff to follow on the care requirements at each visit. They had been regularly reviewed with people and updated when necessary. The registered manager said the care plans were work in progress and they aimed to make them more individualised by way of recording more information about the person, such as their hobbies and interests and things that mattered to them. The staff had good knowledge of the needs of all the people using the service. One member of staff said, "Because we are a very small service we work closely as a team, we really get to know people and what their needs are."

Arrangements were in place to encourage people using the service and relatives to provide feedback on the service. People told us they had completed satisfaction surveys and they were regularly asked by the registered manager if they were satisfied with the service they received. The registered manager told us they always looked at how they could continually improve the service.

People received consistent, planned, coordinated care and support when moving between different services to ensure their individual preferences and needs continued to be met. One relative told us they had previously used another community care service, they said, "When we moved across to this service the staff were very keen to find out as much as they could about [Name of person's]. They had training to know how to use the equipment [Name of person] uses." The registered manager told us they regarded their service as one element of a holistic service, and the maintaining of good links with external agencies was vital in both service provision and transitions between services. They said they had recently worked closely with the local authority in providing end of life care for a person, and the transfer was smooth and welcomed by the family.

Systems were in place to respond to complaints about the service. We saw that information was available to people and their families about what to do if they were dissatisfied with the service. Staff were responsive and aware of their responsibility to identify if people were unhappy with anything, and to support them to make a complaint if they wished. We saw that the registered manager had responded appropriately to one complaint that had been received at the service.

Is the service well-led?

Our findings

People had confidence in the service they received; they told us they had regular contact with the registered manager. We saw that the registered manager lead by example and was available to staff for guidance and support. One person said, [Name of registered manager] is lovely, she is always available whenever needed, nothing is too much bother for her, I feel nobody could do any better." One relative said, "The manager seems extremely competent, she always listens and takes things on board and deals with them quickly." They gave an example of when practical moving and handling training had been arranged for staff on how to safely operate a specific hoist used for moving and handling their family member. The staff spoke positively about the registered manager, one member of staff said, "She is very supportive, she listens and is always willing to help."

Feedback on the service was encouraged from people and their families and was used to drive continual improvement. We saw records of correspondence from people thanking the staff for the care they had provided. The comments received from people using the service and their relatives were very complimentary of the staff, for example, "We couldn't have wished for nicer people, thank you from the bottom of our hearts." "The staff are so kind, considerate and respectful; they listen and make time for you."

People's care records reflected the level of care required. Records relating to staff recruitment and training were available and staff were provided with training relevant to their roles and responsibilities. At the time of the inspection we saw the registered manager was in the process of reviewing and updating some of their policies and procedures. The registered manager worked closely with staff on a day to day basis, keeping in regular contact with people using the service. In addition formal systems were used to regularly receive and record feedback from people using the service.

The registered manager told us they were in the process of installing an electronic records management system; they showed us how the system would work in pulling together information about the service. It was anticipated that as the service developed the system would further support the close monitoring of people's care and staff records.