

Anco Care Services Limited

ANCO CARE LIMITED

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Anco Care Ltd is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of inspection three people were using the service and receiving personal care.

People's experience of using this service and what we found

The registered manager continued to be regularly involved in delivering good care to people using the service. This impacted on their ability to ensure the service met regulatory requirements. There were widespread and significant shortfalls in governance arrangements and quality assurance processes. Care files were incomplete and record keeping was poor. No audit checks took place so issues were potentially not being identified and followed up as required. This meant the registered manager did not have effective oversight of the service, staffing issues and of the overall care provision being given to people.

There were no effective risk assessments or risk support plans in place for people and care plans contained outdated information and were incomplete. This meant people were at risk of receiving unsafe care which did not meet their needs.

Medicine administration and recording practices required improvements There were no medicine assessments outlining how people preferred to take their medicines, no guidance in place for medicines being administered 'as and when needed', and medicine recording was not in line with good practice guidelines.

There were gaps in staff files which meant staff recruitment practices were not robust. Not all recruitment records such as references and employment history were on staff files. All staff had up to date checks with the Disclosure and Barring Service (DBS). Staff were up to date with key training such as safeguarding, medication and moving and handling. There was no system of staff supervision or competency checks in place to ensure staff were fully supported in their roles.

A more effective computer system had been introduced to store care and staff records but needed further strengthening.

Feedback confirmed people felt they received good and safe care which they were happy with. The registered manager remained committed to providing good care to people along with the small staff team.

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; however, the policies and systems in the service did not support this practice.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 4 November 2019) and there were three breaches of regulation. We have used enforcement action to inform the timing of the current inspection. At this inspection, not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 23 and 26 September 2019. Breaches of legal requirements were found. Enforcement action was taken and warning notices were issued due to concerns about the safe care and treatment of people, and due to the lack of key documentation such as risk assessments and detailed care plans. There were also concerns about the lack of governance arrangements in place in the service. In addition, the provider completed an action plan after the last inspection to show what they would do and by when, to improve their recruitment processes to ensure fit and proper persons were employed.

We undertook this focused inspection to check they had complied with the requirements of the warning notices, had followed their action plan, and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements. Ratings from the previous comprehensive inspection for the other Key Questions were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. This is based on the findings of this inspection.

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

Enforcement

We have identified continued breaches in relation to the safe care and treatment of people, in particular regarding the lack of personalised risk assessments and the safe administration of medicines. We also found breaches of regulation regarding effective governance arrangements and recruitment processes.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

ANCO CARE LIMITED

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. The registered manager is also the provider. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

We visited the office location on 3 February 2020 to speak with the registered manager and review records. By arrangement, we visited one person at home during a care call on 10 February 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received since the last inspection and used all of this to plan our inspection.

During the inspection

We spoke with one person who used the service during a visit to their home. We spoke with two members of staff including the registered manager and a support worker. We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and training. Records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested various documents including quality assurance documentation, care records, medicines administration records (MAR), daily notes, mental capacity assessments, team meeting minutes, feedback and pre-assessment templates, and staff file information.



Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- There were a variety of known risks to individuals such as falls, skin integrity, mobilising using equipment such as hoists and wheelchairs, use of bedrails, eating and drinking, risks connected to safely providing personal care. There was one risk assessment checklist for each person which was not fit for purpose and not filled in effectively. There were no other documents assessing risks to people and providing guidance to reduce those risks.
- People's safety was not maintained because risk assessments and risk support plans had not been completed and staff could not use these to help them plan and provide safe care.
- Staff relied upon their knowledge of people and good communication with the registered manager to ensure they knew what to do to manage risks to people's safety and welfare.

These concerns constitute a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People were at risk of not being given medicines as prescribed or in the way they preferred. One person's Medicine Administration Record (MAR) was seen during the home visit. It was not completed in line with good practice guidelines. There was insufficient information recorded about the prescribed medicine, the chart was marked instead of signed when the medicine was administered and had not been marked for the previous evening. The registered manager confirmed this was an oversight as the medicine had been given.
- There were no medicine assessments in place outlining how people preferred to receive their medicines.
- Staff were up to date with medicine training but there was no evidence of any competency checks being undertaken.
- One person told us they were not sure what medicines they took but had no concerns about how and when they were supported to take them.

These concerns constitute a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Recruitment processes were not robust and there were a number of gaps identified across the staff files. These included a lack of documents such as references and employment history. This meant assurance could not be given that safe processes were followed.

These concerns constitute a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All staff had up to date Disclosure and Barring Service (DBS) checks and did not commence work until this check had returned confirming there was no information of concern.
- One person told us they were happy with their care and with the staff, commenting, "Yes, they are very good and cheerful. [Staff member's name] gives me the giggles sometimes."

Learning lessons when things go wrong

- Limited systems were in place to review all aspects of the service. These needed to be strengthened so lessons could be learned in event something went wrong. There had been no accidents or incidents since the last inspection.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding training was up to date for all staff.
- Information regarding the different types of abuse was observed in the care file kept at one person's home. This meant the person, their supporters and care staff viewing the file were reminded of the types of abuse and what action to take if they had any concerns.
- The registered manager had previously contacted the local authority safeguarding team when an issue arose so was aware of what to do in the event of any safeguarding concerns.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Appropriate personal protective equipment such as gloves and aprons were used by staff, for example, when undertaking personal care tasks.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The last inspection identified numerous weaknesses in governance arrangements, processes and records throughout the service which constituted several breaches to regulations. The provider had not made sufficient improvements in many of those areas. There continued to be significant shortfalls in records and filing systems. There were no quality assurance systems in place to review, for example, care records, medication records, staff files, staffing issues including training records or daily notes. This meant the provider did not have effective oversight of the care people received and of the service as a whole.
- Some changes had been made to the policies and procedures, and staff handbook, since the last inspection but they continued to be unsuited to the service. This meant staff did not have clear policies, procedures and processes to follow.
- A more effective computer system was in place but needed to be strengthened. Not all documents on the system were the most up to date versions and the registered manager had difficulty in locating some key documents.
- The registered manager did not have effective oversight of staffing issues. For example, no evidence was seen of an induction process for new staff, competency checks, training matrix or team meeting minutes. The registered manager confirmed there was no system in place for formal supervision of staff. This meant staff were not being fully supported in their roles which raised the risk of unsafe care being provided.
- Some requested documents were not provided by the registered manager which meant there was no assurance these had been developed or improved since the last inspection. For example, an updated pre-assessment template and mental capacity act assessments. One Mental Capacity Act (MCA) assessment was seen on the home visit, but the form had only been partially completed, was not signed and had not involved other people such as relatives or any health professionals in the process.

These concerns constitute a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- Some progress had been made since the last inspection with the introduction of an improved electronic system for holding care and staff records. Further improvements were needed to ensure documents were up to date and records were complete.
- An electronic system had been introduced for recording daily notes. This meant the times and details of the calls were available electronically. Some of the records we looked at showed inaccurate times and

durations of the call. None of the records we saw provided sufficient personalised detail. For example, one person's wellbeing was usually recorded as, 'cheerful' without any further comment. Improvements were required to the recording of daily notes.

- The registered manager was aware of the specific issues which required improving following the last inspection and these had not occurred. There was limited evidence of continuous learning within the service which meant there was a risk people's care would not continuously improve.

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

- The registered manager confirmed they had sent out feedback surveys since the last inspection but had not yet received any responses. A copy of the feedback questionnaire was requested but not provided so the content of the survey was not known.

Working in partnership with others

- There was no information on partnership working in the care records, or of any involvement with health professionals. The registered manager stated there had been no health updates since the last inspection, however, we found one person had recently commenced a new prescribed medicine. The care records required improvements in order to record any update or advice from other professionals involved in people's care and health.

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

- The registered manager was committed to providing good quality and personalised care to people. The registered manager was heavily involved in day to day care provision.

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 duty of candour is a set of specific legal requirements that providers must follow when things go wrong with care and treatment. The provider was aware of their responsibilities under the duty of candour and confirmed they would be open and honest with people, relatives, staff and outside agencies should something go wrong.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment practices were not safe. There were a variety of gaps in staff files including a lack of references, health declaration, employment history and interview records.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There were no effective risk assessments or risk support plans for people using the service despite a range of risks being identified. Care records contained outdated information and were incomplete. There were shortfalls in the proper and safe use of medicines, such as MAR charts not being completed fully, no medicine assessments, no guidance on when 'as and when needed' medicine should be administered. There was no effective audit system to ensure care and medication records were accurate, up to date and regularly reviewed.</p>

The enforcement action we took:

CQC issued a Notice of Proposal to the provider imposing positive conditions on the registration. This meant the provider must provide reports and information demonstrating the action they are taking and improvements they are making on a monthly basis. They must also seek approval from the CQC before accepting any new packages of care.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were significant shortfalls in governance arrangements across the service. There were no quality assurance processes in place and no audit checks were carried out. There were insufficient records available to provide assurances to the provider that safe care was being delivered and the service met regulatory requirements. There was a lack of oversight of staffing issues. Documentation such as the policies and procedures and staff handbook were unsuited to the service. Care records were incomplete and there were insufficient governance processes in place to identify and remedy this.</p>

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