

Anco Care Services Limited

Anco Care Limited

Inspection report

117 Langcliffe Drive
Heelands
Milton Keynes
Buckinghamshire
MK13 7LD

Tel: 01908315261

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Anco Care Limited is a domiciliary care agency providing support to people in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection 4 people were receiving personal care.

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

Audit processes were ineffective at assessing, monitoring and improving key areas of the service. There was no detailed and structured plan of how the provider intended to achieve a 'good' rating.

Medicines were not managed safely. Medication administration charts (MAR) had not been fully completed. Systems and processes had failed to identify MAR were not being completed correctly.

The providers systems and processes had not always effectively monitored the quality of the record keeping of people's care needs. Audits undertaken to monitor the quality had not always identified issues needing improvement. The systems had not identified the issues identified in this inspection.

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 always support this practice.

The provider worked in partnership with other agencies to make sure people received the right care and support when needed.

People were supported by staff who had undergone a safe recruitment process. Staff were supported through ongoing monitoring, which included supervision and assessment of their competence to provide good quality care. However, the frequency of formal supervision carried out with staff needed improvement. Meetings were held to discuss the ongoing development and improvements required.

There were sufficient staff to meet people's needs. A person told us they felt safe and staff ensured they were safeguarded from harm. A person and relatives spoke of the reliability of the service. Staff worked consistently with the providers policy and procedure for infection prevention and control.

People's needs were assessed and kept under review and reflected all aspects of people's care. People and relatives contributed to the assessment process. People's health care needs were recorded, and staff liaised with health care professionals when required.

A person and relatives spoke of the kind and caring approach of staff. A person and relatives said they were involved in decisions about their care, and their views were respected by staff.

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 1 July 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last five consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key question of safe and well-led only. The overall rating for the service has remained the same based on the findings of this inspection.

We inspected and found there was not the documentation to evidence that a best interest decision had been made or a Mental Capacity Act assessment had been carried out, so we widened the scope of the inspection to include the key question of effective.

Enforcement and Recommendations

We have identified breaches of regulation in relation to medicines management and governance at this inspection.

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

Please see the action we have told the provider to take at the end of this report.

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

Special Measures

The overall rating for this service is 'Requires improvement'. As this service has been rated requires improvement for the last five consecutive inspections, we are placing the service in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of requires improvement or inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was also the provider.

Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and the registered manager was often out delivering care and we wanted to be sure they were available to speak with us.

Inspection activity started on 5 December 2022 and ended on 19 January 2023. We visited the location's office on 6 December 2022 and finished calls to people and staff on 19 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and a professional who works with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and 2 relatives of people using the service, about their experience of the care provided. We spoke with 3 members of staff including the registered manager and 2 care workers.

We reviewed a range of records. This included 4 people's care records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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.

Using medicines safely

- Medicines were not always managed safely. At the beginning of the inspection, the registered manager, who is also the provider, told us people did not receive support from care staff with their medicines. However, through speaking with staff and relatives we identified that care staff were supporting people with their medicines. Further records were requested to be reviewed.
- Medication administration records (MAR) chart should include all medicines that are being given by staff. The registered manager later told us one person requested support from staff with their inhaler, however records for this were not seen when requested. We raised this with them and asked them to address this in the MARs.
- MARs submitted to CQC did not detail the level of support a person required or the role of staff. This meant we could not be sure the medicine had been administered safely in line with the prescriber's instructions. This had placed people at risk of harm.
- Information in relation to allergies was also missing from the MARs. The provider's own policy stated the records must be written clearly, with known allergies identified; stating that it was not acceptable to leave an allergy box blank. This meant the registered manager was not following their own medicines policy or following the NICE guideline for effective record keeping of medicines.

The provider failed to maintain accurate and up to date records about medicines for people receiving medicines support. This placed people at risk of harm. This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's needs around medicine were considered as part of the assessment process. People were encouraged to maintain independence in managing their own medicines.
- Staff who administered medicines undertook appropriate training and their competency was regularly assessed, however as reported on under Well-led, management audits had not identified the issues we have during this inspection.

Assessing risk, safety monitoring and management

- Care plans and risk assessments did not always provide consistent information to guide staff on people's care needs.
- The registered manager used an electronic care planning system to document people's care needs. We found some inconsistencies with the information contained within these records. For example, one person's moving and handling risk assessment stated the person was independent on one page, when in fact the person was unable to mobilise independently and required 24 hour supervision. This inconsistency on the

person's care records could lead to new care staff not being clear on a person's care needs.

- Risks associated with people's care, support and environment had been identified and assessed. Care delivery was regularly reviewed. A staff member told us, "We document everything down [using electronic care record] on our work phone. We write everything down and see updates about people's care."
- Staff informed the registered manager when they had concerns about people's health and wellbeing, or if their needs had changed.

Learning lessons when things go wrong

- The process for the reporting and the following up of accidents or incidents was not always clear. Although the registered manager told us they understood how to use the information as a learning opportunity to try and prevent reoccurrences, this was not recorded consistently.
- The provider's incident form required improvement as a review of records showed actions taken and follow up actions were not being recorded on these. Staff were recording actions taken on people's daily notes and they discussed incidents during team meetings.
- Following the inspection, the provider put a new incident form in place to ensure all the necessary information was recorded by staff.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse.
- The registered manager was aware of the duty to report any safeguarding concerns to the local authority safeguarding team and to the Care Quality Commission.
- Staff had been trained in safeguarding procedures and knew what action to take to protect people from harm and abuse. This included knowledge in who to report concerns to, both internally and to external agencies.

Staffing and recruitment

- Sufficient staffing was in place to meet people's needs. The person we spoke with and relatives told us staff were always punctual and never rushed the care.
- The registered manager was able to track the staff call times via an electronic call monitoring system, which staff used to record the care calls. Any discrepancies could be identified quickly and acted upon by management. At the time of the inspection, the registered manager had identified an issue with the alerting of calls and told us they would be contacting the software company for guidance to resolve the issue.
- Staff told us they had sufficient time to carry out the care tasks required.
- Staff were recruited in line with the provider's policy. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.

Preventing and controlling infection

- People were protected from the risk of infection. Everyone told us staff wore personal protective equipment (PPE) during the COVID-19 pandemic, which protected people from the risk of infection.
- Staff told us they had received training from the registered manager in infection control, including COVID-19 and donning and doffing of PPE. They said there was always enough PPE available to ensure people were protected from infection, and that the registered manager always ensured supplies were in place.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to make informed decisions were considered. Relatives told us their loved one's had some restrictions on their decisions due to health conditions which had been put in place for their own safety.
- However people's care records did not always reflect current care delivery and what staff knew, which meant we could not be assured the registered manager was fully aware of the process to put best interest decisions in place when relevant.
- We could not be assured that a best interest decision had been taken or that an MCA assessment was in place for the use of bedrails at night for a person whose capacity fluctuated. The registered manager immediately consulted with the local authority and ensured this was recorded and an assessment was started, to ensure this person was not deprived of their liberty illegally.
- Staff told us they gained people's consent before providing care and support. Staff said should a person decline they would encourage the person to accept care, explaining the importance and potential risks to their health and wellbeing in declining. Staff said they would document their discussions and the person's wishes and inform the registered manager.

Staff support: induction, training, skills and experience

- Staff undertook a period of induction, where they worked alongside experienced staff.
- Staff were supported to attain The Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Relatives we spoke with told us staff seemed well trained and they had no concerns.
- Staff had received supervision, though this had been sporadic. The registered manager said there was only a small number of staff and they all worked together. This meant the registered manager was able to observe and provide guidance as this arose. Following the inspection the provider updated their electronic care planning system, to now include the scheduling and active reminders of staff supervisions.
- Staff thought the training they received meant they could provide effective care to people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive timely support with their healthcare needs. For example, a social worker told us, "The care provided by Anco Care Limited has always been effective in my experience. They were very engaging with the Occupational Therapist services that I had arranged to assess a person, and they actively took part in becoming familiar with the new equipment. They follow the person's daily routine and ensure that their care needs are met along with fulfilment in the individual's daily life."
- People's records provided information as to people's health care needs and known health conditions. This enabled staff to better understand people's needs and the impact this had on the person's day to day life so as staff could provide the appropriate support and care.
- Information identifying health care professionals involved in people's care, and their contact details were contained within people's records. For example, their doctor or community nurse. Staff alerted health care professionals where they had concerns about people's health and well-being.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they commenced using the service to ensure their needs could be met. For example, assessing people's health needs and capabilities, which included understanding people's needs in relation to dexterity and appetite.
- The person we spoke with confirmed that staff always respected their choices in how they wanted to live their life.
- Assessments of people's needs considered protected characteristics as defined under the Equality Act, to ensure there was no discrimination and the service was able to meet a person's assessed needs. For example, people's spiritual needs and what was important to them.

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

- People's dietary needs were considered as part of the assessment process. Where people required support in the preparation and consumption of drinks and food this was recorded within their care records.
- People's care records contained personalised information as to people's likes for food and drink and included key information to ensure people had sufficient amounts to drink and eat.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to inadequate. 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; Continuous learning and improving care

- Under the leadership of the provider, the service has been rated, 'requires improvement' in all four CQC inspections since 2019. The provider has failed to embed changes to the governance system which has meant that improvements are still required to the safety and quality of care people receive.
- Areas for improvement as identified at the last inspection had not been completed or there was little evidence these had been completed by the registered manager. At the time of the inspection, we found there were no systems in place for improvements to be either maintained or developed. This meant the quality of the service had not been assessed, themes and trends recognised and areas of improvement identified. The provider responded after the inspection and told us they had produced an action plan so they can improve the service.
- Processes had been ineffective at identifying the areas of improvement we found during the inspection. This meant quality performance had not always been assessed, potential risks were not identified and lessons had not been learned consistently to continue to drive improvements. The provider took action following the inspection and put a number of improvements in place to ensure governance was improved.
- The registered manager, who was also the provider told us they had been focusing on providing hands on care to people. A relative told us it was the registered manager who carried out the personal care for their relative. This had led to a lack of oversight of the service by the registered manager.
- Medicines had not always been safely managed. Medicines management systems and processes had not been robust. Management audits had not identified the concerns we have found during this inspection. The provider responded after the inspection and made improvements to their medicine audit and their oversight of medicines.
- The provider did not always have systems in place to identify concerns with mental capacity assessments, consent and decision making.
- Audits and checks had been carried out to check the service met people's needs. These included checks on care plans and governance. However, they were not always effective as they had not identified issues we found including the accuracy of information in care records and dates. This meant opportunity to learn lessons may have been missed. The provider responded after the inspection and made improvements to their management audits to ensure records were consistent.
- As the provider was the registered manager, the service had limited external quality assurance scrutiny to ensure that robust systems and processes were in line with regulatory requirements.

We found no evidence that people had been harmed however systems and processes had not been

operated to ensure robust governance and oversight of the service. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff felt supported. They said whenever they had an issue, the registered manager always responded swiftly and positively. One staff member said, "You have to go to office and tell [the registered manager], and [they] will come out and see what the problem is."
- A person told us about their experience of the care, "[Staff] are great, lovely people."
- Relatives in the main did not think improvements were needed in the management of the service. A relative told us, "[The service] is great, we cannot fault [the care]."

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 registered manager was aware of the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager understood information sharing requirements. They knew that when concerns had been identified, notifications should be sent to the CQC as required by law. There had not been a need to do this to date.

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

- Feedback from the person we spoke with, their relatives and a professional showed satisfaction with the service.
- As there were only a small number of staff and they worked together, the registered manager spoke to staff directly about issues concerning care and received feedback from staff.

Working in partnership with others

- The registered manager and staff worked in partnership with others.
- The registered manager was aware of the need to work with health professionals to ensure people's needs were met. There was also information in place for management to liaise with specialist medical professionals when needed. Records showed this had taken place.
- Staff understood they needed to inform the registered manager and people's families if people were ill or had an accident.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely.

The enforcement action we took:

Requirement notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not been operated to ensure robust governance and oversight of the service.

The enforcement action we took:

Issue a warning notice.