

Anco Care Services Limited

ANCO CARE LIMITED

Inspection report

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26 September 2019

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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Anco Care Ltd is a domiciliary care provider registered to provide personal care to people living in the community. Four people were using the service and receiving personal care at the time of our inspection.

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

A number of risks to individuals were identified such as mobilising using a hoist, falls, poor skin integrity, risk of self-neglect, risks associated with eating and drinking. People's individual risks had not been fully assessed. Risk assessments were incomplete and there were no risk support plans in place. This meant staff could not use these to plan to ensure they provided safe care.

There were no protocols in place to advise staff when people should be supported to receive medicines administered, 'as and when required.' There was insufficient recording of medicines administered through a blister pack system from the pharmacy. People did not have medicines assessments in place, so they could be supported to take medicines in the safest way best suited to their needs and preferences. This meant there was heightened risk of medicines errors which could impact upon people's health and welfare.

The registered manager regularly delivered care to people and this had impacted on their ability to maintain oversight of whether people's care met regulatory requirements. There were significant shortfalls in quality assurance systems and processes as well as policies, procedures and record keeping. Key documents could not be easily located on the computer. This meant the provider was not able to maintain effective oversight of the service and of the care being delivered to people.

The provider did not follow robust recruitment procedures. There was no reassurance that safe recruitment practices were in place. Various gaps were identified in staff files. This meant we could not be sure that staff were suitable for the roles they had applied for. All staff had up to date Disclosure and Barring Service (DBS) checks in place.

All staff had received safeguarding training although refresher training was overdue for one member of staff. Staff confirmed they knew what to do if they had any safeguarding concerns.

Documentation and recording on people's care files was limited and incomplete. People's needs were assessed prior to the service starting but insufficient information was noted. There were no records to show that people's equality and diversity needs, such as religion, culture, or disability, had been considered. People's care plans contained significant gaps and were not reviewed or updated regularly. Insufficient information about people's eating and drinking needs was recorded. There was no information on care files about people's health updates or changing needs.

Records in relation to staff induction, training and staff supervision were limited and incomplete. We could not be sure that staff were up to date with mandatory training, and there was conflicting information about

what training was considered to be mandatory.

Staff told us how they supported people to make decisions if they did not have mental capacity or their capacity fluctuated, but there was no evidence this had been considered during care planning or that staff had received training about this.

People's wishes and preferences of how they wanted care to be provided towards the end of their life was not part of the care planning process. The registered manager told us they intended to develop this aspect of care planning.

People, relatives and staff spoke positively about the support offered by the registered manager. People felt communication was effective. Although formal feedback had not been sought from people, relatives and staff, this was sought informally on a regular basis. The registered manager was passionate about delivering good care to people and wanted to make improvements to the service.

People and relatives were very happy with the care provided and felt that people were treated with dignity and respect. People received kind and compassionate care from the registered manager and the small staff team. People received consistent care from staff who knew them well. People were supported to maintain relationships with their family members and follow their interests.

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

The last rating for this service was good (published 20 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified 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 identified a breach of regulation regarding effective governance of the service.

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?

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 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. This means that they and the provider 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 24 hours' notice of the inspection. This was because it was a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the office location on 23 September 2019 and 26 September 2019 to speak with the registered manager and review records. We also spoke with people, relatives and staff on the telephone.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our 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.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including two care staff and the registered manager, who was also the provider. We spoke with one person from a health organisation who worked with the provider to commission care for people.

We reviewed a range of records. This included four people's care records and three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at pre-assessment documentation, staff rotas and a further care plan.

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 good. At this inspection this key question has now deteriorated to 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

Assessing risk, safety monitoring and management

- Risks to individuals such as mobilising using a hoist, falls, poor skin integrity, risk of self-neglect, risks associated with eating and drinking were identified. Risk assessments were incomplete and did not identify or address people's individual risks. There was one risk assessment checklist for each person and this was not filled in effectively. There were no other accompanying documents to assess risks to individuals and consider options 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. People were not receiving care that would protect them from known risks.
- 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 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

Using medicines safely

- Some people received medicines which were administered 'as and when required'. There were no protocols in place to advise staff when people should be supported to receive these medicines. This meant people were at risk of being given medicine when they should not have been. Medicine administration records (MAR) were used to record when these medicines were given, and these were seen to be dated and signed.
- There was insufficient recording of medicines administered through a blister pack system from the pharmacy. This meant staff would not be aware if there were any errors or changes to the contents of the blister pack and did not have an overview of what medicines were being administered. The registered manager did not have effective oversight of this process.
- People did not have medicine assessments in place so that staff could support them take medicines in the safest way best suited to their needs and preferences.
- All staff had attended training in the administration of medicines, but refresher training was overdue for one staff member. People and relatives confirmed they had no concerns about how medicines were administered.

These concerns constitute a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008

Staffing and recruitment

- The provider did not follow robust recruitment procedures. A review of recruitment files for three staff identified a variety of gaps across the files. These included a lack of references, proof of identification, medical declaration, recent photo, no employment history, proof of address and application form.
- All staff had up to date Disclosure and Barring Service (DBS) checks and staff confirmed they had not been permitted to start work until the check had been completed.
- People and relatives told us that people received care when they needed it and staff were always on time. One relative told us, "Staff were always punctual and very reliable. When you look at some carers around these days we know we had the best." Another relative said, "Staff turn up like clockwork, you could almost set your watch by them."

The concerns about recruitment practices constitute a breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed.

Systems and processes to safeguard people from the risk of abuse

- All staff had received safeguarding training but refresher training was overdue for one staff member. Staff told us they had attended training in safeguarding and whistleblowing. Staff confirmed they would speak to their manager if they had any safeguarding concerns. They were confident any concerns would be dealt with properly.
- People who used the service told us they felt safe and relatives shared this view. One relative said, "[Relative] was very safe with the carers, in the safest hands possible. We were very lucky to have them."
- The registered manager was aware of how to contact the safeguarding team and had previously contacted them when an issue arose.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff told us they were provided with the appropriate personal protective equipment (PPE) to prevent the spread of infection.

Learning lessons when things go wrong

- The provider had very basic systems in place to review the service. In order to learn lessons when things went wrong, systems and processes needed to be strengthened.
- Accidents and incidents were recorded and reviewed by the registered manager.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Assessments took place before people received care but this was not a full and complete assessment of their needs. The recorded information was limited and incomplete. For example, it did not include information about people's health conditions or care needs, background, preferences and dislikes, protected characteristics under the Equality Act 2010 such as disability, religious or cultural needs.
- Care plans contained limited information and were incomplete. Care plans were not reviewed according to the timescale set out in the service user guide and were not updated when people's needs changed.
- We saw no evidence the lack of documentation had impacted on the standard of care people received. People were supported by a small team of regular staff that knew people well and could meet their needs.

Staff support: induction, training, skills and experience

- Staff told us they received an induction but there were no records to support this.
- Staff had attended some training courses. The provider told us that staff also completed online and specialist training, but records were incomplete. Records were not available to confirm that staff had received all the mandatory training set out in the Statement of Purpose of the service.
- The registered manager was involved in delivering care and worked closely with the small staff team. They were able to undertake informal checks of staff on a regular basis to check staff competency and the quality of the care provided.
- The experience of people and relatives was that staff were skilled in their roles. One relative said, "The staff are very professional, they are obviously well trained. They certainly know what they are doing."
- Staff confirmed that they felt supported by the registered manager and were in regular communication with them, however, no records were available of staff supervision sessions.

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

- Care plans contained insufficient information about people's eating and drinking needs. People and relatives confirmed that people were well supported to manage their diet. Carers were involved in preparing meals for people according to their preferences.
- Staff told us that they talked to people about their food and drink preferences daily and prepared meals accordingly. One person said, "Their cooking is better than mine."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Care plans did not always contain contact information for health professionals or updates following their involvement. However, staff told us that they were in communication with health professionals, for example, the GP as and when required. One member of staff said, "I contact the GP all the time. They know me well." A relative said, "[Family member was poorly once and straight away they called the GP. They stayed with [family member], they really went over and above."

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 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 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.

- There were no records of staff attending training about the principles of the MCA. This would assist staff understand how to assist people to have maximum choice and control in their lives when they did not have capacity or their capacity fluctuated.
- One person's care plan said they did not have capacity but there were no further records about how this impacted upon their care needs and how they should be best supported with making decisions.
- Most people did have capacity and were able to consent to their care.
- People and their relatives were satisfied that carers worked with them and respected their decisions.
- Staff were able to tell us how they supported people whose capacity may fluctuate, "I know what they like, for example the types of food. I listen to what they want, and I do what they want."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager took a hands-on approach and provided care to people daily along with a small staff team. They were passionate about delivering kind, compassionate care.
- People and their relatives were happy with the care provided. They had developed good relationships with the registered manager and staff. One relative told us, "They were not only professional but caring as well." Another said, "They were very compassionate and tender with [family member]. The registered manager, I couldn't praise her enough, she was smashing."
- People's diversity needs were supported and respected. One relative described how staff supported the religious preferences of their family member.

Supporting people to express their views and be involved in making decisions about their care

- Although records were not in place, people told us they were involved with their care and supported to make their own choices and decisions.
- One person said, "I am involved with my care. I say what I need, and they do it." A relative told us staff always asked what their relative wanted.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and encouraged to maintain their independence.
- Staff asked for people's consent before undertaking care tasks. One person told us, "They always ask for my consent before they do anything. We have a bit of a laugh." A relative said, "They don't just ask for [family members] consent, they ask for mine as well. They are very polite."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to needs improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans did not contain sufficient information about people's needs, and did not show that people or their relatives, where appropriate, had been involved in the care planning process. Care plans were not regularly reviewed or updated.
- People and relatives told us that staff understood their needs and provided them with the correct care and support to meet their changing needs.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life care.
- Care plans did not consistently record when a person had a Do Not Attempt Cardio Pulmonary Resuscitation (DNAR-CPR) decision in place.
- The service had not considered people's preferences and choices in relation to end of life care, for example, funeral wishes, religious or spiritual needs and how they would wish care to be provided towards the end of life. The registered manager confirmed this was an area they would develop so that people and their families could be supported to consider and express their end of life wishes if they wanted to.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager confirmed that information could be made available in other formats as required. There were no recent examples of when this had been required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were respectful of people's homes, and supported people to maintain relationships with their family members.
- One staff member who provided care for a person living with dementia told us, "I know [person] likes tennis. I take them for a walk to the tennis club so they can watch the tennis. It makes them happy."

Improving care quality in response to complaints or concerns

- Complaints information was provided to people in their service user guide. This advised of the complaints process but did not advise of how to refer to the Local Government Ombudsman (LGO) if people were not satisfied with the complaint outcome. There had been no complaints since the last inspection.
- People and relatives told us they would approach the registered manager if they were unhappy with any aspect of the service and felt confident any issues would be addressed. People and relatives told us the registered manager was in regular contact with them to give updates and gain their views on the service provided.

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 good. At this inspection this key question has now deteriorated 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.

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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager regularly delivered care to people and had a good overview of people's needs. However, this impacted on their ability to maintain oversight of whether care met the regulatory requirements. They had not identified the significant shortfalls in records and electronic filing systems. There were no quality assurance systems in place to review care records, medication records, staff files, training records, daily records or gather feedback about the service. This meant the provider was not checking that care was delivered as planned and identifying any issues with quality performance to address these.
- Policies and procedures, and the staff handbook, were not fit for purpose. The registered manager was aware but had not acted promptly to address this. This meant that staff did not have clear policies and procedures, or staff processes, to follow.
- There was conflicting information on what the mandatory training requirements were for care staff and poor recording of what training staff had completed. The registered manager could not provide assurance that staff were up to date with necessary training.
- Key documents could not be easily located on the computer and the registered manager acknowledged there was no clear electronic filing system. No paper copies were available as an accessible alternative. This meant that key documents were not being referred to with ease.

These concerns constitute a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

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

- A survey to seek people's feedback on the care received had not been undertaken since the last inspection. However, informal feedback was sought on an ongoing basis by the registered manager due to their involvement in providing care regularly to people.
- Staff told us that they had regular communication with the registered manager but there were no formal supervision notes of this. Staff felt the registered manager was approachable and supportive.

Continuous learning and improving care

- The service had recently introduced electronic care management systems which needed to be strengthened and become embedded into practice.
- The registered manager recognised the shortfalls in record keeping systems, documentation and quality assurance processes. They told us they wanted to address these in order to develop and improve the service.

Working in partnership with others

- Improvements were required to ensure that partnership working with others, particularly health care professionals, was documented in people's care files.

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

- The registered manager was passionate about providing a personalised service to people and achieving positive outcomes. People were happy with the care they received. One relative told us, "Ten out of ten. We are very lucky, so glad we got Anco."
- Communication with people and relatives was open and effective. One relative said, "They text me every day to let me know they have been. They are second to none, especially the registered manager."
- We found the registered manager to be committed to making improvements to the service.

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 provider was aware of their requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The registered manager told us they would be open and honest with people if things went wrong and would ensure open communication with people, their relatives, staff and outside agencies.

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>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons</p> <p>Recruitment practices were not safe. There were a variety of gaps seen in three recruitment files including lack of: references, employment history, application form, proof of address, proof of identification, medical declaration, recent photo.</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 shortfalls in the assessment of risks to the health and safety of people receiving care. There were no effective risk assessments in place for four people using the service. There were shortfalls in the proper and safe use of medicines. There were no protocols in place to set out the circumstances under which people should receive medicine which was administered, 'as and when required'. There were no medicine administration charts (MAR) to record which medicines people received via a blister pack or when they were administered. There was no audit system in place to oversee this process.</p>

The enforcement action we took:

CQC issued a Warning Notice which stated that the identified issues should be rectified within 12 weeks in order to become compliant with the regulation. CQC will meet with the provider to review whether compliance has been achieved.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were shortfalls in governance arrangements of the service. Effective quality assurance and sufficient records were not in place to provide assurance to the provider about the quality of the service or to ensure the service met regulatory requirements. Care plans were incomplete and not up to date. Documents could not be easily located. There were no records of discussions relevant to the Mental Capacity Act. Audit and quality assurance checks were ineffective. Daily notes were not detailed. The policies, procedures and the staff handbook were not fit for purpose. There was conflicting information about training requirements and limited records of staff training.</p>

Records of team meetings were not kept. There was no evidence of a staff induction take place. A feedback system was not in place to drive improvement.

The enforcement action we took:

CQC issued a Warning Notice which stated that the identified issues should be rectified within 12 weeks in order to become compliant with the regulation. CQC will meet with the provider to review whether compliance has been achieved.