

Anco Care Services Limited

Anco Care Limited

Inspection report

117 Langcliffe Drive
Heelands
Milton Keynes
Buckinghamshire
MK13 7LD

Tel: 01908315261

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29 July 2020

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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 two people were using the service and receiving personal care.

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

Improvements in some areas of care records and documentation had been made since the last inspection. The registered manager continued to be involved in providing daily care visits to people using the service, along with a small staff team. This meant the registered manager had less time available to focus on ensuring the service met regulatory requirements.

There continued to be ineffective governance arrangements and quality assurance processes in place. Some audit processes had been introduced since the last inspection but these did not identify issues which required action and follow up. This meant the registered manager did not have effective oversight of the service and of the overall quality of care which people received.

A range of care plans and risk assessments had been developed since the last inspection for people who received support. There were various gaps and inconsistencies in these so further strengthening of the care records was required. This would ensure care was consistently delivered safely and in line with the care plans and risk assessments in place.

Improvements had been made to medicine recording processes although further strengthening was required. People did not have clear medicine assessments outlining how they preferred to receive their medicines and there were no protocols in place for medicines being administered 'as needed'.

Previously identified gaps in staff files had been resolved and staff training was up to date. A formal system of staff supervision had been introduced and minutes were available from a recent team meeting.

Good infection control practices were in place which mitigated risks to people routinely and during the pandemic emergency period.

Some feedback confirmed people were very happy with the care and service they received from Anco Care Limited. Other feedback confirmed there were no concerns about any aspects of the care. 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 25 June 2020) 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 two regulations.

Why we inspected

We carried out an announced focused inspection of this service on 27 and 29 July 2020. After the last inspection CQC added positive conditions to the registration of the service. This meant the provider sent us monthly reports informing us of the improvements they were making to the service, and CQC were required to approve any new packages of care before they were accepted by Anco Care Limited.

We undertook this focused inspection to follow up on the inadequate rating in the Key Question of Well-Led which was given to Anco Care Limited following a comprehensive inspection on 26 September 2019. This rating remained in place following the focused inspection on 3 February 2020. This report covers our findings in relation to the Key Questions of Safe and Well-led. 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 various gaps and inconsistencies in the risk assessment documentation and the safe administration of medicines. We also found a breach of regulation regarding effective governance arrangements. The service were no longer in breach of regulation for their recruitment processes as improvements had been made.

Follow up

We decided the positive conditions should remain in place to support the provider make improvements to the service. This means the provider will continue to send CQC monthly reports informing us of actions they are taking to make improvements. Anco Care Limited will continue to seek approval from CQC prior to accepting any new packages of care.

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 27 July 2020 to speak with the registered manager and review records. We spoke with two relatives and a friend of people using the service on 29 July 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 two members of staff including the registered manager and a support worker. We spoke with two relatives and a friend of people using the service to get their feedback. We reviewed a range of records. This included two people's care records. We looked at five 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 care records, daily notes, mental capacity assessments, team meeting minutes, induction plan, staff and service user handbooks.



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; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people and did not have safe medicines processes in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Work had been done on developing a range of care plans and risk assessments for each person receiving support since the last inspection. However, there remained a variety of gaps and inconsistencies. For example, risks associated with the safe use of equipment, skin integrity and behaviour which may challenge were not fully assessed. There was insufficient information and guidance in the risk support plans for staff to follow. This meant there was an increased risk of people receiving unsafe care.
- One person used bedrails to prevent them from falling out of bed and injuring themselves. The care plan noted they did not like to use the bedrails. There was no further assessment of risks associated with this or assessment of strategies to support the person safely in bed either with or without the bedrails.
- 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.
- People's health conditions and risks associated with these were not fully referenced in their care records. Both people who used the service had specific health needs which required further detail in their care plans and risk assessments. There was limited assurance that people were receiving care which mitigated the risks and promoted their health as far as possible.
- Although there had been improvements made to the recording of medicines since the last inspection, further strengthening was required. Two people's Medicine Administration Records (MAR) were seen, they contained information about the medicines and were signed to confirm the medicines had been administered. However, some gaps were identified when family members had given the medicines to their relatives but this was not recorded and not all recording practices as set out in the NICE guidelines were being followed.
- Medicines assessments identified that sometimes people did not want to take their medicine but no further guidance was offered on what staff should do in those situations. There was no reference to how people preferred to take their medicines. This meant there was a risk people may not receive their medicines and when they did it may not be in the way they preferred.
- There was no guidance in place for people who received medicines 'as needed'. These were important so care staff were aware of the circumstances in which these medicines should be given.

- Staff were up to date with medicine training but there was no evidence of competency checks being undertaken.

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

- Relatives did not have any concerns about the care provided to their relatives. One relative told us, "We remain very, very happy with the service. I can't stress enough how lucky we feel to have found Anco Care. They are very reliable, flexible and they are kind. They go over and above to show that kindness."
- The registered manager and small staff team knew people and their care needs well.

Staffing and recruitment

At our last inspection the provider had failed to undertake robust recruitment practices. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The gaps identified at the last inspection in recruitment processes had been resolved. Essential information was on the staff files we looked at.
- The existing staff team remained in place and additional staff had been recruited and trained although they had not yet completed any shifts. Both people using the service received consistency in the staff members who provided care and support to them.
- 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.

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.
- There had been no safeguarding concerns arising since the last inspection.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff were aware of the risks associated with the Covid 19 pandemic and were following Government PPE (Personal Protective Equipment) guidelines.
- One relative confirmed there were always sufficient stocks of PPE kept in their relative's home for staff use during care calls and they had confidence in staff practice in this area. They said, "We are very comfortable with their infection control practice, they have always got supplies of PPE and are always wearing masks."

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

At our last inspection the provider had failed implement effective governance and quality assurance processes. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Since the last inspection, which identified continued widespread weaknesses in governance arrangements, the provider had introduced some quality assurance processes. These were not yet effective so there was an ongoing lack of management oversight of the care people received and the service as a whole.
- Audits did not identify gaps and follow up actions. For example, the audit of the MAR charts did not pick up gaps in recording, the staff file checklist noted all staff on the same sheet which was ineffective, and the care file audit did not identify gaps and inconsistencies in the care plans and risk assessments.
- The registered manager did not have effective oversight of the work of the staff team. For example, quality assurance processes did not identify issues with accessing daily notes on the electronic system or that some staff were routinely recording one sentence of daily notes for a lengthy visit.
- The provider had commissioned a package of documentation and support from an external company which meant there were a new range of policies, procedures and a staff handbook. The documents still required some tailoring to the service.
- Processes such as mental capacity assessments were not taking place effectively as part of the care planning process. This was identified at the last inspection and little improvement had occurred since then. For example, one person with dementia used bedrails to prevent injury from falling out of bed but there was no mental capacity assessment or best interest decision to support this decision.

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

- Evidence was seen of an induction process for new staff and team meeting minutes were available from a recent meeting. A system of formal supervision had been introduced for care staff and there was ongoing good communication within the staff team. A staff member told us they felt well supported by the registered manager.

Continuous learning and improving care

- The registered manager had made some improvements to processes and documentation within the service since the last inspection and was keen to keep moving forwards. Progress had been made with storage and access to documents on the electronic system. At the time of inspection there were issues with the electronic system of recording daily notes meaning they were not easily accessible. Further improvements were required in all documentation processes.
- The registered manager had liaised with CQC since the last inspection and had also accessed other support systems. This meant there was a range of support available to assist the registered manager with making improvements. These needed to be further developed and embedded into practice to be effective in continuing to drive improvements.

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

- Several feedback surveys were seen which the registered manager had sent out following the last inspection, including to relatives of people who had previously used the service. Feedback was positive in all areas about the care their loved ones had received.
- One relative confirmed they had excellent communication with the registered manager about all aspects of the package of care their loved one received, and they felt fully informed and involved. They confirmed Anco Care also liaised with night carers who were employed by a separate agency, which ensured consistency of care for the person receiving support.

Working in partnership with others

- One of the people receiving support had recently been discharged from hospital and the person's care record had been updated to record this. There was no record of any other involvement with health professionals.

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.