

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Anco Care Ltd 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 one person was receiving personal care.

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

Improvements had been made since the last inspection in care and risk assessment records. Risk assessments were in place to ensure staff were able to provide care which reduced known risks. Strengthening was required in some areas to ensure all aspects of the person's risks were covered and also to ensure regular reviews were recorded even if there were no changes to be made.

The registered manager engaged consistently with the CQC since the last inspection to provide monthly reporting on the improvements they were making to governance and quality assurance systems. We found improvements had been made. The registered manager undertook quality assurance audits to maintain oversight of key aspects of the service. Ongoing improvements and adaptations were required to ensure the systems remained effective should further packages of care commence.

The person was safely cared for. Staff understood safeguarding procedures. Safe recruitment practices were followed to ensure staff were suitable for their roles. Staff were up to date with refresher and additional training.

The person received support from a consistent and reliable staff team. Medicines support was provided safely if this was required. Infection control measures were in place including staff use of personal protective equipment (PPE).

The registered manager was aware of their legal responsibilities and worked in an open and transparent way. The registered manager and staff worked in partnership with health, social care and community professionals to support the person achieve good outcomes.

The person was 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; the policies and systems in the service supported 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 2 September 2020) and there were two continued breaches of regulation in relation to governance arrangements at the service and people

receiving safe care and treatment. At this inspection, enough improvement had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to follow up on the rating of inadequate in the Key Question of Well-Led which remained in place following the last inspection. This report only covers our findings in relation to the Key Questions Safe and Well-Led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed and remains requires improvement. This is based on the findings at this inspection.

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

Follow up

We decided the conditions placed upon Anco Care Ltd. should be removed. This means the provider will no longer be required to send CQC monthly reports informing us of improvements they were making to quality assurance and governance arrangements in the service. They are no longer required to seek approval from CQC prior to accepting any new packages of care.

We will continue to monitor information we receive about the service until we 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.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

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

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission, who was 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 provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one professional who works with the service to gain feedback on the care provided to the person receiving support. We spoke with two members of staff including the registered manager and care

staff.

We reviewed a range of records. This included the person's care and medicine records. We looked at training records and professional logs. 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.

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.

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 robust effective management 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Improvements had been made to risk assessment processes and documentation. Care and risk support plans were up to date, identified known risks and informed staff how to provide care to reduce these as far as possible. Some areas required further strengthening. For example, ensuring all mobility risks were assessed and ensuring assessments were regularly reviewed even if there were no changes to be made.
- Some evidence based assessments were used to assess the person's risks. The availability of additional tools would strengthen assessment processes further. For example, tools to assess people's skin integrity or risk of malnutrition.
- Although the person's care and risk assessment records contained some areas which required strengthening, all key information was available to support the delivery of safe care and we found there was no negative impact upon the person.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard the person from abuse and was aware of how to follow local safeguarding protocols when required.
- Staff had received training to recognise abuse and protect people from the risk of abuse. They understood the whistleblowing procedure and how to report any concerns.
- There had been no safeguarding concerns arising since the last inspection.

Staffing and recruitment

- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles. There were no new employees since the last inspection.
- Support was provided by a consistent and reliable small staff team.
- The staff team were up to date with refresher and additional training.

Using medicines safely

- Systems were in place to ensure people received medicines as prescribed and in the way they preferred. The provider liaised with the district nurse to ensure new medicine administration records (MAR) were delivered and completed when necessary. Although people could be supported with 'as needed' medicines, none were in use at the time of inspection.
- Staff received training in medicines administration and their competency was checked.
- Regular audits of medicine administration records (MAR) took place which informed the registered manager of any issues.

Preventing and controlling infection

- Staff had sufficient stock of personal protective equipment (PPE) available which included hand sanitiser, masks, gloves and aprons. This ensured care was provided which reduced the risk of infection spread. Feedback confirmed this.
- Following full vaccination for COVID-19, staff had reduced the frequency of their testing for COVID-19. When this was brought to the registered manager's attention they confirmed this was due to a miscommunication. The registered manager immediately re-instated weekly testing in order to comply with government guidance. No harm was caused during the interim period.

Learning lessons when things go wrong

- Processes were in place on the electronic system to record any accidents and incidents which occurred. This included sections to record follow up actions and any lessons learned. These were reviewed by the registered manager and used to consider how to reduce the risk of recurrence in future.

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 inadequate. At this inspection this key question has now improved 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.

At our last inspection the provider had failed to implement effective governance and quality assurance processes to demonstrate their management oversight of the service. This was a breach of regulation 17 (Good Governance) 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 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since the last inspection the registered manager continued to send monthly reports to the CQC of their quality assurance checks. This covered areas such as medicines, daily notes and staff practice via spot checks. These quality assurance checks were embedded into practice and included follow up actions where these were identified.
- The provider had improved their oversight of the service. For example, more organised computer systems meant improved access to the records used for care planning and audit processes.
- The registered manager was aware ongoing and further strengthening of audit documents was required to ensure effective oversight was maintained if more people began to use the service. Some documentation would require adapting and tailoring if used to audit a higher number of care or staff files, for example.
- A package of policies, procedures and handbooks were used which were commissioned from an external company. Tailoring was still required to ensure these were suited to the needs and processes of the service. The registered manager was aware of this and working on it.

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

- The registered manager was committed to delivering good quality and personalised care to the person in their home. A professional who worked with the service told us the registered manager was proactive in their approach and went over and beyond to ensure the person achieved good outcomes. The provider and staff spoke warmly and affectionately about the person they supported.
- Staff put the person at the centre of the service. They were committed to ensuring their care and support needs were met.
- Staff told us they felt supported by the registered manager. They told us, "I am provided with everything I

need. I feel supported, [the registered manager] comes to visit and check everything."

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 their responsibility to keep people informed of actions taken following incidents in line with the duty of candour. They were aware of their legal duties to send notifications when appropriate to the local authority and CQC.

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

- The registered manager undertook weekly check-in telephone calls with care staff to discuss updates and provide any support as necessary. These were recorded in a log which had been introduced since the last inspection. When more staff joined the service, the provider planned to re-introduce formal team meetings.
- Feedback was regularly sought from the person receiving support taking into account their equality characteristics.

Working in partnership with others

- The registered manager and staff member worked in partnership with other health, social care and community organisations. A professional log was kept which showed communication and joint working with a variety of professionals involved in the person's care and welfare since the last inspection.