

Agincare UK Limited

Agincare UK Newcastle under Lyme

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 28 and 29 September 2016 and was unannounced. At our last inspection in October 2015 we found that the service required improvement in providing a service that was safe, effective, responsive and well led. We issued the service with a requirement notice for breach of Regulation 17, governance arrangements. The provider did not always use systems or processes which ensured the proper assessment, monitoring and improvement of the quality and safety of the service. This included the management of risks to people and the keeping of accurate, complete and contemporaneous records in respect of each person who used the service. We received an action plan from the provider confirming when the improvements would be made. At this inspection we found improvements had been made to assessing, recording and reviewing people's care and support needs but we continued to have concerns that the management did not have a good oversight of staff backgrounds to ensure they were suitable to work with people who used the service.

Agincare UK Newcastle under Lyme is a domiciliary care provider providing personal care and support to people in their own homes. At the time of this inspection 120 people used the service.

The service did not have a registered manager. A person had been recruited into this position and was undergoing their registration with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Robust systems were not in place to ensure care workers were suitable to work with people who used the service.

People's medicines were not always managed safely; guidance for the administration of some medicines was not available for staff.

The provider had some systems in place to monitor the quality of the service, however improvements were required to ensure that all areas of the service delivery were audited and checked to ensure a safe and quality service was provided.

Care being delivered generally met people's personal preferences and was regularly reviewed to ensure it met people's needs.

People felt safe, carers and managers knew what to do if they suspected someone may have been abused.

The provider followed the principles of the Mental Capacity Act 2005 (MCA 2005) and ensured that people consented to or were supported to consent to their care and support.

People received care from carers who were supported and trained to fulfil their role well.

People were supported with their nutritional needs and if they became unwell carers responded and gained the appropriate healthcare support.

People were treated with dignity and their privacy was respected.

There was a complaints procedure and people knew how to use it. The provider took the necessary action when complaints were raised.

The manager was well liked and respected and demonstrated a commitment to improving the service being delivered to people. The manager was currently undergoing the registration process with us.

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 consistently safe. Some staff had been recruited who may be unsuitable to work in social care. Staff knew what to do if they suspected someone had been abused. Risk of harm to people were minimised through the use of people's individual needs risk assessments. There were enough staff to meet people's needs. Staff were trained to administer and support people with their medicines.

Requires Improvement ●

Is the service effective?

The service was effective. Staff had been provided with training and supervision to obtain the knowledge and skills to meet people's needs. The principles of the MCA were followed. People were supported with the nutritional and health care needs.

Good ●

Is the service caring?

The service was not consistently caring. People were involved in making choices and decisions about their care; however some people were dissatisfied and unhappy with the service. People's privacy was respected and promoted.

Requires Improvement ●

Is the service responsive?

The service was responsive. People's individual needs and preferences were considered and action taken to ensure their needs were met. People knew and were aware of how to complain.

Good ●

Is the service well-led?

The service was not consistently well-led. Systems were not in place to ensure staff were suitable to work with people who used the service. Systems were in place to assess, monitor and improve the quality of care; further improvement of these systems would ensure people were consistently provided with a safe and responsive service. People were given the opportunity to feedback on the quality of their care. People and carers told us the manager and the management team were approachable and staff felt supported in their role.

Requires Improvement ●

Agincare UK Newcastle under Lyme

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 28 and 29 September 2016 and was announced. The provider was given two days' notice because the location provides a domiciliary care service and we needed to be sure the manager was available. It was conducted by one inspector.

Prior to the inspection we looked at the information we held about the service. We looked at the notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by law. We reviewed the information we received from other agencies and people who had an interest in the service, such as the local authority and commissioners.

We went to the provider's office and spoke with the manager, a visiting manager, five office staff and three care staff. This was to gain information on how the service was run and check that standards of care were being met. We reviewed the care records of six people who used the service, reviewed the records for four staff and records relating to the management of the service. We sent questionnaires to people who used the service, their relatives and staff and with the permission of four people we visited them in their own homes to gain their experience of the service they received.

Is the service safe?

Our findings

The service had employed a person as recruitment coordinator, this person dealt with all applications for employment. They told us of the continual recruitment drive for carers, they said: "Although we do not have a huge turnover of staff it is always good to recruit additional staff to ensure we can cover shifts and meet the needs of people". Staff told us and we saw that safety checks had been undertaken prior to recent people being employed. References and Disclosure and Barring (DBS) checks were completed to ensure that prospective staff were of good character. The DBS is a national agency that keeps records of criminal convictions and helps employers make safer recruitment decisions and prevent unsuitable people from working with people in their own homes. We saw the checks on some people had been carried out which identified that some people may be unsuitable to work with people in their own homes. The current manager was unaware of these disclosures and took immediate action to ensure the safety of people.

People who used the service told us they felt safe and comfortable when the carers visited them in their own homes. One person said: "Yes, I feel completely at ease and safe with the carers visit, I have an evening visit so they make sure the doors are all locked when they leave". Systems were in place to ensure people were as safe as they could be in their own homes. We saw that some people had given the carers permission to enter their homes via a key safe. A key safe is a secure method of externally storing the keys to a person's property. This ensured that people were safe within their homes but carers could gain access when they arrived for the care call.

Carers told us they had received training in recognising and reporting abuse. One carer told us they would report any concerns straight away to the manager, the office staff or the nominated staff member on call. The provider had an out of hours' on-call system in place where carers could contact them for advice relating to any concerns during the out of hours period. The manager told us they were aware of the procedures for dealing with any allegations of abuse. We had received notifications from the provider in the past informing us of safeguarding issues they had raised.

Risks to people were assessed and plans were in place to minimise the risk of harm. For example, some people were at risk of falling due to mobility or health problems. We saw clear guidance for staff to remind the person to use their individual aids and equipment at all times. Some people had been assessed as requiring two carers to help them move and to transfer safely around their home. A person told us: "The two care staff always arrive on time, give or take a few minutes, and help me to get washed and dressed in a morning, they always use the equipment that I need. They are all very good and put me at ease when they help me". We saw environmental risk assessments had been completed which ensured information was available for minimising risks and hazards when visiting and working in people's homes.

Office staff told us that the carers worked within a geographical area so people received a consistent and reliable service. Some people required two staff to provide support and this was always provided. The time allocated for each visit was agreed at the beginning of the care package and based on the identified needs of the people who used the service, but was kept under review. The manager confirmed there were occasions due to short notice absences when alternative carers were needed to provide support to people.

Where this was the case office staff would phone the person who used the service to inform them of the changes and this included if the call would be late.

Most people's medication was supplied in a monitored dosage system (MDS). MDS is a medication storage device designed to simplify the administration of solid oral dose medication. Staff told us they had received medication training and had been assessed as competent by a senior member of staff prior to administering medication alone. Assessments had been completed which identified if the person self-medicated or they required support to do so. One person told us how they managed their own medication and the ways they had for remembering when it was time for them to have their tablets. Some people needed support with taking their daily medicines. They told us they needed their medication at set times during the day because of their specific health condition. We saw the person's care package was arranged to ensure the care calls corresponded with the prescribing instructions of their medicines.

We saw some people had creams and ointments applied by the carers. One carer told us they always used gloves when supporting people with the application of creams and ointments and would record they had done so on the daily care delivery record. Care records did not always correspond with the creams and ointments prescribed and the information recorded in the support plans. There was a risk that some people would not be supported with their treatment in a consistent way. The manager told us they were currently reviewing people's care and support plans to ensure they were accurate and up to date.

Is the service effective?

Our findings

People who used the service told us the carers were, 'very good and knew what they were doing'. Carers told us they had a full induction to the service and had the opportunity to work with more experienced staff until they were skilled and competent to work alone. A senior care worker told us they mentored new starters and supported them with gaining the knowledge and skills they needed to provide the support to people.

We saw carers had a one to one supervision session with their line manager so had the opportunity to discuss any work issues and training and development needs. We saw a plan of the dates of the supervision sessions so that the carers could plan ahead and have full benefit of these one to one sessions.

One carer told us they were satisfied with the level of training provided and had recently selected a specific training topic which they felt would be useful for them to support a person who used the service. One person who used the service said their regular carers were experienced and supported them 'exactly the way I like it'. The manager told us training in various topics was arranged for staff at intervals throughout the year.

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 people 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's representatives were mainly involved in best interest decision making for their relatives who lacked capacity to make specific decisions. We saw an independent advocate supported a person when important decisions were needed to be made. Advocacy is a process of supporting and enabling people to express their views and concerns and access information and services. The provider was working within the principles of the MCA when supporting people to make decisions about their care.

One person told us they were fully able to make decision for themselves and did so, but if they needed any advice they would speak with their family members. We saw they had recently been involved with discussions regarding their end of life care and had a plan in place to ensure their wishes and preferences were respected.

People were supported with their daily nutritional needs when this was needed. People required different levels of support with the preparation of meals and drinks. Most people who had meals prepared for them were satisfied with the way this was done and felt that they could choose what they had to eat and drink. However, we saw one instance where this task was unsatisfactory, the carers and manager told us the actions they had taken to reduce the risk of this happening again.

Carers supported people with their health care needs when this was required. A carer told us: "I would contact the office for advice if I had concerns with a person's health when I am visiting but in the case of an emergency I would contact the emergency services". Another carer told us that occasionally a person displayed signs of unease when they were unwell. The carer told us and we saw details recorded in the support plan of the action needed during these periods. The manager told us that they worked closely with

other health agencies such as district nurses and occupational therapists to ensure that people received appropriate care.

Is the service caring?

Our findings

We received mixed views from people who used the service regarding the care and support they received from the carers. One person said: "The carers are wonderful and not bad at all". Another described the carers as 'very good'. However some people told us that 'some carers were better than others' and this was the case when their regular carers were unavailable and alternative carers were allocated. One person said: "I have to keep telling them what to do it's very wearing". Staff told us that whenever possible they worked with people on a regular basis. One carer said: "We try and keep to our regular rounds, people feel more comfortable with regular workers". The manager told us there were occasions when people's regular care workers were unavailable and calls were allocated to different carers. During our inspection at the office we heard office staff were helpful and supportive when speaking with people who used the service.

One person expressed dissatisfaction with the timing of one of their care calls and had spoken with the management team and various external professionals. They told us: "The call is too early for me and I would prefer a later call. It really stresses me out". The manager told us the timings of the care calls had been agreed in principle at the start of the care package. They became aware the person felt one of the calls was too early and had altered the time of the call; however the person remained unsatisfied with these arrangements. The manager and the internal management team were unable to offer a suitable solution to ensure the satisfaction of the person, but told us of the regular contact and discussions they had with other professionals involved with the person's care.

People who used the service told us the carers were respectful when they visited. Carers told us they respected people's privacy and dignity when they visited people in their own homes. They told us that they always knocked the door before entering even if the person had given permission for a key safe to be used when entering the premises.

Is the service responsive?

Our findings

Prior to people being offered a service an assessment of their needs was undertaken to ensure that the provider could meet people's individual needs. Care/support plans and risk assessments were completed for the carers to have the information available be able to support the person in their own home.

The manager told us that following the agreement of the care package, regular contact was made with the person either by phone or in person to ensure the service was satisfactory. We saw that people received regular phone calls from either the manager or the office staff to obtain their view of the service. Comments from people included: "Caregiver is very good, it is a big help to me", "Overall really fantastic, can tell the difference though with different carers. One carer makes my bed to perfection". We saw reviews of people's care/support plans had been undertaken by either the manager or senior staff either when change of need had been identified or at the planned annual review.

Most people told us they were involved in the assessment and planning of their care and felt they had a say in how they liked to receive their care, treatment and support. However some people's individual care and support needs were not always responded to in a way that fully met their requirements and personal preferences. For example, the timing of a care call had been changed but the person continued to be unsatisfied with these arrangements. A health and social care professional told us they were aware of these recent concerns and was working closely with all parties involved.

At the end of each care call, carers completed a daily care delivery record, which gave a clear account of the care delivered and how each person was during that visit. This ensured information on the care and support provided at each care call was available for the next visiting carer.

Carers told us their work and travel schedule meant that generally they were able to arrive on time and stay for the agreed length of time. The care coordinators told us that when organising the rotas for calls, consideration was made for travel times and the delays that may occur if the traffic or weather conditions were problematic. The manager explained there was a 30 minute leeway either side of the agreed time for the carers to arrive for their care calls. We looked at the care delivery record for one person and saw that over a period of one month, only once had the carer arrived before the agreed time.

The provider had a complaints procedure in place, a copy of which was offered to all people at the start of their care package. The manager told us and we saw that all complaints received were logged with details of the complaint, the action taken and the conclusion.

People who responded to our questionnaire told us the care agency and their staff respond well to any complaints or concerns that they had. Most people we spoke with said they felt comfortable in speaking with the manager or office staff if they had any concerns or complaints.

Is the service well-led?

Our findings

At the inspection in October 2015 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. The management did not have a good oversight of staff backgrounds to ensure they were suitable to work with people who used the service. Medication records were not fully completed and gaps were present with no explanation.

At this inspection we saw improvements had been made to the medication records, we saw no gaps in the medication records we looked at. However improvements were needed in relation to the administration and recording of prescribed topical medicines. The recording of prescribed topical medicines was inconsistent. This meant people were at risk of not receiving their treatment in a consistent or reliable way as staff had no records to refer to. A medication audit had been completed in August 2016 but did not identify the concerns we found with the recording and administration of topical medicines.

No improvements had been made to ensure the management had knowledge of staff backgrounds to ensure they were suitable to work with people who used the service. There continued to be a lack of management oversight into staff backgrounds. We identified examples where some carers were unsuitable to work alone with people in their homes. We saw a record where a carer should not work alone, the plans in place were not being followed, the manager confirmed the person worked alone. The current manager was unaware of these risks and was unable to provide us with risk assessments following this disclosure. There had not been a thorough hand over from previous managers or oversight by the provider. Audits of staff files and staff supervision had not identified this issue. This meant there was a risk that people were not protected from the risk of harm.

This is a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

There had been a recent change in manager and the manager we met with on the day of our inspection explained they were in the process of applying to be the registered manager. They had been in post since the beginning of September 2016.

Monitoring and audits to ensure the safety and quality of the service were in place but not all had been updated recently. Daily records and medication administration records were returned to the office monthly, these were checked for completeness and any omissions, gaps or concerns were considered. The manager told us and we saw that a recent audit of the care and support plans was almost completed, it identified some areas where improvements were needed. The manager told us it was work in progress to ensure the quality monitoring systems were reviewed at regular intervals and in line with the company policies.

People who used the service were given the opportunity to comment about their experiences by the regular telephone contacts, the satisfaction surveys and the care reviews. Most people felt that they would be comfortable to speak with the manager or 'someone else in the office' if they needed to.

Office staff and carers told us the new manager was helpful and supportive. One carer said: "We have a good support system here with the manager and the coordinators; they are here for us and are very approachable". Another carer told us the manager had an 'open door' system, so they felt able to approach the manager when they had any concerns or needed advice and guidance.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The service was failing to make sure that providers have systems and processes that ensure that they are able to meet other requirements in this part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulations 4 to 20A).</p>