

Agincare UK Limited

Agincare UK Surrey

Inspection report

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Date of inspection visit:
20 June 2017

Date of publication:
04 September 2017

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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

This inspection took place on 20 June 2017 and was announced.

We carried out an announced comprehensive inspection of this service on 20 January 2017. At that inspection we found breaches of legal requirements. We undertook this focused inspection to check that the provider now met legal requirements in relation to safe care, staffing and governance. This report only covers our findings in relation to those requirements.

The provider had taken appropriate action and addressed these breaches. We could not rate the key questions safe and well led as being good because to do so requires consistent good practice over time. We will check that the improvements have been embedded into practice and sustained at our next planned comprehensive inspection

Agincare UK Surrey is a domiciliary care agency providing personal care for people in their own homes. There were 83 people receiving the service at the time of the inspection.

There was not a registered manager in post. 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. Since the last inspection the registered manager had left the service. A new manager was in post and had applied to become the registered manager.

People received the medicines they required. This was confirmed by care records and Medication Administration records (MAR). However, staff were not always signing the MAR following administration. This had been addressed with the staff responsible for the errors.

People and their relatives told us they felt safe. Risk assessments were completed and staff followed these to minimise the risks and try to keep people safe. These included risk assessments for mental health, diabetes, infection, falls, medication, choking, skin integrity, the environment and moving and handling. Staff were regularly reminded to keep people safe.

There were sufficient staff to meet people's needs. The agency had enough staff to cover all scheduled visits each day, and the agency had enough staff to ensure people received their care when their regular care workers were delayed.

People were protected against the risks of potential abuse as staff knew how to report safeguarding concerns and safe recruitment practices were followed.

The provider had effective systems in place to monitor the quality of the service they provided. Since our

least inspection the manager had carried out two telephone surveys, the provider had completed a quality audit and staff had been regularly spot checked.

The records had improved and were now accurate and up to date. New care plans had been completed to allow staff to see what care they needed to give people and staff were following this guidance. People and their relatives had been involved in developing them.

Staff told us the manager was supportive. Two staff meetings had been held since our last inspection. Minutes of these meetings showed that the manager had clarified the changes made to improve the service and had thanked care staff for their efforts in improving the care people received.

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 safe

Risk assessments were completed to guide staff in minimising risks to people.

People told us they felt safe.

There were sufficient staff to meet people's needs.

Staff understood their safeguarding responsibilities.

The service followed safe recruitment practices.

Peoples medicines were managed and administered safely

Is the service well-led?

Requires Improvement ●

The service was well led

The quality of the service was audited, improvements were being planned and many had been completed since the last inspection.

Records were up to date and contemporaneous

People and their relatives had opportunities to feedback their views about the quality of the service they received.

Staff were spot checked regularly to ensure they were working to the expected standards. .

Staff were well supported by the management of the service.

Agincare UK Surrey

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an announced focused inspection of Agincare (UK) Surrey on 20 June 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 20 January 2017 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and is the service well led? This is because the service was not meeting some legal requirements.

The inspection team consisted of two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. As this was a focused inspection to look at previous breaches we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with six people, two relatives, three staff, the manager and the area manager. We also reviewed a variety of documents which included the care plans for eight people, six staff files, medicines records, quality assurance monitoring records, minutes of staff meetings and various other documentation relevant to the management of the service.

Is the service safe?

Our findings

At our inspection of January 2017 we found the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to identify and mitigate risks to people and had not ensured that medicines were managed safely. During this inspection we found the provider had made the required improvements to address the breaches of regulation.

We could not rate this key question safe as being good because to do so requires consistent good practice over time. We will check that the improvements have been embedded into practice and sustained at our next planned comprehensive inspection.

People and their relatives told us they felt safe. One person said, "I feel safe when the care worker provides my care." One relative said, "Staff keep my family member safe when providing their care."

Risk assessments were completed to keep people safe. These included risk assessments for mental health, diabetes, infection, falls, medication, choking, skin integrity, the environment and moving and handling. A staff member said, "The information provided to us before we support people has much improved. Previously we were frequently told to provide people's care without having seen their assessments. We get more information on people now. Before we used to go in blind."

Staff were regularly reminded to keep people safe. We saw that the manager contacted care workers with advice and reminders. For example the manager had given staff advice about keeping the people they supported safe in hot weather. They had also reminded staff about the importance of maintaining the security of people's homes when they left. In team meetings the manager reminded staff to notify the office if they observed any redness on people's skin that could indicate pressure damage. We saw evidence that care staff had called the district nurse when they observed someone had pressure damage.

People received the medicines they required. This was confirmed by care records and Medication Administration records (MAR). However, staff were not always signing the MAR following administration. This had been identified in monthly medicines audits and they had addressed this with the staff responsible for the errors either through supervision or by requiring them to attend refresher training in the safe management of medicines. Since the inspection the manager has told us that the number of signature gaps had significantly reduced.

At our inspection of January 2017 we found the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured sufficient numbers of staff were deployed. During this inspection we found the provider had made the required improvements to address this breach of regulation

There were sufficient staff to meet people's needs. We asked people, relative's and staff about staffing levels and whether staff arrived on time. One person said, "They did drop off a bit. They weren't turning up when

they should. They have improved a lot [since new manager took up their post]. I'm happy with things now." A second person said, "My care workers arrive on time and stay for the correct length of time." A relative said, "Staff almost always turn up on time and always stay for the correct time." A staff member said, "Rota planning is much better now, it had been badly planned previously. We were always rushing and arriving late and having to apologise." The manager told us they were confident the agency had enough staff to cover all scheduled visits each day, and the agency had enough staff to ensure people received their care when their regular care workers were delayed. They also said the office team checked at the end of each working day that all visits scheduled for the following day were covered. The rota management system (a system that rosters staff and monitors attendance at calls) confirmed what the manager, staff and people were saying.

People were protected against the risks of potential abuse as staff knew how to report safeguarding concerns. Staff told us they knew how to raise concerns about safeguarding if needed, and would know how to escalate concerns if no action was taken at branch level. They also told us the new manager had encouraged staff to raise concerns if they had any and they would feel confident in doing so if necessary. A safeguarding policy and whistleblowing policy were available to staff. Records confirmed that all staff had received safeguarding training.

The registered manager followed safe recruitment practices. Staff files included application forms, employment histories, and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

We checked the records in relation to accidents and incidents and found there had been no accidents or incidents since the last inspection. There were procedures in place for staff and the manager to follow should one occur.

The provider had developed plans to help ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather. The service had a business continuity plan, which had been reviewed in October 2016.

Is the service well-led?

Our findings

At our inspection of January 2017 we found the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of effective quality assurance processes leading to improvements and a lack of accurate, contemporaneous records. During this inspection we found the provider had made the required improvements to address the breaches of regulation.

We could not rate this key question, well led, as being good because to do so requires consistent good practice over time. We will check that the improvements have been embedded into practice and sustained at our next planned comprehensive inspection

The provider had effective systems in place to monitor the quality of the service they provided. Since our least inspection the manager had carried out two telephone surveys. They had received 75 responses in March 2017 and 46 responses in April 2017. People gave feedback on whether they found care workers suitable, whether they arrived on time, their needs were being met and whether they had any concerns. We saw that action had been taken if people had requested changes. For example one person had said they would prefer to receive their care from fewer care workers than they currently did. This feedback had been passed to a care co-ordinator to action. This had been done. Another person had requested a later visit time as the current time did not meet their needs. This request had been accommodated following a discussion with the person and their family.

The provider had carried out a quality monitoring service audit in May 2017. The audit assessed the management of areas including care and support, safeguarding, complaints, recruitment, training and accidents and incidents. The audit identified a number of areas for improvement, including updating the Statement of Purpose (this is a document that describes what providers do, where they do it and who they do it for), making the local authority safeguarding procedures available in the office and updating the manager's safeguarding training. The manager had an action plan in place to address the areas for improvement.

The service had an action plan that addressed the concerns set out in the last inspection report, such as obtaining people's consent to their care, ensuring people's care was planned to meet their needs and preferences and having sufficient staff to meet service user's needs. The action plan had been reviewed and updated in June 2017. The updated action plan confirmed that actions had been completed to improve these areas. For example people's consent to their care had been recorded. Where people lacked the capacity to give consent, an appropriate process had been followed to ensure decisions were made in their best interests. Staff had been trained in care planning. All but two people who used the service had had a review of their care, and a new person centred care plan put in place. There were sufficient staff employed to meet people's needs.

Spot checks were regularly carried out on staff whilst they provided care to people. Staff told us they had received spot checks. One staff member said, "The field care supervisor checked safety, how we are with the

client, and whether we follow the care plan." We saw that the spot checks also covered whether staff arrived on time and stayed for the correct length of time, they followed the principles of the Mental Capacity Act 2005 and administered any medicines safely. Spot checks recorded the actions needed to address any shortfalls identified. For example one care worker had been spoken to about how they communicated with the person they supported. Another care worker had been reminded about the correct use of personal protective equipment.

The records were accurate and up to date. Care plans were completed to allow staff to see what care they needed to give people. Risk assessments were completed and detailed enough for staff to be guided in recognising and minimising risks to people. People had new care plans and they and their relatives had been involved in developing them. One relative said, "We did a review when the management changed. They came and re-assessed her and [name of staff member] wrote up a whole new care plan." A staff member said, "All the people I support had reviews and new care plans drawn up. The care plans are a lot better. Before you'd just get a sentence in a box, now there's much more detail."

Staff told us the manager was supportive. One staff member said, "The care people receive and the support provided to staff has improved. It's so much better now. The manager has improved everything. We can come in anytime. The support available out-of-hours has improved. I called the manager out-of-hours and received good support and advice from them." A second staff member said, "They've [the manager] been very supportive. They've been brilliant, actually," and a third staff member said, "There have been drastic improvements since the new manager took up their post. There have been improvements in the general running of the office. Things are run much more smoothly now, and there is more communication with the care workers. We used to get a lot of issues where people didn't really know what they were supposed to be doing. That doesn't happen now."

Two staff meetings had been held since our last inspection. Minutes of these meetings showed that the manager had clarified the changes made to improve the service, for example in how the rota was managed, and how staff would be working in the future. The manager also used the meetings to thank care staff for their efforts in improving the care people received.

The manager told us she received good support from the area manager. She said, "I have never had so much support and [name of area manager] is always on the phone if I need anything. We were told the area manager spends one day a week in the service."