Agincare UK Limited

Agincare UK York

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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

The inspection took place on the 8 January 2015. It was announced. This was the first inspection of the service since its registration in September 2014.

Agincare York is on the outskirts of the city centre. The main office is situated on the first floor which has lift access. The service provides daily domestic and personal home care, night time care, respite, sitting and bathing services to people. Care may be provided to people over the age of 18 years with physical disabilities or illnesses and to older people with a variety of needs and dependency levels including people with a mental health condition, people with a physical disability, people with sensory impairment and people with dementia.

The agency had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The service had safeguarding vulnerable adults policies and procedures which were understood by staff. Staff received training in safeguarding vulnerable adults and all those spoken with confirmed that they would tell someone should any aspect of poor care be observed.

The agency was new and only three staff were employed. People were positive about the staff who cared for them and they told us the carers arrived when they should.

Recruitment systems did not follow company procedures and were not robust. You can see what action we told the provider to take at the back of the full version of the report.

Medication systems were not being well managed or documented which did not protect people. You can see what action we told the provider to take at the back of the full version of the report.

People received an assessment to check that the agency was able to meet their needs.

Staff received induction, training and supervision to help support them in their roles although further development was planned in this area.

People were asked to give their consent to any care or treatment and this was done using formal legal safeguards.

People told us they were well cared for and the records viewed were person centred. People told us they were treated with dignity and respect.

End of life (palliative) care was being provided to people and feedback received from a professional in this area was positive.

People told us they were involved in discussions regarding their care needs. Their care packages were regularly reviewed to check that they were appropriate.

People told us they felt able to raise any concerns with the registered manager and we saw policies in place to support this.

People told us they liked the registered manager and found them approachable. Quality systems were in the early stages of development as were some of the support systems for staff.

Summary of findings

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 required improvements to make it safe.

Risks to people were recorded within their care records.

Recruitment systems required development to make sure that staff were recruited safely.

Medication systems required development to ensure that they were well managed.

Requires Improvement

Is the service effective?
The service was effective.

Whilst staff received induction, training and supervision to support them in their roles some of these systems were informal and were being further developed.

People told us that staff supported them with their health care needs if necessary.

Good

Is the service caring?
The service was caring.

The agency had good person centred records in place which reflected how people wanted to be cared for.

People told us they were treated with dignity and respect by staff.

Good

Is the service responsive?
The service was responsive.

People were involved in the development of their care records and were encouraged to make decisions regarding their care.

Complaints systems were in place and people told us they felt supported in raising any concerns.

Good

Is the service well-led?
The service required improvements for it to be well led.

People expressed positive comments regarding the registered manager and the way in which the agency was managed.

Although quality monitoring systems and systems to support staff were in place these were still in the early stages of development.

Requires Improvement

Agincare UK York

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.

The inspection took place on the 8 January 2015. The inspection was announced. The provider was given 24 hours notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection was carried out by one inspector. Prior to our visit we reviewed notifications and other information held about the service. We spoke with two staff and two relatives. We also reviewed records which included a care plan, two recruitment files, policies and procedures and quality monitoring systems.

Prior to our visit we also contacted staff from the Care Commissioning Group (CCG) and Local Authority to ask for their views. As the service was new and they had not placed people at this service, they were unable to provide any feedback. We also spoke with an individual from the Care Commissioning Unit (CCU) who had placed people at this service and they provided feedback which is included within the report.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person commented "We are as safe as we can get."

The registered manager told us that safeguarding was included as part of the induction process for new staff. The company policy on safeguarding vulnerable adults was displayed in the main office. The registered manager told us that one of the three staff currently employed had completed their safeguarding vulnerable adults level 1,2 and 3.

There had been one safeguarding incident which the service had referred appropriately to the Care Quality Commission. We saw that this had been appropriately managed. We asked the registered manager if the agency had any information which could be given to people to explain what safeguarding was. The registered manager told us that this would be developed and would be included within the customer welcome pack. We spoke with two staff and asked them about their understanding of safeguarding vulnerable adults. Both were clear of the action to take should any concerns be raised.

Risks to people's safety were appropriately assessed and included within people's care records. The company had some generic risk assessments in place for managing risks, for example risks within the environment. In addition, individual risk assessments were in place, for example key safe information. We were shown a copy of the Business Continuity Plan which looked at issues which could affect the running of the service. This included risks such as staff shortages, severe weather and sickness. Local risks were also recorded and strategies to manage these were in place. The agency had an emergency on call system and people were provided with emergency contact numbers so that they knew who to contact in an emergency.

We discussed incident and accident analysis. This was reviewed on a monthly basis by the registered manager. However only one incident had occurred since the agency had been operating.

As the agency was new there were only three staff employed. The registered manager told us that further advertisements had gone out and that they were hoping to interview an additional staff member later in the week. The staff we spoke with said that calls were shared out between them and that additional staff were being recruited before further care packages were taken on. One staff member said "We are fully covered staff wise."

We spoke to two relatives of people being supported. They told us that staff turned up on time and were reliable. When asked what they thought of the staff they commented "Excellent, very good and very helpful" and "All of the girls are polite and friendly."

We looked at two of the three staff recruitment files. We found that recruitment files did not contain the required information. In the first file looked at we found that no written references had been received and although a Disclosure and Barring Check (DBS) had been applied for, this was not in place.

We looked at the risk assessment completed by the registered manager and saw that it made reference to two written references being received. But this was not the case.

The company policy for staff commencing work prior to DBS checks being received, stated that two satisfactory references must be received. In addition a risk assessment must be completed.

This is particularly important in domiciliary settings as staff are often lone workers so if appropriate checks have not been completed this may place those they support at risk. We looked at a second file and found that the interview form had been partially completed. One written reference had been received for this person and a second verbal reference had been obtained.

We found that people were not protected by the recruitment systems currently being used. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff completed training in the safe handling of medicines and in addition we saw that competency assessments had been completed. We asked the registered manager if we could look at the medication administration records (MAR). The registered manager told us that staff did not administer any medicines to people so MAR records were not needed. In the care plans we looked at we saw a number of entries regarding staff administering medicines. These included: "Morning medication should be taken

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Is the service safe?

before you leave. Lunchtime medicines should be left on a plate" and "Weekend and evening medicines should be taken before you leave." This information suggested that staff were administering medicines.

We saw there was a medication management assessment within the care plan but this had not been completed. The medication care plan was very basic and included a list of medication prescribed to the person. We saw three separate medication lists for one individual and none of the information tallied. We showed these to the registered manager who confirmed they were not aware that medicines were being administered. We saw additional entries such as "Evening meds taken and lunch meds were missed." This raised additional concern as it suggested that people may not be receiving their medicines as prescribed.

We found that people were not protected from the risks associated with medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service effective?

Our findings

The staff we spoke with told us they received good support. They told us they received an induction when they started work, however when we asked staff if they received formal supervision (which is a one to one meeting with their manager), they confirmed that although meetings took place these were not recorded. They said support systems were very informal at present due to the newness of the service. The registered manager confirmed that formal supervision sessions would be implemented.

We asked staff about the training they received. They told us that training in core subjects was offered to all staff. Examples included; medicines, safeguarding vulnerable adults and first aid training. We asked staff if they received service specific training. This is training designed to meet specific care needs. Staff confirmed that they had not yet received this training although discussions had taken place about doing so. We were told that end of life care was offered to people. Some staff had not received training in end of life care which meant they may not have the knowledge and skills to support people safely and appropriately. We spoke with a staff member who said "I feel confident in providing end of life care but I would like to do palliative care training."

The registered manager told us that further service specific training was planned. They discussed potential topics which included supporting people with dementia care needs, stroke or Parkinson's disease. The registered manager was clear of the importance of staff receiving this training so that appropriate care and support could be provided.

We spoke with the registered manager and staff about mental capacity and consent. Consent was included in the care planning process and we saw that people were asked to sign their agreement to their care records where they were able. Mental Capacity Act 2005 training was planned for the future and was also included within the induction. We saw that mental capacity was included within the care planning process and the registered manager demonstrated a clear understanding of the importance of involving the relevant professionals where decisions may need to be made in people's best interests. The agency had a 'no restraint' policy and we were told that restraint would not be used.

Support with nutrition was included within care plans. Nutritional assessment tools were available to identify people at risk from malnutrition. For people who required support with eating and drinking, records of all food and drink were recorded. Any cultural aspects were identified within the assessment.

We asked how people's health needs were met. As people lived in their own homes and were supported by staff the level of support with their health needs varied. We saw from care records that appropriate referrals had been made to occupational therapy (OT) or district nurses where concerns had been identified. Support could also be offered to people if they needed to attend health appointments. However, some people chose to attend appointments on their own or with family members. One person said "If my relative requires a visit from their doctor then they come and visit us at home."

The health professional we spoke with told us that the registered manager was pro-active in raising any concerns regarding people's health.

Good

Is the service caring?

Our findings

People made positive comments about the care they received. These included “It’s marvellous, really good care” and “My relative’s care needs were discussed.”

We looked at one person’s care records in detail. These contained information about the individual’s care needs, information about their life history and assessments to help minimise any risks. Communication needs was also included in people’s care records. The registered manager told us that the agency could provide care plans and risk assessments in alternative formats for example braille or pictorial to make them more accessible to people. We saw that people were encouraged to be involved in the planning of these records and signed their agreement to them. Records were held in people’s own homes so that they were accessible to them at all times

A health professional told us that the feedback they had received about the care and support provided was positive. They said that they had used the agency on a number of occasions and found them very reliable.

We spoke to a member of staff who said “People are well cared for definitely. We make sure we treat people with dignity and respect. New staff shadow people on double ups (Calls requiring two staff) which meant that people got the opportunity to get to know staff.

We saw that grab sheets were available. These are records which can be used by staff in an emergency if people were transferred between services or admitted to hospital. They included information which is important to the individual.

We were told that no-one used an advocate when we visited but the registered manager said that this service could be accessed when needed.

We asked how the agency ensured that people were treated with dignity and respect. They told us this was included as part of the induction training. They also told us this was followed up in review meetings with clients and in discussions regarding their care package. Both relatives we spoke with confirmed that people were treated with privacy and dignity.

The agency was providing end of life care to people. We looked at some of their documentation for recording people’s end of life wishes. We also sought advice from a professional who had been involved in this area. They told us that the feedback they had received from district nurses and customers alike had been consistently positive.

The registered manager was aware of the need for appropriate palliative care training for staff and was in the process of trying to access this. They were also hoping to develop links with the McMillan nurses locally and with other professionals in this area.

We saw that advance decision making was included as part of the care planning process with people and this included Do Not attempt Cardio Pulmonary Resuscitation (DNACPR). These were held in care files so that staff knew people’s wishes.

Good

Is the service responsive?

Our findings

The registered manager carried out an assessment to make sure that they could provide the right level of care before agreeing any care package. Care packages were based on individual needs.

People were encouraged to be involved in the development and review of their care records.

We saw from care records that care was person centred. Some people required help with personal care, others required support with shopping or cooking or domestic tasks.

People told us their carers turned up on time. This was important to people as it meant they could go about their daily routines as they wanted. They told us that the same team of staff turned up which meant people knew and understood their needs.

The registered manager said that care packages would remain under review so that they could be altered if necessary. This was confirmed by a member of staff who told us that one of the people they were supporting was unhappy with their call times. They told us they had worked with this person to alter these so that they were more suitable.

The service contacted people on a regular basis to check they were happy with the service they received. We saw any comments were logged within care files. The registered manager told us they routinely spoke with the people they supported, or their families, and people confirmed this was the case.

One relative confirmed that the registered manager had responded to concerns about their relative which had resulted in an occupational therapist visiting. Relatives told us they had confidence in the registered manager.

The agency had a complaints procedure which was displayed in the main office but was also given to people as part of their welcome pack. We were told that the complaints procedure could be provided in alternate formats if needed for example braille or pictorial. This helped to make it accessible to people.

No complaints had been received by the agency but was saw there was a clear policy for responding to and recording complaints. We asked staff what they would do if complaints were raised. They told us that they would record them and then report to the registered manager so that they could be investigated.

Both of the relatives we spoke with confirmed that they would feel confident in raising any issues of concern. One person said “I was told to get in touch with the manager straight away if I had any problems.” Another person said “The manager has been out to do a review and check if we are happy.”

Requires Improvement

Is the service well-led?

Our findings

People told us the service was well managed. They were positive about the manager and the support they received. Both relatives told us the service was well run with one relative saying; "We are very happy with the service. It is very good."

Both of the people we spoke with during the inspection were universal in their praise for their individual carers and for the agency as a whole. Staff also confirmed that the manager was 'always approachable' and said that it was a good agency to work for.

The manager showed us a number of quality checklists during our visit. This included health and safety checklists and environmental checklists. A number of audits were available. These included audits on health and safety systems, compliments, care plans, medication, infection control and accidents and incidents. Due to the short time the agency had been operating these audits had only just commenced. Those which had been completed had resulted in action plans being put in place to address any issues and bring about improvements. However some audits had not yet been completed which meant that some of the concerns identified within our inspection had not been picked up.

Staff told us they felt well supported and able to raise any concerns they might have in an open way. One told us "The manager is really approachable. I could ring them any time." Although many of the feedback systems were informal it was clear that these were being developed and staff felt included in this process.

Competency checks were carried out on all staff. This meant that senior staff could observe areas

of care practice; for example, medication administration or manual handling. This helped to ensure consistent standards across the agency.

Records viewed during our visit were generally detailed, organised and stored appropriately. However the office space was small and we discussed the implications this may have once more people began to access the service and more records needed to be held. The manager agreed to discuss this further with senior management.

We were told that surveys would be sent out on an annual basis to seek the views of people. In addition, regular visits were carried out by the management to people in their homes and telephone interviews were completed regularly to seek people's views. We saw records to support this during our visit. We saw where suggestions for improvement were made, they were responded to. This demonstrated that the agency had systems in place to seek the views of those they supported.

We discussed with the registered manager the importance of having systems in place to measure and review the delivery of care against legislation and best practice guidance. The registered manager told us that the company had systems to keep individual services up to date with legislation but added that by continuing to develop partnership working and by accessing local training that this was an area they hoped to develop further.

The registered manager was clear that the service was in the early stages of development and that additional systems needed to be implemented to support and train staff and to review and monitor the service provided.

We spoke with partner agencies as part of our inspection. They confirmed the agency sought advice when necessary and worked well with other key stakeholders. This helped to ensure that important information could be shared where necessary.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers **We found that people were not protected by the recruitment systems in operation.**

Regulated activity	Regulation
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **We found that people were not protected from the risks associated with medicines as medication systems were not well managed.**