

Agincare UK Limited

Agincare UK Brighton

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:

Agincare UK Brighton is a domiciliary care agency. It provides personal care to approximately 170 people living in their own homes in the community. The service supports people living in Brighton and Hove. Agincare UK Brighton supports people with a range of health and social care needs, such as people with a physical disability, sensory impairment or people living with dementia.

People's experience of using this service:

People we spoke with gave us mixed feedback in respect to the care they received. They felt they were treated with kindness by their care workers and they felt safe. However, they did not feel the care received routinely met their needs and preferences. People's care visits were often late or early, and on occasion cut short.

We found issues with staffing levels and the deployment of staff. Many of the issues in respect to staffing levels had been caused by the COVID-19 pandemic, with staff being off sick or needing to self-isolate.

Staffing levels and sickness had impacted negatively on systems designed for scheduling care visits. This meant that staff were not always able to routinely attend to people's care calls on time and stay for the amount of time they were scheduled for. People's assessed needs or preferences were not always met and they did not receive continuity of care.

People's feedback was mixed in respect to feeling the service was well managed. Some people were happy with the care they received. However, others did not feel routinely involved in their care, or feel their concerns and issues were acted upon.

The provider was aware of the issues we identified at this inspection and had started to implement changes to drive improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 10 January 2020).

Why we inspected

We received concerns in relation to the service providing regular care calls that met people's needs and preferences. There was also an increased level of safeguarding concerns, incident of whistleblowing and complaints being made about the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the key

questions of effective, caring or responsive. We therefore did not inspect these. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

Follow up

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.

Details are in our Safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Agincare UK Brighton

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

The inspection team consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger adults with physical disabilities. Not everyone who used the service received personal care. 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.

The service had a manager registered with the Care Quality Commission (CQC). The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

What we did

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 about the service since the last inspection. This included details about incidents the provider must notify us about, such as incidents and abuse. We used this information to plan our inspection.

During the inspection

We reviewed a range of records. This included staff recruitment files, training records, accident and incident recording, and records relating to the scheduling of care calls and the management of the service. We also viewed a variety of policies and procedures and quality assurance processes developed and implemented by the provider. We reviewed 10 people's care records. We spoke with nine members of staff, including the registered manager, a regional manager, the branch manager, administrators and care staff. During our inspection we spoke with 11 people over the telephone.

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 Good. At this inspection this key question has deteriorated to Requires Improvement. 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.

Staffing and recruitment

- There were not always enough skilled staff employed. Staff were also not deployed in a way that met people's needs and ensured their safety. We received mixed feedback from people and staff in relation to staffing levels, and staff arriving at appropriate times to assist people with their care. One person told us, "They all do a good job even though they're short-handed. They're on time and do everything they're supposed to." However, another person said, "I can't walk at all, so two people are needed, and I have them four times a day. The last three months have been an absolute nightmare. They're not doubling up and I can't move. The office said, 'You can do it yourself.' I complain every day." A further person added, "I'm very happy with the quality of care I'm getting, but the office is chaotic. I don't get a rota anymore, so my regular carer will tell me from her rota. Generally, I don't know who I'm going to get. The carers get their rota the night before which doesn't help them. When I first started, in the middle of January, things were ticking over quite nicely for a couple of months then it all went a bit mad. If the care was worse, I'd be considering changing agencies. I doubt whether I'd recommend them."
- Staff gave us mixed feedback in relation to staffing levels at the service. For example, one member of staff told us, "We're always being asked to pick up extra calls, you can't help but cut some of the calls short, as we don't get enough travel time, if any. COVID-19 has been a massive issue, but we don't have enough staff at the moment" Another member of staff said, "My rota is fine, but I've had to fight for that. I know that others aren't happy with the rota and travel time, they tell me when we do double up calls. Some carers are getting daily rotas, rather than weekly, so they don't know where they are supposed to be going. The office are doing their best, but there is so much sickness at the moment."
- Feedback from people, staff and our own observations of the rota system used in the office showed us that staffing levels were not routinely safe. We saw that call times scheduled in people's care plans did not match those scheduled on the system, or the actual times that the visits were going ahead.
- Office staff were struggling to schedule care calls for people and were often still trying to cover calls and provide staff with rotas on the same day, rather than forward planning care visits. One person told us, "They don't do weekly rotas now. You have to ring every day. I don't bother." People were receiving care that did not meet their needs and preferences.
- We raised these concerns with the management of the service who were aware of the issues and were acting upon them. Ongoing and targeted recruitment was taking place and changes to policy and procedures had been put in place to try and improve levels of sickness. Furthermore, the provider had mitigated much of the risk of people receiving missed or late calls, by stopping taking on any new care packages until the sickness levels and care delivery had stabilised.
- Changes had begun to be implemented and improvements had been made. However, these new systems and processes developed by the provider were not fully in place and embedded. We have identified this as

an area of practice that needs improvement.

- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Learning lessons when things go wrong; Assessing risk, safety monitoring and management

- Staff understood the importance of recording all incidents and accidents. Documentation included information on the time, location, nature of the incident/accident and who was involved.
- Risk assessments had identified hazards and guided staff on how to reduce or eliminate the risk and keep people and staff safe. For example, an environmental risk assessment included an analysis of a person's home inside and outside. This considered areas such as the risk of trip, slip or fall for either the person or the staff member.
- Other potential risks included the equipment people used and how staff needed to ensure they were used correctly and what to be aware of. Risk assessments were up to date and appropriate for the activity.
- The service also operated a 24 hour on call service to support both people and staff.

Using medicines safely

- Care staff were trained in the administration of medicines and people were supported to receive their medicines safely. One person told us, "I have one tablet a day and it's always done properly."
- Medicine risk assessments were completed to assess the level of support people required. We saw policies and procedures used by the provider to ensure medicines were managed and administered safely.
- Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and staff made them feel comfortable. One person told us, "I'm very happy with the service. They're excellent. They do everything for you. They don't moan and do the job they're supposed to."
- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety. Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was available for staff and people.

Preventing and controlling infection

- Staff demonstrated their understanding of good hygiene practice and told us how they used personal protective equipment (PPE) such as aprons and gloves to keep people safe. People we spoke with during the inspection told us staff wore aprons and gloves when assisting them in their home.
- Training records confirmed staff had received appropriate training. There was also a good supply of PPE available in the office for staff to collect. Policies and procedures for controlling infection were relevant and up to date.

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 Good. At this inspection this key question has deteriorated 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.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staffing levels and staff sickness had impacted negatively on systems to schedule care visits in line with people's preferences.
- Staff commented they had a good understanding of their roles and responsibilities, but that current staffing and sickness levels had impacted on their ability to deliver care. However, they did state they felt supported and listened to, and that improvements were being made. One member of staff told us, "The office are doing all they can, I feel sorry for them. There is a lot of sickness and we don't have enough staff, but I'm confident things will improve." Another member of staff said, "The manager is great and she is working so hard, I don't feel they should be penalised. The pandemic has really affected the staff and there are a lot going off sick." A further member of staff said, "Things aren't great at the moment and there is a lot of pressure on us to take on extra calls. I know the service users aren't happy, but we're working on getting things back to where they were."
- We saw that systems to support staff had been put in place. The staffing in the office had been restructured and ongoing work to improve the scheduling of care calls and travel time was in progress. Staff and managers were committed to driving up the quality of care.
- People's feedback had not always been acted upon to improve the service. We received mixed feedback in respect to people being involved in their care and having their feedback acted upon. One person told us, "The office are very polite. If you're not happy they'll sort it out for you." However, another person said, "They're running late this morning. They're often behind when they have other calls to make. I make them stay and do what they're supposed to do. The office doesn't contact me. I get on the phone if I'm waiting and they say they'll find out where they are, but somebody has to turn up. I have complained. I put my foot down and I've said this is getting too much now, but it doesn't really change." A further person added, "I complained to a lady at the office and she had a word with the carer, but nothing changed."
- People told us that on the whole they got on well with the care workers who came to see them. Some people were very happy with the service they received from Agincare UK Brighton. However, others did not feel the service was well run. One person told us, "I am 100% happy with the service I get. They turn up on time or they'll let me know if there's a problem. They're very pleasant, work very hard and do everything they're supposed to and they're well trained. I've never made a complaint and I've got no problem with the management." However, another person said, "I've never made any complaints, but I wouldn't recommend

them, there's not enough staff." A further person added, "I couldn't really recommend the company. I think they've got worse. I've had carers for 30 years, so I should know."

- We raised these concerns with the management of the service who were aware of the issues and were acting upon them. The provider had mitigated some of the risk of people receiving missed or late calls, by making the decision not to take on new packages of care until the service had stabilised and improvements to quality had been made.
- Changes had begun to be implemented. However, these new systems and processes developed by the provider were not fully in place and needed time to embed and be effective. We have identified this as an area of practice that needs improvement.
- Senior staff undertook quality assurance audits. We saw audit activity which included health and safety and medication. The results of which were analysed in order to determine trends and introduce preventative measures.
- Policy and procedure documentation was up to date and relevant in order to guide staff on how to carry out their roles.

Working in partnership with others; 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; Continuous learning and improving care

- The service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination.
- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. The provider told us how all people using the service had been contacted by the chief executive of Agincare UK to explain and apologise for the recent issues encountered at the service, to offer assurances about improvement and request their feedback.