Agincare UK Limited

Agincare UK Poole

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on 22 and 23 March 2017, with telephone calls to people who use the service on 24 March 2017. The inspection was announced.

The service is a domiciliary care service that provides personal care to adults in their own homes in and around Poole. At the time of our inspection there were 90 people using the service.

The service had a registered manager, which is a condition of its registration with CQC. 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. The registered manager at the time of the inspection was the area manager with oversight of the service, rather than the branch manager. The branch manager had been in post since July 2016 and an application was in progress to register with CQC.

At our last inspection in January 2016, we found breaches in the regulations relating to good governance and asked the provider to take action to improve communications, quality assurance processes and the way they addressed problems and concerns. We rated the service as 'requires improvement'. This action has been completed.

People were treated with kindness and compassion in their day-to-day care. They mostly received care and support from staff who knew them. Continuity of staff had been a problem for some people, but had improved. The manager checked each month whether people were getting regular staff and reported the continuity figures to the provider.

People's care needs were met. Their needs were assessed before their care package started and they were consulted and involved in developing their care plans. Care records were organised; care plans were up to date and reflected the needs of people we visited. Where people received support with food preparation and eating and drinking, they were generally satisfied with this and their choices of meals were respected.

Where possible, people consented to their care. Where there was doubt about their ability to give informed consent to aspects of their care, the manager and staff followed the requirements of the Mental Capacity Act 2005.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

Medicines were managed and administered safely. Staff had up to date training in handling medicines and their competence in handling medicines was assessed during observations of their practice.

Where necessary, the service had been flexible to accommodate changes in people's needs. Someone told us that when a friend who usually provided some care was unable to assist, the service had stepped in and managed to provide a care worker at very short notice. However, someone else told us a staff member was allocated to visit who they had previously requested not to be included on their rota. We asked the service to rectify this and the following day a member of the office staff confirmed they had changed the person's rota. The manager had already identified there had been some issues with communication and that there was scope for office communication to improve. They were taking steps to address this.

Some people said care calls were scheduled earlier or later than they preferred or needed. We fed this back to the manager, who said they would take action to improve this for the people concerned. They explained there had been some discrepancies between the preferred times stated by commissioners when care packages were commissioned and by people themselves.

Risks to people's personal safety, and to staff visiting them at home, had been assessed and plans were in place to minimise these risks. There were arrangements in place to keep people safe in an emergency, for example in the event of severe weather.

There were enough staff with the right skills and knowledge to meet people's individual care needs. Staff were supported through training and supervision. They told us that although they were busy, care calls were long enough for them to complete the expected tasks. They said there was generally enough travel time and the rotas we saw confirmed this.

People were protected from abuse and neglect because staff were aware of their responsibilities for safeguarding adults, and safe recruitment practices were followed. Checks were made to ensure staff were of good character and suitable for their role. The provider had a whistleblowing procedure and staff were aware of how to raise concerns. The concerns and complaints files contained a number of examples of concerns raised by staff. These had been taken seriously and the appropriate action taken.

Quality assurance systems were in place to monitor the quality of service being delivered. These included spot checks to ensure staff were working safely and properly, and regular audits by the service manager and by the area manager. Where audits identified shortfalls, the manager developed action plans, which set out the actions necessary to improve the service and the deadline for these to be completed. The management team had identified challenges that affected the service and were working to meet these.

People and those important to them had opportunities to feed back their views about the quality of the service they received. When we raised the reservations some people and staff had expressed regarding communication, for example about being informed when staff were running late, it was clear the manager was already aware of issues with communication and was working to improve this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and neglect because staff understood their responsibilities for safeguarding adults.

Risks to people and to the staff who provided their care were assessed and acted upon.

Medicines were managed safely and errors were followed up.

Is the service effective?

Good

The service was effective.

Staff were supported through training and supervision to be able to provide people's care.

People were always asked for their consent to their care and treatment. Where they lacked the mental capacity to give this, best interests decisions were made in line with the requirements of the Mental Capacity Act 2005.

People were protected from the risk of poor nutrition, dehydration and medical conditions that affected their health.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

Continuity of staff had improved and the service was taking steps to ensure people received care from staff who knew them.

Is the service responsive?

Good

The service was responsive.

People and, where appropriate, their relatives and friends were involved in planning and reviewing care. Care plans were thorough and reflected people's choices.

There was a range of ways in which people could raise any issues or concerns they had with their care. Concerns and complaints were taken seriously and investigated in good time.

Is the service well-led?

Good

The service was well led.

The manager was working to establish a positive, person-centred, open culture. Staff were aware of the provider's whistleblowing policy and had the confidence to question practice and report concerns.

Quality assurance arrangements were in operation and were driving improvements in the service.

People and those important to them had opportunities to feed back their views about the quality of the service they received.

Agincare UK Poole

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.

This comprehensive inspection took place on 22 and 23 March 2017, with telephone calls to people who use the service on 24 March 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the branch manager and other people we needed to speak with would be available.

The inspection was undertaken by two inspectors on 22 and 23 March 2017, with a further inspector making telephone calls on 24 March 2017 to a sample of people who use the service.

Before the inspection, we reviewed the information CQC held about the service. This included notifications about important events the provider is required to tell CQC about by law. The provider had completed a Provider Information Return (PIR) in May 2016. 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.

During the inspection, we visited four people at home, and also met two relatives and friends during some of these visits. We talked with a further eight people and two relatives on the telephone. We spoke with five members of staff, the branch manager and the registered manager. We viewed four people's care and medicine records in the office and with their permission, the records kept in their homes when we visited them. We also checked records about how the service was managed. These included four staff recruitment and monitoring records, staff rotas, training records, audits and quality assurance records.

We also obtained feedback about the service from four health and social care professionals, including local authority safeguarding professionals and commissioners who have contact with the service.

Good

Is the service safe?

Our findings

People and relatives of people who used the service told us they felt safe with the staff who visited them.

People were protected against the risks of potential abuse. Staff had training in safeguarding adults. They understood how to identify safeguarding concerns and how to report these to keep people safe. There had been a number of safeguarding concerns over the past year, relating to matters such as missed visits and medication errors. Since the manager came into post in July 2016, they had ensured safeguarding concerns were reported to the local authority. They had undertaken investigations in cooperation with the local authority and had taken action, including disciplinary action, to reduce the risk of situations being repeated.

Risks to people's personal safety, and to staff visiting them at home, had been assessed and plans were in place to minimise these risks. People's care records included a health and safety environmental risk assessment, a recognised scale to assess the risk of developing pressure ulcers, a medicines risk assessment and a falls risk assessment. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends.

There were arrangements in place to keep people safe in an emergency, for example in the event of severe weather or the office building being out of use. These were recorded in an emergency contingency plan that was updated every six months and contained key information, such as the names and contact details of managers. The manager and office staff told us how they had used this a couple of months ago to ensure key calls were covered during a forecast snow storm that did not eventually materialise.

There were enough staff with the right skills and knowledge to meet people's individual care needs. People told us that generally they had a regular team of staff, although some said that care calls were scheduled earlier or later than they preferred or needed. For example, someone had a morning visit at 9am to assist them to wash and dress. However, they liked to get up earlier than this and would be up and dressed in the previous day's clothes by the time the care staff arrived. They would then not feel like getting washed and changed. Someone else had morning visits scheduled at 9.45am to help them get up, having had their previous visit to assist them to bed at 8pm. We fed this back to the manager, who said they would take action to improve this for the people concerned. They explained there had been some discrepancies between the preferred times stated by commissioners when care packages were commissioned and by people themselves.

Staff told us that although they were busy, care calls were long enough for them to complete the expected tasks. They said there was generally enough travel time and the rotas we saw confirmed this. Care calls were mostly organised in localities to minimise travel times. The staff responsible for coordinating rotas had a clear grasp of whether staff were available to provide requested packages of care at particular times in set areas. We saw them explain to a caller who was enquiring about whether they would be able to take on a care package in a particular area that they only had availability at certain times.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were

made to ensure staff were of good character and suitable for their role. Staff files contained evidence of criminal records checks with the Disclosure and Barring Service, references, a full employment history with explanation of gaps, and confirmation of entitlement to work in the UK.

Peoples' medicines were managed and administered safely. People who had assistance with medicines told us their medicines were managed satisfactorily. Medicines charts were returned to the office each month and a sample were audited. Errors or omissions were followed up. Staff had up to date training in handling medicines and their competence in handling medicines was assessed during observations of their practice.

Good

Is the service effective?

Our findings

People were mostly positive about the abilities of staff to provide the care they needed. Comments included: "As far as I am aware for what they do they are all excellent" and "They know what they are doing". However, two people said they sometimes had to tell staff what to do: "Some of the carers that come to me I have to tell them what to do" and "The ones that come regularly are very good. In the middle of the week they don't understand how to [provide their relative's particular care]... I have to show them what to do and sometimes end up doing it myself".

People were supported by staff who had training to develop the skills they needed to care for people. New staff were supported to complete an induction programme before working on their own, including three days' training and shadowing existing staff. Staff confirmed they had the training they needed at induction and subsequently through annual updates. Induction and refresher training topics included moving and handling, health and safety, infection control, handling medicines, and safeguarding adults.

Staff had opportunities for support through one-to-one supervision meetings with a more senior member of staff. Supervision meetings were carried out every couple of months and enabled them to discuss any training needs or concerns they had. Comments included: "Supported tremendously by the office" and "They're really encouraging".

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 they 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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The manager understood how people could be considered to be deprived of their liberty, and informed us that no-one who used the service at the time of the inspection was deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

People's rights were protected because the staff acted in accordance with the MCA. People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. The manager had a good understanding of the MCA and ensured that where someone lacked capacity to make a specific decision, a best interests decision was recorded. We viewed the records for a person who used bed rails, which can be an effective way of reducing the risk of falls but can pose a hazard if used incorrectly. The person was unlikely to have the mental capacity to give informed consent to this, yet there was no mental capacity assessment or best interests decision recorded in relation to the use of bed rails. The manager acknowledged there should be and said this would be put in place.

Where people received support with food preparation and eating and drinking, people and their relatives said they were satisfied with this and that their choices of meals were respected. Staff were aware of the importance of offering and respecting choices. For example, staff had reported to management an occasion on which they were concerned that a colleague had not offered a choice, and this had been followed up.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

Good

Is the service caring?

Our findings

People gave positive feedback about the caring approach of the staff. When we asked people if staff were caring and compassionate, comments included: "Yes, they are very compassionate. They go out of their way to find out exactly what my wife wants to wear", "Overall, the agency is very good, everyone is very kind and supportive", and (in response to whether staff were caring and compassionate), "Oh my God yeah… A couple of weeks ago I'd had a really heavy meeting with one of my doctors, it was really bad news... I was talking to [care worker] as I needed to talk to someone and I broke down and she put her arms around me and gave me a hug. She was absolutely wonderful".

People were treated with kindness and compassion in their day-to-day care. A person told us staff were always kind and courteous, saying, "I would be the first to complain if they were not nice to me".

People mostly received care and support from staff they knew. A person who used the service told us they had regular care workers who knew their needs and how they liked to be supported. A relative of someone who had received a service for a few years said that continuity of staff had been a problem in the past, but was currently better. The person's timetable showed reasonable continuity of staff.

People's records included information about their personal circumstances and how they wished to be supported. A 'pen profile' gave good information about social history, hobbies and interests.

People were generally given the information and explanations they needed, at the time they needed them. People received schedules of visits in advance so they know which staff would be visiting and what time they should arrive. One person told us they were usually informed if staff were running late, whereas another said they sometimes had to contact the office themselves: "On odd occasions when they are not on time… Never had to complain but I wish they would always let me know if they are going to be late". Someone else told us a staff member was allocated to visit who they had previously requested not to be included on their rota. We asked the service to rectify this and the following day a member of the office staff confirmed they had changed the person's rota. The manager had already identified there had been some issues with communication and that there was scope for office communication to improve. They were taking steps to address this.

Good

Is the service responsive?

Our findings

Overall, people told us their care needs were met and that staff stayed for the full duration of the visit. Comments included: "Overall I have been very satisfied", "They always ask me if there is anything else I need before they leave", "Very satisfied with the agency who have been very accommodating", and "They have never let me down".

People, or where appropriate their relatives, were involved in developing their care plans. People had their needs assessed before their care package started. Information had been sought from the person, their relatives and other professionals involved in their care. People confirmed they had been consulted and one person specifically said they had been fully involved in developing their care plan.

Care records were organised and care plans reflected the needs of people we visited. Care plans were up to date and reflected measures to manage identified risks. They gave a good breakdown on what help and support staff should provide to each person. Topics covered included skin care needs, continence, mobility, personal care needs, night care needs, medicines, mental wellbeing and memory. At the front of files, there was a 'grab sheet' detailing important information in the event the person needed emergency medical assistance or an admission to hospital.

Where necessary, the service had been flexible to accommodate changes in people's needs. Someone told us that when a friend who usually provided care at certain times was unable to assist, the service had stepped in and managed to provide a care worker at very short notice, for which the person was very pleased and grateful.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. A person who used the service told us that if there had been problems with their care package, the office staff had always been "very accommodating". We counted 13 concerns and complaints on file from people and their relatives since the manager started in post in July 2016. Four of these had been treated as formal complaints, and had been investigated and responded to in good time.

Good

Is the service well-led?

Our findings

At our last inspection in January 2016, we found breaches in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. Effective systems did not operate to monitor and improve the quality of service delivery. There were difficulties in communication with the office. Problems and concerns that had been identified were not always addressed.

The registered manager sent us an action plan in April 2016 that set out the actions the service would take in order to meet the regulations. This stated they would meet the regulations by 30 June 2016.

At this inspection in March 2017, we found improvements had been made and were ongoing to meet Regulation 17.

Quality assurance systems were in place to monitor the quality of service being delivered. There were unannounced spot checks to ensure staff were working safely and following the provider's policies and procedures. Monthly audits were overseen by the manager and a delegated member of the office staff. These covered areas including care records, medicines and continuity of staff. Where audits identified shortfalls, the manager developed action plans, which set out the actions necessary to improve the service and the deadline for these to be completed. In addition, the area manager maintained oversight through monitoring monthly reports from the service, undertaking quarterly audits of the service and checking the action plans were completed.

The management team recognised challenges that affected the service and were working to meet these. For example, they had identified the need to increase flexibility in the deployment of staff to meet people's preferences. Staff who did not have a car were currently mostly allocated to double up appointments alongside a colleague who drove. The registered manager told us the service was seeking to acquire a number of electric bikes to help some of these staff cover a wider area and thus a wider variety of calls.

People and those important to them had opportunities to feed back their views about the quality of the service they received. This was through an annual quality assurance survey to everyone who used the service, as well as monthly telephone questionnaires for a sample of people, such that everyone would be contacted quarterly.

The manager was working to develop and sustain a positive, person-centred, open culture amongst the staff. They acknowledged there had been issues with staff morale that had resulted in a turnover of staff, including a complete changeover in the office team, since the last CQC inspection. They described the current office team as "committed". When we raised the reservations some people and staff had expressed regarding communication, it was clear the manager was already aware of issues with communication and was working to improve this. Strategies adopted included coaching staff and providing supervision above the provider's minimum standard. Some people told us appointment times did not reflect their preferences. Again, the manager had already recognised this and was taking steps to improve it.

The provider had a whistleblowing procedure and staff were aware of how to raise concerns. The concerns and complaints files contained a number of examples of concerns raised by staff. These had been taken seriously and the appropriate action taken.

There was an out-of-hours on call telephone number for people, their relatives and staff to contact in event of queries or concerns. The manager had oversight of contacts with the on-call staff, and these were discussed at the office team meetings that took place most weekday mornings.

The manager had notified CQC about significant events. We use such information to monitor the service and ensure they respond appropriately to keep people safe.