Agincare UK Limited

Agincare UK Chippenham

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

Summary of findings

Overall summary

Agincare UK Chippenham is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using Agincare UK Chippenham receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of this inspection Agincare UK Chippenham was providing a service to 65 people. The inspection office visit and phone calls to people and their relatives took place on 18 December 2017 and health and social care professional feedback was received 21 December 2017. This inspection was announced which means the provider had short notice that we would be visiting.

A registered manager was in place and available throughout the inspection. 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.

At the last inspection in November 2016 we found two breaches of the legal requirements. We asked the provider to take action to make improvements to meet legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and The Care Quality Commission (Registration) Regulations 2009 in relation to Regulations 12 Safe care and Treatment and Regulation 18 Notification of other incidents.

At this inspection we found the service continued to be in breach of Regulation 18 Notification of other incidents and Regulation 12 Safe care and treatment. A further breach of Regulation 17 Good governance was identified. This is the second consecutive time the service has been rated Requires Improvement and we are considering our response to this. The provider has voluntarily agreed to submit a monthly report of actions and quality monitoring within this service, to show how improvements will be addressed. We will continue to closely monitor this service and return to inspect and ensure the required improvements have been made and sustained.

Medicines were not always safely managed within the service. The recording of people's medicines was not always accurate and information was not detailed to provide guidance to staff. The service was found to be in breach of the Regulation.

The recording and processing of incidents and accidents had not always been appropriately managed. There was not always detailed information on the outcome of an incident or preventative measures that had been taken as a result. The information recorded was also at times inconsistent. Risks had not always been assessed fully in order to provide sufficient information for staff to manage these. The service was

found to be in breach of the Regulation.

Notifiable events such as safeguarding concerns had not been reported to The Care Quality Commission (CQC). This had been raised at the last inspection and had continued to be a concern. This was a repeated breach of the Regulation. You can see what action we told the provider to take at the back of the full version of the report.'

Staff were able to demonstrate how they supported people who may lack capacity. Consent to receive care from the service had not always been signed by the person themselves, despite the person having capacity to agree to this.

People's care plans were informative and clear in some areas but lacked details in other areas. We saw that the service had not always taken steps to review how information could be made more accessible for people with additional communication needs.

Although there were systems in place to monitor the quality of the service provided we saw that these were not always effective in identifying concerns and taking immediate action.

People's care records showed relevant health and social care professionals were involved with people's care. We saw that information was available in people's care plans about specific health conditions that they might have.

People told us they were happy with the care they received and had a group of regular staff who they saw most of the time. People valued the fact that these staff knew them and understood their needs.

People, their relatives and staff spoke positively about the registered manager and their availability and approachableness. Staff felt they were well supported.

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 not always safe.

Medicines were not always safely managed. The recording of people's medicines was not always accurate and information was not detailed to provide guidance to staff.

The recording and processing of incidents and accidents had not always been appropriately managed. Risks had not always been assessed fully in order to provide sufficient information for staff to manage these.

The service followed safe recruitment practices. Sufficient levels of staff were in place to support people.

Is the service effective?

Good

The service was effective.

Staff received training in mandatory subjects including moving and handling, safeguarding, and medicines. Staff spoke positively about their induction and training opportunities.

People's care records showed relevant health and social care professionals were involved with people's care. Relatives praised the service for their monitoring of people's health care needs.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received and had a group of regular staff who they saw most of the time. Staff were described as being well trained, polite, friendly and always willing to do extra jobs when needed.

The registered manager monitored the care people received by conducting phone calls to people and through spot checks on the care provided by staff.

People's independence was encouraged and maintained by staff. People's relatives also confirmed that staff treated people

as individuals and were respectful during care interactions.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans were informative and clear in some areas but lacked details in other areas. The way in which some care plans were written did not take account of the person involved and talked about support as a task rather than a mutual interaction.

The recording of people's wishes around end of life care was not always completed or detailed.

People's concerns and complaints were encouraged. People told us where concerns had been raised these had been dealt with efficiently and to their satisfaction.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Notifiable events such as safeguarding concerns had not been reported to The Care Quality Commission (CQC).

Although there were systems in place to monitor the quality of the service provided we saw that these were not always effective in identifying concerns and taking immediate action.

People, their relatives and staff spoke positively about the registered manager and the support they received.

Agincare UK Chippenham

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 inspection took place on 18 December 2017. This was an announced inspection which meant the provider had prior notice that we would be visiting. This was because the location provides a domiciliary care service to people in their own homes, and we wanted to make sure the provider would be available to support our inspection, or someone who could act on their behalf. The inspection team consisted of two inspectors who attended the office visit and an expert-by-experience who made phone calls to people and their relatives to gain their feedback on using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The service was previously inspected in November 2016 and the provider was found to be in breach of two of the regulations. The service was rated as 'Requires improvement'. At this inspection the service continues to be rated as 'Requires improvement' with two repeated breaches and one new breach of the regulations identified. The provider has voluntarily agreed to submit a monthly report of actions and quality monitoring within this service, to show how improvements will be addressed. We will continue to closely monitor this service and return to inspect and ensure the required improvements have been made and sustained.

We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We spoke on the telephone with twelve people who used the service and eleven relatives. We spoke with the registered manager, area manager and six staff to gather their views about the service provided. Five health and social care professionals were contacted and we received feedback from two of them.

We also reviewed a range of records which included seven people's care plans, staff training records, staff visit schedules, staff personnel files, policies and procedures, complaint files and quality monitoring reports.

Requires Improvement

Is the service safe?

Our findings

At the last comprehensive inspection in November 2016 we identified that the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people had been put at risk due to insufficient numbers of staff available to support them. At this inspection we found the provider had taken action to ensure sufficient and consistent members of staff were available to meet people's needs, however they had breached other parts of this regulation which were identified at this inspection.

No one that we spoke with had experienced any missed calls and said the office would call them if staff were running late. People told us they did now receive a weekly visit list which informed them who would be visiting, however these were sometimes inaccurate if there had been staff sickness and changes made after the time they were sent out. People told us "I've had no missed calls at all and usually, if my carer is running more than 20 minutes or so late, the on-call person in the office will phone to let me know", "My carer got held up with her previous client in an emergency, so the on-call team phoned me and let me know. They then sent me a different carer so I wasn't waiting all day", "I'm really very happy with most things, but perhaps improving the timings of weekend calls, when my regular carers don't work, would be helpful" and "The office will always call me if they are running really late, but I've never had no one turn up at all." We saw that where people had raised about the visit schedule changing on a recent survey, the registered manager had set actions around this to contact people when there is a change to their roster with the time or care worker.

Staff continued to receive their rota by email or collection in person from the office. The provider was currently piloting in one area, an online system in which staff could securely log on to view their schedule and if successful this would then be rolled out across the organisation. For people that had a key safe entry to their house, staff had to go into the office to collect this information, it was not emailed. Security measures had been taken to ensure this list did not contain full details of people, for example no address details were included on this list. The registered manager told us they did not use a dependency tool to calculate staffing but senior management conducted weekly recruitment and retention calls to look at any concerns. The registered manager told us "We don't take on packages if we can't meet them. We make sure staff are comfortable and happy so they stay. We don't have a dependency tool; we get the availability from staff and look at this when recruiting." The service did not use agency staff; instead the office staff were all able to cover calls and would do this during times of annual leave or sickness.

At our last inspection staff had raised the issue of travel time not being sufficient between visits. The provider had said this was being looked into, however at this inspection it continued to be raised. Staff comments included "I get enough time to do my visits; I have been seeing my service users for a long time. The only thing that is a problem is the travel time and the mileage pay."

At our last inspection in November 2016 the management of medicines had areas that required improvement. At this inspection we found that there continued to be issues with the management of medicines. For example on one person's medicine administration record (MAR) it had gaps through one day

showing that no medicines had been administered or signed for. The registered manager explained that this person had cancelled their visits for this day so staff would not have been able to sign. However the reason of this had not been recorded anywhere or reflected in the auditing of these MAR's.

We saw that one person had been prescribed several topical medicines to prevent their skin from breaking down and causing an infection. This person had recently experienced an infection which resulted in a GP being called out and antibiotics being prescribed. We saw that between July and September 2017 it was recorded on this person's MAR that they had consistently not required eight of these topical medicines to be applied. This person had capacity to refuse if they felt one or more of these medicines was not needed at this time. However we saw that staff had still signed the daily records stating that all topical medicines had been applied. This meant it was not known if the MAR or the daily record was incorrect and if this person had been receiving their prescribed medicines. This had not been picked up through the provider's quality monitoring audits of the MAR's. We raised this with the registered manager to address with staff.

There were further issues around the management of medicine to be taken 'as required' (PRN). For example on one person's PRN protocol it did not state where their cream should be applied and a body map to further highlight this to staff was not in place. Two people's PRN protocols did not have a date for when their medicine had been prescribed, instead it recorded the date as unknown. Staff would need to be aware of when a medicine has been prescribed, so they know the duration it can safely be used for. We saw two examples of where a medicine was for PRN use but this information had not been recorded on the MAR so staff would be aware and administer in line with this. We reviewed the provider's medicine policy which stated 'Any PRN or variable doses must be clearly recorded on the MAR sheet with the actual dose administered. This had not always been followed.

One person had an A4 page of paper listing the many allergies they had. There was no risk assessment in place to support the vast amount of allergies, so staff could be aware how to support this person effectively around this. We saw that this person was allergic to one particular medicine however no allergies were recorded on this person's MAR. We saw that this person was on one of the medicines that they were allergic to and raised this with the registered manager. The registered manager said they were allergic to the medicine in a tablet form but not in a topical form. This had not been clearly stated in this person's care plan or on their MAR. The provider's medicine policy stated 'Allergies should be accurately recorded on the MAR sheet and shared with the team providing care.' This had not been followed in this instance.

People's care plans contained a 'grab sheet' which listed essential information about the person that could be shared with other professionals in an emergency. Information included medicines, next of kin contact details and any mobility or communication aids a person may require. We saw one person's grab sheet listed the allergies they had in relation to medicines but not the other non-medical allergies they had around materials and food which also needed to be shared. One person's grab sheet stated they were tolerant to two medicines when it should have stated they were intolerant. This had not been picked up and in an emergency could have had detrimental effects to this person if they were given a medicine they were intolerant to.

This was a breach of Regulation 12(2)(g) Safe care and treatment of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe and supported by staff commenting "Knowing that I have someone checking on me four times a day makes me feel safe because I know that if anything happens to me between calls, I would only have to wait a short while before someone was here" and "I feel safe because the carers know me and know what help I need without me having to explain all the time. I get very anxious if I have lots of

new carers as I worry whether they'll be able to do everything I need." One relative told us "For my sister and me, our reassurance is knowing that our relative has someone going in three times daily. We both live away from home and she won't move, but at least we can sleep at night not worrying about whether she's alright or not."

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. Staff told us they had received safeguarding training and we confirmed this from training records. However staff were not always aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. Staff told us "Safeguarding is about keeping people safe from harm, and knowing when to breach confidentiality if they are in danger. I would report anything to my manager" and "Safeguarding is everything about the client and their environment, the protection of the building (locking windows and doors) medications being left safe, their diet etc. I come into the office to discuss any concerns and I can have a private chat if needed."

Although systems were in place to manage safeguarding concerns, three notifications of abuse had not been submitted to The Care Quality Commission in a timely manner. The registered manager also told us that safeguarding concerns would not be investigated internally before the Local Authority safeguarding team and that they would take their lead from them. This approach would not ensure that immediate action was taken to keep people safe, prior to an investigation commencing.

The recording and processing of incidents and accidents had not always been appropriately managed. There was not always detailed information on the outcome of an incident or preventative measures that had been taken as a result. The information recorded was also at times inconsistent. For example one incident recorded that a person had sustained no injuries. However there was a body map alongside this incident which recorded that the person had obtained three injuries from this event.

One person had been involved in an incident whereby they had sustained an injury. The incident form stated the protocol was to call 999 if the incident met certain criteria, which this incident had. However it was recorded that a relative had not wanted 999 to be called so staff had refrained and adhered to a relative's wishes rather than following their own safety procedures. We saw that this had been the case on another occasion also. We found one incident of neglect by staff that resulted in a person obtaining an injury to their head. This had occurred in February 2017 This incident had been reported to the Local Authority safeguarding team but had not been reported to The Care Quality Commission in line with the provider's registration requirements. This was raised with the registered manager and the notification has since been received.

Risks had not always been assessed fully in order to provide sufficient information for staff to manage these. We saw where a risk had been identified there was often a few words stating the risk and no further information on how this would be managed. For example one person it stated a risk was 'falls' but there was no supporting risk assessment in place about what this meant and how the service was supporting this person to reduce the risk.

One risk around a person's personal care needs stated there was a risk of skin breakdown, however no other information was recorded or other care plans cross referenced for staff to refer to. We saw another person at risk of pressure ulcers had a pressure assessment in place that gave a score to highlight the level of risk; however this was not referred to in the care plan and did not sit alongside it to support staff in managing this risk. One person had a pressure ulcer but no Waterlow assessment in place (The Waterlow assessment gives an estimated risk for the development of a pressure sore). Another person had a Waterlow assessment but it had not been reviewed since July 2016, despite the person scoring 'at very high risk' of pressure damage and

breakdown. A wound assessment was in place however this did not link into the care plan or refer staff to it.

One person had a medicine risk assessment score of being a medium risk, however it stated in their care plan there were no risks around medicines to be aware of. This information did not correlate to give an accurate picture of this person's needs. We saw one person had a bedrail in place, but no information about the risk of this had been recorded, or if staff had responsibility for putting this in place at each visit. Another person's care plan stated they were at risk of falls and a bedrail was in place to stop them falling out of bed and should be raised each night but there was no assessment of the risks around this.

This was a breach of Regulation 12(2)(a)(b) Safe care and treatment of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

For people that had assistance with their mobility a moving and handling plan was in place and we saw these were very detailed, describing step by step how the person should be supported. These stated the type of sling to be used and each different transfer was recorded and the support needed for this. One person's plan recorded that staff had received a practical demonstration of how to use the slings and undertake moving and handling safely. Health and safety checklists were also in place which assessed the external and internal location of people's homes to ensure staff could support people safely and keep safe themselves whilst working.

The service followed safe recruitment practices. Staff files included records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

Staff had access to protective clothing, such as gloves and aprons, and had received training in infection control management. The registered manager told us "Staff come in and collect what they need and this is ordered on a monthly basis.

Good

Is the service effective?

Our findings

During our inspection three members of staff were receiving their induction training. Assessment training was based on the Care Certificate Standards (The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors). Staff received training in mandatory subjects including moving and handling, safeguarding, and medicines. We saw that some staff had completed additional training in areas such as diabetes, understanding strokes and information governance. Staff also had the opportunity to complete higher qualifications and progress into senior roles. The provider had in-house trainers and a training room was available at this office with equipment for staff to train and practice on including a hoist. One relative told us "My wife needs hoisting at least four times every day and all her carers appear confident when using it with my wife."

Staff told us they received regular training and completed refreshers so their knowledge remained current commenting "I do online training; the last one was information governance. A lot of it is down to common sense and being practical", "I am doing my diploma in health and social care through Agincare. We have a good induction, supervisions are structured and we have regular training and it is updated", "I do training online and use booklets. My training is up to date and I feel I have done everything I need to do. I have had supervision recently and I am on target. The managers are always available to chat and any information I need is always there" and "I have good training and have everything I need to do my job. We shadow new starters to make sure they know how to do things and if we notice any areas where they need more help we let the office know." We saw on the registered manager's training matrix that very few staff had completed training in end of life. The registered manager told us they were aware of this and this was something they were focusing on.

Staff had been receiving one to one supervisions with their line manager on a six monthly basis, however the registered manager told us she wants this to be more frequent such as three monthly. Spot checks were also carried out on staff to ensure they were conducting visits appropriately. We saw that where medicine errors had occurred or other similar events the registered manager would hold informal coaching sessions to discuss the concerns with staff and ensure they were competent. After these meetings if required further steps or actions would be set to minimise a reoccurrence.

Where people were supported by staff to have meals and drinks prepared this was recorded in their care plan. One person at risk of urine infections had it written into their care plan that staff were to assist the person to drink during the visit and encourage fluids throughout. People and their relatives told us they were well supported with food and drink commenting "Mum's carers always leave her drinks and some biscuits out where she can reach them so that she's got something for when they aren't there", "I usually have some cake and fruit that sits on my table by my easy chair. My carers make me a hot drink before they go and I have a glass of water as well" and "My carers know that there are some days when I can make breakfast for myself, so they just help by getting things down from the cupboard for me. But other days, I just don't have the strength, so I need them to do it for me."

People's care records showed relevant health and social care professionals were involved with people's

care. One health and social care professional told us "In my experience they contact GPs or nurses where appropriate." We saw that information was available in people's care plans about specific health conditions that they might have. Relatives praised the service for monitoring their loved one's health care needs commenting "We think this is one of the best things this agency does. They never fail to notice when she's off colour and they always contact us to let us know what is happening. If necessary, they will call out a nurse or GP to see her and everything gets written up in her notes", "My relative had developed a red mark, but the office staff let us know and they got her district nurse out and because they caught it whilst it was still tiny, it cleared in no time. I'm very grateful for their prompt action" and "For us, it's the fact that if [X] needs a podiatry appointment, the office staff will arrange that for us and then let us know the details. They seem to have good relationships with most of the care providers locally because they manage to get earlier appointments than we ever can!"

One health professional told us "Senior staff are always willing to listen and supervisors are happy to do joint visits. There is a corporate willingness to work with professionals, but some long-standing carers, although undoubtedly skilled, do not always adapt their practices according to the advice of professionals and think they know best."

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. The registered manager confirmed this didn't apply to anyone receiving the service at the time of this inspection.

When we spoke with staff about capacity they were able to demonstrate how they supported people who may lack capacity. One staff member told us "Capacity is about being able to make decisions. I try to ask in different ways. Some people have best interest decisions made and have people to help them make decisions, a power of attorney (A lasting power of attorney (LPA) is a legal document that lets a person you appoint someone to help make decisions on their behalf). I would try to encourage someone to have something to eat for example if they were diabetic and needed to take their medication. If they didn't want to eat or take their medication, I would report this to the office and a doctor or their Power of Attorney would have to make that decision."

We saw that consent to receive care from the service had not always been signed by the person themselves, despite the person having capacity to agree to this. For example two people's consent had been signed by a relative and for one person it had been left blank. One person was unable to sign but could verbally communicate and instead of recording verbal consent was given; the service had allowed a relative to sign on their behalf. We raised this with the registered manager to address.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received and had a group of regular staff who they saw most of the time. People valued the fact that these staff knew them and understood their needs. Comments included "I know all my carers. I will occasionally have someone new who I haven't met before, but it's usually only when one of my regular carers is suddenly taken ill and no one else can cover for her who I know", "My wife's dementia is such that, it's important her carers don't change too often. The manager understood our concerns when we met with her and we don't get sent new carers at all", "They certainly do everything I need them to do. I like the fact that they know me well now and I don't have to remind them how I like things to be done" and "It's really important I have carers who understand my health condition and who I can trust, so I have a number of carers who I know can come if there is an emergency and my regular carers are unavailable."

Staff were described as being well trained, polite, friendly and always willing to do extra jobs when needed. People told us "I like the fact that every single carer that I see comes in with a smile on their face and they just concentrate on me and my care totally" and "Nothing is too much trouble for my carers and I'm never felt to be a nuisance, whatever it is I have asked for." One relative told us "Because we don't live near, we really worry about how she is, but she's adamant that she's not leaving the family home. We really value the fact that her carers and the office staff will take time out to ring us and let us know if they are at all concerned about her health, and will even sometimes give us a call just to tell us that she is fine and she's having a really good day for once. We can't stress how reassuring that is to us."

The registered manager told us that they monitored the care people received by conducting follow up phone calls to people to ask about the support they received and keep the communication open. Spot checks were also carried out to monitor the care provided by staff. One person told us "I recently had a meeting with the manager and my social worker. I was asked about how I rated the care and I told them both that I was very happy and felt well looked after."

One person's care plan discussed the person's mental wellbeing as well as their physical care needs and recorded that they could at times feel sad or anxious. The care plan documented that staff should take time to reassure this person and talk her through the care being provided. It further stated that they liked to have a chat and a joke with staff which helped put her mind at rest.

People's independence was encouraged and maintained by staff. People we spoke with told us "I decide every day whether I feel up to having a shower or not. The carers never force me to do anything. They also know that I like to have different things for breakfast, depending how I'm feeling, so they wait for me to decide before they go ahead and get it for me", "They always ask me if I'm ready to make a start, particularly first thing in the morning", "They are always very polite and insist on checking with me before they do anything. I'm always saying that I don't mind them just getting on with things, but they tell me that's not the way they work" and "I can manage to wash my front and arms in the shower, but I need help from my carers to reach my legs. Although, it takes me a while, my carers let me do as much as I can for myself, before they take over."

People's relatives also confirmed that staff treated people as individuals and were respectful during care interactions commenting "When I started with the agency, they asked me when I would like the carers to come, which days I wanted a shower rather than a strip wash and whether I was happy having a male carer from time to time" and "When the carer goes up to my wife's room, I hear her knock on the door and call out her name and then she waits until my wife calls her in. I then usually just about hear her asking my wife how she is as they close the door behind them. She always says goodbye and asks my wife whether she wants the door left open or closed when she leaves." One staff member told us "I talk to people, make sure the curtains are closed, the lights are on, that they are warm and comfortable. It's all about them, their choices, we follow the care plans but to their requirements."

A equality and diversity policy was in place at the service which stated 'Equality of opportunity also means that an individual's diversity is viewed positively and, in recognising that everyone is different, we will value equally the unique contribution that an individual's experience, knowledge and skills can make.' The registered manager told us "We get as much information as we can to include people's likes and dislikes and make sure their choices are included in the care."

Requires Improvement

Is the service responsive?

Our findings

People's care plans were informative and clear in some areas but lacked details in other areas. For example staff had clear information recorded about how to support people at each visit and how the individual person preferred their support to be given. From this information it was clear to know exactly what each visit entailed and at what points staff should ask a person if they needed help or preferred to do something independently. Some past history and background information on a person's likes, dislikes, interests and family life were also recorded for staff to be aware of and learn about the person they supported.

We saw that at times the terminology used in care plans was not always appropriate. For example one person's care plan stated the person 'requires two staff for moving and handling tasks.' Another person's care plan recorded that if their relative was away 'staff might feed [X] a meal.' Staff scheduled visit plan also recorded some information under each person about the type of visit required such as 'creaming legs' or 'washing'. The way in which these care plans and schedules were written did not take account of the person involved and talked about support as a task which demonstrates a lack of dignity to the person.

One person required support to apply their prescribed topical medicines; however there was a lack of detail about this in the care plan. The care plan recorded that 'various creams are applied' but did not offer detail on what the creams were for or which creams were applied when and if they could all be applied at the same time or not. We saw that all care plans contained a section titled 'quality of life', which asked about how independent a person felt and if they felt safe and secure. However in the care plans we reviewed this had not been completed and was left blank. Staff told us the care plans did not always provide all the information they needed commenting "I read the care records, but I know my service users so I know what I am doing. But a new carer going in would not really know as the care records are not as up to date as they could be" and "Over the last year the care plans are not as accurate as they should be. We want to do things properly we are pedantic and want it all to be right for them, the temporary care plans are not enough." We have raised this with the management to further address.

During our inspection we identified some people using the service who had additional needs around communication. For example one person was visually impaired but able to express themselves verbally. The service was aware of this person's visual impairment and had recorded information in the care plan for staff to make the person aware who they were speaking with and what was happening during all care interactions. However the information recorded was minimal and did not assess or consider how information could be made more accessible for this person. We spoke with the registered manager about The Accessible Information Standard (AIS) and how the service was meeting people's needs (AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS). The registered manager told us the service did not currently provide information in other formats for people and did not have a need for this at present among the people they supported.

One person had stated that their memory was deteriorating slightly and it helped if staff wrote things down for them. This person's care plan recorded that staff should take their time to go through things and write

them down if this person preferred. It further stated a risk around this was miscommunication, so staff were to speak clearly and face towards the person when talking and repeat if required'. However there was no further information around other methods or aids that could be used to support this person during care interactions and the risks of miscommunication had not been fully explored. One health professional told us "Some staff do not have skills in the English language sufficient to be able to communicate well with older people who may have sensory impairments which make understanding more difficult."

The registered manager told us that people's needs and care plan were reviewed annually or as required. This would also include a review of the environment in which the care was provided. Although it was not always clear in the care plans we looked at if there had been a review or when the next review was due people told us they had attended reviews of their care. Comments included ""We attended a recent review meeting with [X] (registered manager). The care plan needed amending to give the carers extra time to support with meals as it is becoming more of a struggle for her to eat these days", "My Care Plan sits in the folder where the carers fill in the records each day. I had a meeting with [X] (registered manager) a while ago, when we went through it again" and "I had a review meeting booked last week with the manager and my social worker, but unfortunately, the manager had to cancel. It's been rearranged for some time in January." The registered manager told us that staff were kept informed of any changes through a phone call in which the changes would be discussed.

The recording of people's wishes around end of life care was not always present or detailed. For example one person's decisions about medical treatment and personal preferences around their care at this time stated 'Not discussed'. This did not record if attempts to discuss this had been made and the person had refused at that time, or if it meant the service had not tried to gain this information. There were no dates recorded or evidence of reviews, meaning the service had not established people's wishes in order to provide effective personalised care for these times. The registered manager told us "We do have these conversations with some people, some care workers are uncomfortable, but no one is presently at end of life care." The majority of staff had not received training in end of life care and one staff member told us "I have no one needing end of life care at the moment, but I am interested in palliative care."

We reviewed the provider's policy around end of life care which stated 'We expect our staff to be familiar with the principles of end of life care as detailed in Agincare's end of life care training programme and to adopt these principles and translate them into recorded plans of care and care delivery.' This was not currently being followed in practice at the service.

We saw that people's concerns and complaints were encouraged. Where a complaint had been made an acknowledgement letter was sent out to the person. People told us where concerns had been raised these had been dealt with efficiently and professionally by the manager to their satisfaction. Comments included "If I had any concerns, I'd phone the office and ask to speak to [X] (registered manager). Having said that, I haven't any issues at the minute" and "We spoke to [X] (registered manager), a while ago, just about one staff who my relative wasn't really getting on with. She made no fuss and said that they wouldn't be sent back, and they were not. We were very happy with how the manager handled the matter." One health and social care professional told us "They are approachable and willing to address concerns."

Requires Improvement

Is the service well-led?

Our findings

At the last comprehensive inspection in November 2016 we identified that the service was not meeting Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. This was because notifiable events such as safeguarding concerns had not been reported to The Care Quality Commission (CQC). CQC use information from these notifications to monitor services and ensure events are managed appropriately to keep people safe. Leading up to and during this inspection we found the provider had not taken action to ensure all the necessary notifications to CQC had been made and remained in breach of this Regulation.

Since August 2017 we have raised the subject with the registered and area managers regarding notifications not having been sent to CQC within a timely manner. This included notifications of alleged sexual abuse and incidents investigated by the police. At this inspection we further found a notification of physical abuse and neglect had not been submitted to CQC. This was sent in following this inspection. The provider's safeguarding policy stated 'All safeguarding adults' alerts or referrals that involve a member of Agincare staff or an Agincare service must be notified to CQC within 72 hours following the alert.' The provider's health and safety policy stated 'Incidents and accidents and injuries are to be reported to CQC.' Neither of these policies had been adhered to.

The registered manager was open during discussions around notifications and told us "I have learnt an awful lot recently, I'm learning about the notifications, I feel supported. I am learning from mistakes I have made and making improvements, the notifications not being put in, I hold blame to that."

This was a breach of Regulation 18 (2)(e)(f) Notification of other incidents of The Care Quality Commission (Registration) Regulations 2009.

Although there were systems in place to monitor the quality of the service provided we saw that these were not always effective. For example we reviewed the provider quality assurance report from November 2017 which stated that all CQC notifications had been sent within 72 hours and this had been fully met. However this audit had not picked up on the notifications that had not been submitted prior to this inspection or the one identified during the inspection .

During this inspection we identified that audits of safe medicine management had not been reviewed effectively despite being signed off as checked. Concerns that we found on the medicine administration records (MAR) had not been identified prior to this inspection or raised further so action could be taken. We saw these records had not always been checked in a timely manner in order to identify potential errors and take responsive action. For example MAR's completed in October 2017 had not been checked until December 2017. The registered manager explained that the staff member responsible for auditing the MAR's had since left and it had only recently been realised this had not been done appropriately. However there had been no further provider oversight for the checking or review of this.

The provider's medicine policy stated 'Registered Managers will ensure that all medicines administration records are up to date and accurate. Poor records are a potential cause of preventable medicine errors. If an

Agincare MAR chart is used there must be a robust system to check that it is completed correctly.' The registered manager informed us that they would be taking over the responsibility of auditing MAR charts until they were confident it was been done properly and would then look to reassign this role. The registered manager was aware improvement was needed and this had been identified commenting "Monthly audits, medicines and staff, these have been more of a challenge, you will see a change as we are trying to make improvements and ensure more information is picked up. I know there hasn't been enough information recorded on medicine and accident forms. We have changed our medicines error forms recently to capture the information. If we find anything amiss in care plans we will be amending this and checking actions."

During this inspection we found two repeated breaches and one new breach of the regulations. This is the second consecutive time the service has been rated as 'Requires Improvement' and we are currently considering our response to this and will report on any further actions when all representations are concluded.

This was a breach of Regulation 17 (2)(f) Notification of other incidents of The Care Quality Commission (Registration) Regulations 2009.

Prior to our inspection we raised with the management team that the rating from the last inspection was not clearly or appropriately displayed on the provider website in line with the CQC requirements. This has since been addressed following our inspection.

The registered manager had been in post since March 2017 but had worked with the service prior to taking up this position. People and relatives we spoke with told us there had been improvements in the service since the last inspection commenting, "I've been with the agency for a long time now and they have had their ups and downs, but certainly over the last eight or so months, I think they have improved greatly, I would recommend them to others", "We met with [X] (registered manager) when my relative transferred to Agincare. She spent a couple of hours with us going through his needs. She is very approachable and has phoned us a couple of times to make sure everything is alright", "I would recommend them. My carers have been with me a long time and they never mind doing extra jobs for me and the office staff will arrange for the nurse to visit me if I have any problems" and "The manager, usually comes to go through my care plan and make sure nothing needs changing. I also saw her last week, because they were short of carers, so she came and helped me one morning. I get on very well with her."

The registered manager was supported by an area manager who was present during this inspection. The area manager made visits to the service either once a week or fortnightly and was available in-between by phone or email. These visits alternated between reviewing audits and progress in the service, or a chance just to catch up with the registered manager and staff. The registered manager told us their aim was "Making sure people get person centred care that the care they need is safe and they get the care they deserve. I like to think I would want the staff to care for my mum."

Staff told us they felt well supported by the registered manager and that she was available and approachable when they needed assistance. Staff comments included "I feel very supported by the staff, we are all open and the managers are very approachable", "The manager has been very supportive to me" and "The managers are always available although I know they are snowed under, there is a 'we are equal' feel. We have a good rapport with everyone, the communication is good. The team work is good." The registered manager told us "We are a family run care company, the staff are amazing. Care is not understood by the public, it's making sure people understand we are there emotionally as well and not just physically."

The majority of people and their relatives had the opportunity to provide feedback about the service

through completing surveys. The registered manager told us that phone calls were also made to people to gain feedback and check they were happy with the service provided. One relative told us "I have to say that communication is excellent. If the carers have even the slightest concerns about mum's health, they will contact us. We would happily recommend them."

We saw that a survey completed in July 2017 had feedback from 21 people and showed an 81 per cent satisfaction level. The registered manager told us that from these results actions are set for the service to improve in the identified areas, so people using the service are involved in promoting change. One person told us they had completed the survey however but had not yet been informed of any results from it. We saw that the service's newsletter did refer to the survey results, but did not provide detail on what improvements as a result of this would be made.

The service took steps to share information with staff when events had occurred. The registered manager told us "We share learning in a roundabout way with staff, we share about the outcome, but not the details of a situation to ensure confidentiality." We saw that following a recent incident all staff had received an updated copy of the policy on professional boundaries to remind them of this during their practice.

The provider had considered necessary actions to implement for the coming year to ensure consistency and sustainability within the service provided. We reviewed the 2016/2017 location strategy which had focused on an "Employer of Choice" model. This stated the provider's requirement was for service's to achieve stability and compliance, 'doing the right things, at the right times.' This model recognised the importance of recruitment and retention to ensure longevity for the company. We saw the provider had considered the results from their staff survey, Local Authority and CQC reports across their services to inform their future strategy.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management of medicines had areas that required improvement. At this inspection we found that there continued to be issues with the recording and checking of medicines. Regulation 12(2)(g) The recording and processing of incidents and accidents had not always been appropriately managed. Risks had not always been assessed fully in order to provide sufficient information for staff to manage these. Regulation 12(2)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor the quality of the service provided were not always effective. Audits of safe medicine management had not been reviewed effectively and concerns that we found had not been identified prior to this inspection so action could be taken.This is the second consecutive time the service has been rated as 'Requires Improvement'. Regulation 17 (2)(f)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing At the last comprehensive inspection in

November 2016 we identified that the service was not submitting all notifiable events such as safeguarding concerns to The Care Quality Commission (CQC). Leading up to and during this inspection we found the provider had not taken action to ensure all the necessary notifications to CQC had been made and remained in breach of this Regulation. Regulation 18 (2)(e)(f)