

Agee Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

This inspection took place on 21 September 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. Agee Care provides personal care to people in their own homes. At the time of the inspection, eight people were receiving a service from the provider. This was the first comprehensive inspection of the service following registration.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People's risks were assessed but staff were not always given guidance to minimise these risks. People were supported by safely recruited staff that understood how to safeguard them from potential abuse. People received their support at the times they needed it and from safely recruited staff. People's medicines were administered safely.

The principles of the Mental Capacity Act were not fully understood by staff and people that lacked capacity did not have their capacity assessed. People received support from suitably skilled staff. People received support from staff to maintain a healthy diet and they told us staff enabled them to choose what they had to eat and drink. People felt they would be supported to monitor their health and access support if they needed it.

People had support from kind, polite and caring staff. People were supported to make choices about all aspects of their care and support. People were supported in a way which helped them to stay independent. Staff supported people in a way which maintained their privacy and dignity when providing care and support.

People were involved in their assessments and care planning. People's preferences were understood by staff and they were supported to engage in activities of their choice. People had access to a complaints procedure and there was a policy in place to investigate all complaints.

The systems in place to check the quality of the service were not always effective. People felt they could approach the registered manager and they had opportunities to provide feedback about the quality of the service.

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.

People's risks were not always fully understood by staff.

People were protected from harm by staff that understood about safeguarding matters.

People were supported by sufficient numbers of staff

People were supported to take their prescribed medicines safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were not always supported in line with the principles of the Mental Capacity Act.

People were supported by skilled staff.

People had support to choose meals for themselves and maintain a healthy diet.

People had support to access health professionals when required.

Is the service caring?

Good ●

The service was caring.

People had support from staff that were kind and caring.

People could make choices for themselves.

People were supported to maintain their Independence.

People were supported in a way that maintained their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff that understood their preferences for how care and support was delivered.

People understood how to make a complaint and received a response.

Is the service well-led?

The service was not always well led.

The systems in place to check the quality of the service were not always effective.

People told us they were able to approach the registered manager

People were asked for their views about the service and were positive about the quality.

Requires Improvement 

Agee Care Limited

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 21 September 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection team consisted of one inspector and an 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.

Prior to the inspection, we reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as serious injuries. We also contacted the local authority and commissioners for information they held about the service. We used this information to help us plan our inspection.

During the inspection, we spoke with one person who used the service and three relatives. We spoke with the registered manager, the business manager and four staff. We reviewed a range of records about how people received their care and how the service was managed. These included care of people who used the service, three staff records and five records relating to the management of the service such as policies, staff handbooks and training records.

Is the service safe?

Our findings

We checked to see if people were supported to manage risks to their safety. One relative told us staff were able to manage the risks to their relatives safety whilst taking a bath, they said they used equipment to ensure this was done safely. Staff we spoke with could describe how they supported people to stay safe. For example one staff member described the risks associated with someone's mobility and how they have to support them in order to prevent falls. The staff member added, "I have to be sure not to rush the person and give slow clear instructions". We confirmed this was documented in the persons care plan. However, staff were not able to describe all the risks associated with peoples care. For example, we spoke to staff about one person's risks associated with their diet. They were not aware of the risks; however they explained the person's meals were provided by relatives and we confirmed this in the care plan. We looked at peoples care records and found risks had been identified, but there was no documented assessment of the risk available in the care plan. However actions had been identified to keep people safe. This meant whilst staff were familiar with how to support people they were not always aware of the risks associated with people's needs. For example, one person was at risk of poor nutritional intake, whilst there was no risk assessment documentation available, the care plan showed the person had lost confidence in preparing their meals, staff were directed to allow the person to prepare the meal independently whilst providing supervision and encouragement. We spoke to the registered manager about this and they told us they had completed risk assessments to inform the care plan but staff had not been made aware of these and there were no copies kept on peoples care records. The registered manger told us they would take immediate action to review peoples risk assessments and ensure staff had access to detailed guidance on how to reduce the risks. This showed the registered manager needed to make improvements to how the risks for people were documented and how this was shared with staff.

People and their relatives told us they felt the service was safe because they had regular staff that they knew well. One relative told us, "My relative likes all the staff and they feel safe". Staff were able to tell us the signs of abuse and could describe how they would report any concerns they had. One staff member said, "If I had any concerns I would report them to the registered manager, we have had training in identifying the signs of abuse". We saw the provider had a system in place to ensure staff understood how to report any safeguarding incidents and this showed how this would be investigated. The registered manager told us they had not had any safeguarding concerns at the time of the inspection but they were able to tell us how these would be investigated and escalated to the local safeguarding authority. This showed there were systems in place to safeguard people from potential harm or abuse.

Staff knew how to support people if they had an accident. One staff member said, "Any incidents or accidents would need to be reported to the manager and recorded in peoples notes, advice would be sought and followed". We saw the registered manager had a system in place to investigate accidents and incidents. There had not been any accidents or incidents at the time of the inspection but the registered manager was able to describe how these would be monitored and how they would take appropriate action to reduce the risk of reoccurrence. This meant there was a system in place to ensure appropriate action was taken in the event of accident or incident.

People and their relatives told us staff came at the right time to deliver their care. They told us they were aware of which staff member was coming in advance and knew all the staff including the registered manager as they sometimes delivered their care. One person said, "It's absolutely brilliant and I always know who is coming". A relative told us, "They are always within 15 minutes and let me know if they are going to be a bit late". Staff told us they thought there were enough staff to meet the needs of people. They said they were given sufficient time to travel between calls. One staff member said, "I have never had any late calls, there is plenty of travel time, so if I need to stay longer to support people I am able to, the call times are also reviewed". We looked at peoples call times and found staff were attending the calls at the required time. The business manager told us they had sufficient staff in place to cover the calls and had other staff ready to take on new cases. They said the registered manager provided cover for any calls where staff were unable to attend. We saw on the day of the inspection the registered manager went to cover calls for staff that had an incident which meant they would be late for their morning calls. This meant there were sufficient staff available to support people when they needed it.

People received support from staff that had been recruited safely. The provider told us checks were carried out to ensure staff appointed were suitable to work with vulnerable people. The checks included two references and Disclosure and Barring Service (DBS) which help employers make safer decisions and prevent unsuitable people from working with vulnerable people. We looked at the records for staff and found the provider had accepted verbal references and were awaiting the written copies to arrive as most staff had only recently been recruited. We saw DBS were in place before staff started working with people.

People received support to take their medicines as prescribed. One person told us, "I get assistance with having some topical medicines administered and this works well". A relative told us, "My relative takes their medicines themselves with staff promoting, this works very well". Staff told us they had undertaken training in how to safely administer medicines. They said peoples medicines were in blister packs and they completed medicine administration records (MAR) when they had given the medicines. One staff member said, "Medicines are in blister packs, we check the medicines with the MAR record and give them to the person, we sign the record and if there were any issues these would be reported to the registered manager straight away". The registered manager told us they checked peoples MAR charts to ensure they had received their medicines as prescribed. We saw risk assessments were completed for medicine administration to see what support people needed. We saw MAR charts had been completed correctly. The business partner told us all staff received training in medicines administration and the records we saw confirmed this. This showed people received their medicines as prescribed.

Is the service effective?

Our findings

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.

Staff were undertaking training in the MCA and could describe the basic principles of consent, however they were less clear about the wider aspects of the MCA such as how decisions would be made in peoples best interests where they lacked capacity. Staff were able to confirm that the people they were supporting could make most decisions for themselves, however some people may not have capacity to make complex decisions. The registered manager told us there were people receiving support that did not have capacity to make some of their own decisions. Where this was the case the local authority had assessed their capacity and arranged the service in their best interests following discussions with relevant people. The registered manager said they had not completed additional capacity assessments with people however they had held discussions with relevant people to determine how care and support should be provided in their best interests. They confirmed these discussions were not documented in peoples care plans. The registered manager was able to show us documentation which was part of the electronic care planning system they used which would allow them to assess capacity and record best interest decisions for people. They confirmed they would take action immediately to introduce MCA assessments where people lacked capacity and would hold meetings where required to make decisions in peoples best interests. This meant whilst people's rights had been protected but improvements were required to ensure the provider had the correct documentation in place to show they were working within the principles of the MCA.

People and their relatives confirmed that staff always sought consent before carrying out care and support tasks. Staff understood the importance of gaining consent and could explain how they sought this from people. For example one staff member said, "One person is able to let us know if they are happy for us to do things, we have to explain things carefully and they can say yes or no". This showed people were asked to consent to their care and support.

People and their relatives told us they felt staff were well trained. They told us new staff shadowed other staff and were trained on the job. One person said, "I believe the staff have been well trained . No question about it". A relative told us, "I believe the staff are well trained I would recommend them to anybody". Staff told us they had an induction into the role and completed shadowed with the registered manager when they first started work. The induction had included shadowing, information about policies and procedures. The registered manager told us they ensured staff were competent in their role before they could work alone. The staff told us they were accessing training using a website based system. We saw staff had undertaken some training and other sessions were planned. Staff had either completed or had planned training in safeguarding, mental capacity, infection control and manual handling for example. Staff were at different stages with their training, most were still undergoing their induction. The business manager confirmed they ensured staff had the right training in place to be able to support the people they visited. The

system in use enabled the provider to check when training was due and what had been completed. Staff competency was checked to make sure staff were using the skills and knowledge they had learned through observations by the registered manager. This showed the staff received training to support them in their role.

Most people did not have support with their meals. However where people did they told us they were supported to choose what to eat and drink and had no concerns. One person said, "The staff do meals and it works well. They always leave a drink before they go". Staff told us they only provided minimal support for people but could describe people's needs and preferences. One staff member said, "[Persons name] has a great appetite, they love biscuits with their tea before I leave". Peoples care records included information for staff on who provided the meals for people and the level of support they needed. For example, one person's care plan identified they needed support and encouragement to prepare meals as they had lost confidence in the kitchen. This showed people had support to choose their meals and maintain a healthy diet.

People and their relatives said they had not received support to access health professionals or monitor their health as this wasn't needed. However everyone was confident this would be provided effectively if they ever needed assistance. Staff told us they had to liaise with other professionals on behalf of one person and understood the importance of this. The records supported what we were told. This showed staff understood how to access support for people with their health and wellbeing where required.

Is the service caring?

Our findings

We asked people if the staff were caring. Everyone we spoke to told us the staff were kind and caring in the way they supported people. A relative told us, "The staff are prompt, caring and they listen to my relative". Staff told us they spent time getting to know what people liked and their preferred routines. One staff member said, "I have got to know [person's name] so well, we sit together and they have a cup of tea before we do their personal care, which is how they like things done, I also talk with relatives to find out about people". Staff told us they had time to talk to people and get to know them during the calls. The registered manager told us they introduced the staff to people before the calls commenced and made sure the person was happy with the staff member that had been allocated to them. They told us when they worked alongside staff during the calls they were able to assess how caring staff were with people. The business manager told us they had received positive feedback about the relationship and bonds people had formed with staff from relatives. This showed people were supported by caring staff.

People were able to make choices about their care and support. We asked if people were offered choices and felt in control of their care. One person said, "Yes without doubt". Relatives also agreed that people were able to make choices for themselves. Staff told us they offered people choices with their care and support. For example, one staff member said, "[Persons name] chooses what we do when we go out for the day, they decide for themselves where we go". Peoples care records showed staff offered choices and gave staff direction as to what type of things people should be choosing for themselves. For example one plan stated the person should be offered a choice of clothing and another plan stated they should be offered a choice of drinks". This showed us people were supported to make choices about their care and support.

People were supported to maintain their independence. We asked people if their care and support enabled them to maintain their independence. One person said, "Yes, the care package I get helps me to keep my independence". Relatives agreed that people were supported to maintain their independence. Staff gave examples of how people were supported to maintain their independence. For example, one staff member told us about one person they were working with to improve their independence. The staff member said, "[Persons name] is very independent, they direct me with the type of support they need with personal care for example". We found peoples care records confirmed what we were told. Plans identified the aspects of people's care they could do for themselves and told staff how much support and encouragement they should offer. The business manager was able to share an example where one person's independence had been improved through working with staff. They told us the persons mobility had improved and they were now able to do things such as go out which they had not done for some time. This showed people were encouraged to maintain their independence.

People were treated with respect and their privacy and dignity was maintained. We asked people if they felt staff treated them with respect and if their privacy and dignity was maintained. Everyone we spoke to agreed they felt respected and their privacy and dignity was maintained by staff. One relative commented, "You can see the staff are respectful from the way they speak to my relative".

Staff told us maintaining people's dignity was important and could give examples of how they ensured

dignity and privacy were maintained when they were supporting people. For example, one staff member said, "It is important, I make sure people are dressed promptly and they had the chance to do the things for themselves that they can manage, I close curtains and give privacy when people are using the bathroom by closing the door". The registered manager told us they were confident people's privacy and dignity was maintained by staff from working alongside staff and the positive feedback they had received from people and relatives. This showed people had their privacy and dignity respected.

Is the service responsive?

Our findings

People had their needs met by staff that understood their preferences. We asked people if staff understood their needs and preferences. Everyone we spoke with said staff understood their needs and preferences and could give examples where staff had been responsive to their needs. One person told us, "Yes definitely staff are responsive. I was struggling with something one day and staff found the perfect solution that worked". A relative said, "My relative has got a regular member of staff and they have got to know each other very well". Another relative added, "Yes, the staff are very good. They do whatever my relative asks them to do". Some people were supported by staff to follow their interests. Staff could describe what people liked to do and could give us examples. These included going out to community groups, being members of clubs and attending specific activities. We saw the care plans also reflected this information about people. Staff understood people's needs and preferences around their care and support. They could describe in detail how they supported people. One staff member said, "[Persons name has some difficulty in communicating but their actions tell me what they need, they will put their coat on for example which means they are feeling cold". The business manager told us the care planning system in use started with an assessment of people's needs. The care plan was then tailored to the individual depending on the areas identified in the assessment. We looked at peoples care records and found these included details about the routines people preferred. For example one plan documented what the person liked to have accessible to them on their bedside table at night. All plans identified peoples preferences for clothing, meals, and their preferred times to get up. This showed us people received support from staff who understood their needs and preferences.

We asked people if they were involved in their assessments and planning their care. One person said, "Yes I am involved I discuss everything with the staff". People hadn't yet had reviews as they had not been using the service that long. However they said they knew this was planned and the registered manager checked with them frequently how things were going. One relative commented, "The staff are always checking things are going ok". The registered manager confirmed people and relatives were involved in assessments and that review would take place at regular intervals. Staff told us they would report any changes in needs or concerns and the registered manager confirmed they would then follow these up with people. We found reviews had not yet taken place as people had not been using the service very long, however we did see where people's needs had changed for example their condition had improved the care plan reflected this change. This showed people were involved in their assessments and regular reviews of their care and support needs.

People and their relatives understood how to make a complaint. We asked people about how complaints were made and if they felt they would be addressed. Everyone we spoke with confirmed they had not had any reason to make a complaint. However people told us they understood the companies' policy and felt confident that their complaints would be addressed. We saw there was a complaints policy in place which showed people and relatives how to make a complaint. The information provided to people about complaints also included the contact details for other organisations. The provider has a service user guide given to all service users when they began using the service. This set out what people could expect from the service and what to do if they were unhappy. This showed the registered manager had a system in place to investigate and respond to people's complaints.

Is the service well-led?

Our findings

The location had not been actively providing the registered activity of personal care for very long at the point of the inspection. The registered manager told us they had registered some months before but the business had taken off slowly. The business manager told us this meant they had not yet implemented comprehensive audits and the quality checks were completed by the registered manager carrying out observations. The registered manager had not identified some of the concerns we found during our inspection. For example, the fact that risk assessments and plans to mitigate risks were not fully understood by staff and MCA assessments and best interest's decisions were not clearly documented. This meant the improvements required had not been identified or actioned. The registered manager told us they would take immediate action to address the concerns we raised. The business manager was able to describe the provider's plans for how the quality of the service would be audited in the future. For example they were planning to adopt an electronic monitoring system for call times and durations, an electronic care planning system which would link to handsets for staff to receive updates on their calls. This showed the quality checks in place were not always effective however the provider had plans in place to make improvements to these processes.

The registered manager told us they had regular sight of peoples care records as they were involved in delivering peoples care, they also had all records brought into the office on a monthly basis to ensure these were accurately completed and staff were delivering the care people needed. They explained as the service was small there was no requirement for additional monitoring. We found people were receiving the support they required. For example there were no concerns with staff call times and peoples medicines.

The registered manager told us feedback from people and relatives was sought on a regular basis. They said they made regular contact with people by telephone to see how things were going and they also received feedback whilst they were delivering care and support. People and their relatives confirmed this, one person said, "The registered manager comes on a regular basis and asks me how I am getting on". A relative told us, "We probably get asked about how things are about once a week". The business manager was able to share examples of feedback they had received about the service. They told us one relative has been very happy with the support received and had asked for the care to be increased as a result. The business manager told us in the future as the business grows they plan to look at different ways of getting feedback but they said were keen to ensure this was done in a person centred way that would suit individuals. They said they would be looking to implement regular quality checks with people as part of their review process. People told us they were pleased with the quality of the service. One person said, "I am very happy with the way the service is run". A relative told us, "We are very happy with the service: the whole approach from day one. The emphasis is on quality". Another relative said, "I think they manage it very well" and another told us, "It's an excellent service. 100 percent"

Staff told us they felt supported by the registered manager. One staff member said, "I am currently finishing my care certificate as part of my induction, once this is done I believe we will have regular appraisals to discuss our role". Another staff member said, "The registered manager is always accessible and offering their support. The business manager is also very supportive". The registered manager told us they had regular

contact with staff by telephone and they would attend people's calls to check how staff were working with people. They were able to describe their plans for staff support going forward. They told us there would be regular 6 monthly staff meetings and they would look at appraisals every 6 months to discuss training needs. The registered manager told us currently they were having more informal discussions with staff and ensuring they developed an open culture where staff could seek support. This meant staff were supported in their role.

The registered manager understood their statutory responsibilities. A provider is required to submit a statutory notification to notify CQC of serious incidents such as injuries, deaths or allegations of potential abuse. There had been no requirement to complete any notifications at the time of the inspection.

The provider was operating from a residential property as their registered location. The business manager told us they had recently rented an additional office space. At the moment this was only being used to interview staff and store protective clothing and uniforms, but in the future they would be making an application to change the locations. The registered manager told us they were aware of the requirements to register the new office as a new location and confirmed there was no documentation stored at the new office address. We saw all records relating to the management of the location and the care people received were stored at the registered address during our inspection.