Agincare UK Limited

Agincare UK Notts County

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

Overall summary

This inspection took place on 18 March 2015 and was announced. Agincare Notts County provides personal care in people's homes to adults of all ages with a range of health care needs. There were approximately 350 people using the service at the time of the inspection.

The service has a registered manager. 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.

Staff had completed training in how to keep people safe and had access to guidance however some people did not feel safe. Staff were able to recognise if people were at risk and knew what action they should take. The registered manager had taken action when people had been identified as at risk and learning had taken place. People had risk assessments and where risks had been identified there were plans to manage them effectively. Staff understood risks to people and followed guidance. Staff were alert to changes in people's usual presentation. They recorded incidents and reported them.

Summary of findings

There were sufficient staff to provide people's care however the staff providing care to people was not always consistent. Comprehensive pre-employment checks had been carried out.

People's care was provided by staff who were sufficiently trained and supported. Staff had received an induction when they started employment with the provider and further training relevant to people's needs had been provided to undertake professional qualifications. Systems were in place to support staff and monitor their work for example medicines training and medicines competency checks were carried out, however medicines were not recorded appropriately.

People were treated with dignity and respect. Where people lacked the capacity to consent to their care relevant guidance had been followed. The provider was aware of anyone who was legally appointed to make decisions for people.

People's needs in relation to nutrition and hydration were documented. People received appropriate support to ensure they received sufficient to eat.

Care plans were personalised and people were supported to maintain their choices. However care plans were not always updated.

People's feedback on the service was sought through telephone calls and visits. People's views had also been sought through the annual quality survey. People had information and support to make complaints. Where complaints were made they were investigated and actions taken in response. Complaints were analysed for themes however where these had been identified action had not always resolved the issue.

There had been a change in the ownership of the company providing the service and management in the past six months. Staff were supported by the new leadership and staff were encouraged to speak with the office about any concerns they had about people's care. The new management understood the challenges facing the service in relation to managed growth and staffing. There were measures in place to support growth. There were systems in place for the provider to receive reports on the quality of the service provided however this had not consistently improved the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

Staff were aware of arrangements to keep people safe. The provider had policies and procedures in place to support staff.

Medicines were not recorded appropriately.

Requires Improvement

Is the service effective?
The service was effective.

Staff were supported in their role and received appropriate training.

People's nutritional needs were met and people had access to healthcare services.

Good

Is the service caring?
The service was caring.

Staff provided care in a kind and sensitive manner. Where people had difficulty communicating staff used non-verbal communication.

People were treated with dignity.

Good

Is the service responsive?
The service is not consistently responsive.

Care records had not been consistently updated and there were gaps in records.

People and relatives were aware of how to make a complaint and raise concerns however although complaints were addressed, the provider did not use these to prevent similar incidents occurring.

Requires Improvement

Is the service well-led?
The service was not consistently well led.

A process for quality review was in place, however feedback was not provided to people and changes had not consistently improved the service.

A whistleblowing policy and procedure was in place.

Managers had an understanding of the key challenges.

Requires Improvement

Agincare UK Notts County

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 March 2015 and was announced. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available.

The inspection team comprised 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. The expert by experience had personal experience of community services.

During the inspection the inspector spoke with one office staff, two care staff and the registered manager. We reviewed records which included 20 people's care plans and five staff recruitment and supervision records and records relating to the management of the service. Following the inspection we spoke with ten people by telephone.

Requires Improvement

Is the service safe?

Our findings

Medicine Administration Records (MAR) were not fully completed. We reviewed people's MAR and saw staff had signed to say what medicine had been administered. However if a medicine was not administered, the reason and any action taken as result were not consistently recorded and there were gaps in the records. The gaps in the MAR meant it was not clear whether or not people's medicines had been administered and people were at risk of not receiving the appropriate treatment. Staff had access to the provider's medicines policy and had completed medicines training.

Staff told us they had access to policies to enable them to keep people safe. For example ensuring people's finances were managed without risk. People's care plans stated if they required support with finances and who provided this support. Where staff supported people with their finances, processes were in place to record this. Staff were able to demonstrate an understanding of how to keep people safe and understood their role in relation to reporting and monitoring procedures. The registered manager had identified potential concerns about the safety of people and reported them to the local authority, which records confirmed. They told us that following an incident where people may have been placed at risk of harm this was reported back to staff at a team meeting.

Risks to people had been identified in relation to areas such as safety, communications, medicines, pain, nutrition, washing, skin care, mobility and social contact. For example risks in the home such as steps between rooms and unlighted areas outside were detailed. Where risks were noted there were plans in place to manage them.

Records demonstrated the provider had an ongoing staff recruitment programme to ensure there were sufficient staff to provide people's care. A staff member said there were office staff who managed staff rosters and there were sufficient staff to provide people's care. Staff said that there was usually enough time to provide care appropriately. They told us that they had ten minutes between calls which allowed them some flexibility. If a second staff member was required to provide care safely, this had been documented. There was also a record of any equipment needed and what the person could do.

Staff had undergone relevant recruitment checks as part of their application and these were documented. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. tservicesafe

Good

Is the service effective?

Our findings

Both members of staff whom we spoke to told us they had received an induction and they had found this useful. They said they had received a workbook and also had training on specific issues such as catheter care and moving and handling. Staff had also received ongoing training and told us about the involvement of other professionals to assist with training around issues such as dementia care and continence care.

The registered manager told us the number of staff supervisions and spot checks had increased. These involved senior staff assessing the quality of care staff work. The majority of staff had either received supervision and an annual appraisal of their work, or these had been arranged. Staff said, "The office is very supportive we get all the information we need." Staff were supported in their role. A staff member said, "You're always able to contact someone if you require support." Another told us that they felt, "Well supported."

Staff were able to tell us about what they would do if people refused care. One staff member told us they visited a person who regularly refused care and they would make them a cup of tea first and then return to the required care task. They said that if care was continually refused they would record this and inform a senior member of staff. The registered manager told us that people were involved in putting their care package together and completed a consent form once this had been agreed. Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests. Best interest assessments were in place, for example a person required support in managing the storage and disposal of food and guidance was included in the care record regarding this.

Staff told us what people's food preferences and dislikes were. People's care plans contained clear information about what they ate and drank, and their likes and dislikes. People had food and fluid charts in place where required. Care records also detailed what if any support people required with their meals and when we spoke with staff they were able to tell us about the support people required.

Staff liaised with other professionals regarding people's health needs, for example a staff member told us they had noted a change in a person's presentation and they reported this to the office who arranged for a GP review. Another person had required support with mental health issues and an appropriate referral had been made. We saw advice from other professionals such as a district nurse was included in the records. Grab sheets were available in the care records in order to assist with communication if people needed to be admitted to hospital. Where people had specific health needs such as diabetes this was recorded in the care file.

Good

Is the service caring?

Our findings

People said that staff treated them (or their relatives) with respect and were friendly towards them. Most said that the staff listened to people and responded positively to requests and their care needs. All but one person we spoke with by telephone said the staff always asked for their consent before delivering care and that they respected people's choices. The staff we spoke with told us that it was important to remember that they were 'guests' in people's house and should always respect this.

One relative said, "They have a laugh and a joke with [her husband]. They say 'excuse me' before they do anything personal with and they treat (her husband) with dignity." Another said "They talk to [their relative] and they listen. They ask – 'is there anything else I can do for you?'." Another service user said, "We have a bit of a laugh. They are chatting to me while they are working." They said that having the staff in had helped them a great deal and cheered them up. They said "I was depressed but I am much better now."

People's preferences about terms of address, bathing arrangements, times they liked to get up and go to bed were noted. For example one person preferred breakfast in bed and another person preferred to sleep in a chair. These care choices were recorded and documented as provided.

We were informed of examples where staff had provided additional support to people, for example, they stayed with a person because they were concerned about them being very sleepy which was unusual. They said they stayed with them until they were more like their 'old self'. Another person told us about an occasion when they had received their call and then required additional support. They said that they had telephoned the carers and they had immediately agreed to come back, and did so. They told us that they had done this on several previous occasions.

The registered manager told us staff planned care with people and focused on the person's description of how they wanted their care provided and staff confirmed this. People's care plans noted their preferred method of communication and staff told us how they supported people who had difficulties communicating for example using visual prompts or writing things down for people. One member of staff told us they were working with a person who sometimes refused care. They said they knew them well enough to know how to approach this to ensure the person received care.

Requires Improvement

Is the service responsive?

Our findings

We found that people's concerns and comments were not always responded to, for example, people had raised concerns about the lack of consistency of staff as they were concerned that staff would not know how to care for them. One person said, "I would like the same people at the same times." Another person told us, "They come in surprisingly unprepared for what they have to do. "They said they had been asking the agency to send regular carers and that they told them that they would try but said, "They haven't done so yet." Four people told us that they didn't feel safe with the staff because of the lack of consistency and felt that they didn't always know what they were doing. One person told us, "Some don't seem to know what they are doing." When we asked staff how they knew how to care for people they told us that they read the daily notes before providing care.

The provider had obtained copies of relevant assessments from other agencies when people were first referred to the service to enable them to understand the person's needs and establish if they were able to meet them. People's care records demonstrated their needs had been assessed prior to them being offered a service. However we saw where people had requested specific times for their visits this was not always provided. Care records were not clear about what was the agreed time for people's calls. We saw from comments and complaints that this was an issue which people who used the service had raised. Daily records also showed that times of visits to people varied. The registered manager told us that a new computer system would assist them to provide care when people requested. They explained that under the new system people would be asked at assessment when they preferred their visits and the availability for this would be discussed directly with them. People who were currently receiving a service would have their care package reviewed as part of the ongoing review process.

People were aware of their care plan and involved in regular reviews. They told us that there care plans were in the information which was in their home. Records showed people's care had been regularly reviewed. People were involved in the initial assessment of their needs and their care plans were updated as required. Staff said that they were involved in reviewing care plans with people. Staff told us that if they found people needed more time or support they would be able to provide this. They said that if this was a one off need they would stay with the person and provide the care and they would let the office know so that they could inform their next call. However if it was a long term need they said they would inform a senior staff member and a review would be arranged.

Where people required specific equipment or support this was provided, for example staff told us that where people required a hoist to assist them with their care there were always two members of staff available to ensure that people were cared for appropriately. They said that they received appropriate training to support people to mobilise and felt confident in providing care.

Care plans when fully completed were detailed and personalised to support the person's care and treatment. For example they documented whether people had requested a male or female carer. However we found inconsistencies in the care records, for example a person had been assessed as at risk of falls and in need of a falls risk assessment but in another section of the record this was not reflected. Another person was under the care of mental health services however there record did not reflect this. This increased the risk that people may not receive appropriate care.

People's hobbies and interests were noted in their care plan and how they could be supported to pursue them. We saw in all the care plans that we looked at that there were incomplete sections which meant that staff would not be fully aware of people's care needs and likes and dislikes.

People were provided with a service user guide, which included information about the compliments and complaints procedure. In addition complaints and how to complain were discussed at the initial assessment and at review. People were given information about how to make a complaint and staff understood their role.

Records showed all complaints had been logged, investigated and where required action had been taken. The registered manager told us they had identified themes from their complaints analysis. This included the issue regarding missed or late calls. The registered manager told us that this had been a particular problem when they were first registered for this service but that the last complaint regarding this was in October 2014. We saw comments raised by people at their reviews in January about the times of calls and the fact that they were not happy with

Requires Improvement

Is the service responsive?

these. The provider had received 11 complaints between October 2014 to December 2014, six of these complaints related to missed or late calls. Although individual complaints had been addressed we observed that issues about the times of calls was still an issue as some people told us that staff were sometimes very late. They said that eventually one and a half hours later than scheduled someone arrived. They said that quite often staff continued to be late. Another relative also highlighted the issue of lateness. They said "No one came at all one day last week," and "They are sometimes around 20 minutes late. Although the provider was addressing individual complaints, they were not implementing learning from the complaints to improve the experience of people using the service.

Requires Improvement

Is the service well-led?

Our findings

The provider had some systems in place to promote a positive culture, for example, staff were provided with a handbook which covered the principles and values of the service. Staff demonstrated their understanding of the values of the service through their behaviours however some people were unaware that their care was being provided by a new company and still thought that they received care from the previous provider. They told us that staff still wore uniforms from the previous provider and they were not clear about the current service provider. The provider told us that people had been sent a letter informing them of the changes.

The ownership of the company who provided the service and the registered manager had changed in the past six months. In addition the provider had taken on a new contract which increased the number of people who they were supporting. The registered manager understood the issues the service experienced in relation to growth and recruitment. There was an increase in the number of staff and an ongoing recruitment campaign. Staff worked in teams, within each team there were senior staff to provide support and supervision to staff. However this had not addressed the issue of lack of consistency with staff which people had raised as a concern. They were also implementing a new computer system to support staff rostering in order to ensure people received their visits at requested times. People's care was provided by a management structure that was managing the growth of the service effectively.

People were supported by staff who were encouraged to raise issues. Staff said they felt supported and able to raise issues with the senior management team. A member of staff told us they had raised a concern which they felt had been listened and responded to appropriately. Staff told us that they had regular team meetings and felt able to raise issues at these. The registered manager said that staff were expected to attend at least four team meetings a year to ensure that they were kept informed of developments and changes to the service. They also received a newsletter twice a year to inform them of the service progression and changes. Details of the whistleblowing policy were available to staff.

Spot checks covered aspects of the service such as staff presentation, care support plans and records, moving and handling, communication and household. If changes were required as a result of checks these were noted and any actions taken. A monthly report was submitted to the provider by the registered manager which checked areas such as complaints and compliments, safeguarding, accidents and incidents, recruitment and staffing. The monthly report ensured the provider was aware of information which impacted on the quality of the service people received. However although individual complaints had been resolved issues such as the times of calls and the number of staff visiting a person were still raised as issues by people.

The provider carried out a yearly survey with people who used the survey. The registered manager told us that people who took part received a thank you letter but this did not detail what changes would be made as a result of the survey. However the provider produced a newsletter twice yearly in which they included information about changes.