

Agile Care Services Limited

Agile Care Services Peterborough

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Agile Care Services Peterborough is a domiciliary care agency providing personal care to adults living in their own homes. Personal care was provided to 15 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

This service had improved since our last inspection. People, relatives, and staff made positive comments about their experiences of the service.

At our last inspection we found the provider to be in breach of regulation 17 of the Health and Social Care Act (2008). Due to the improvements made since the last inspection the provider was no longer in breach of this regulation.

The management team completed quality assurance audits. However, they had failed to identify that full employment histories had not been obtained for all staff prior to employment. After our inspection the registered manager explained they had requested this information from all existing staff. Going forward, they said this information would be obtained and assessed prior to employment. Where audits had identified shortfalls, they reviewed these, and recorded action plans or actions taken to bring about improvement.

The management team sought people's views about the service and acted on their suggestions. People and a relative made positive comments about the service they received. They said the registered manager and management team were approachable and responsive.

People told us they trusted the staff who provided their care. All staff, including the registered manager, understood their responsibilities under safeguarding. They knew how to report and escalate any concerns. Staff were confident the management team would take any concerns they raised seriously.

People told us they were happy with the care they received. People's risk assessments and care plans provided guidance for staff about people's needs and preferences. They were reviewed regularly and when required. Medicines were well managed. The registered manager told us shortly after the inspection that they had made an improvement to the information for staff about medicines prescribed to be administered, "When required." This would help improve consistency.

Staff received regular training which included infection prevention and control. Staff understood their roles and felt supported by the management team.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 August 2019). There was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating. We carried out an announced comprehensive inspection of this service on 8 and 9 July 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive, and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Agile Care Services Peterborough on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was not always well-led.

Details are in our well-Led findings below.

Agile Care Services Peterborough

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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Inspection activity started on 18 May 2021 and ended on 2 June 2021. We visited the office location on 2 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed information we requested from the provider to show the improvements they had made where a breach of regulation had been identified at the last inspection. We received feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and one other person's relative about their experience of the care provided. We also spoke with five staff including the registered manager.

We reviewed a range of records. These included sampling four people's care records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service. These included policies and procedures, audits, and records relating to compliments and complaints.

After the inspection

We continued to seek clarification from the registered manager to validate the evidence we found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection we found risk assessments were not always completed for people's identified risks and those in place did not give sufficient guidance for staff on how to manage the risk safely.
- At this inspection we found the registered manager had made improvements in these areas. Risks to people's health, safety, and welfare were identified and assessed. Risk assessments and care plans provided sufficient guidance for staff to follow. This included any equipment the person needed, how to use it, and any preferences the person had. For example, the positioning of the equipment.
- People and a relative told us that staff were confident when providing care and using equipment to help people move. A relative told us staff were, "100% very confident."
- Care workers told us that when people's needs changed, the management team quickly updated people's risk assessments and care plans. This meant staff always had guidance on how to meet people's current needs. Care workers said the management team told them of any changes to people's care plans, so they were prepared when they next provided care to the person.

Staffing and recruitment

- At the last inspection we found there were not always enough staff to meet people's needs. This had led to late and missed care call visits. In addition, adequate pre-employment checks had not been completed before staff started working at the service.
- At this inspection we found some improvements has been made. People told us staff were reliable, friendly, and arrived on time. People were informed if a care worker was going to be unavoidably late. One person said, "If they are going to be late, [the management team] let me know." Another person told us that staff had missed one of their care calls. They told us, "It was only once. I don't know what happened, but it's all been sorted out and [the office manager] 'phoned and apologised."
- Staff told us they had enough time to carry out people's planned care, and enough time to travel between care call visits. Staff were flexible in their working arrangements and covered care call visits when people's regular care workers were on leave.
- All required recruitment checks had been completed prior to care workers working at the service except for exploring gaps in employment history. Following our inspection, the registered manager told us she had requested this information from all staff and would do this as part of the recruitment process in future.

Learning lessons when things go wrong

- At the last inspection the registered manager had not documented incidents to ensure these were fully reviewed or lessons were learnt.
- At this last inspection we found improvements had been made. The management team responded

appropriately when things went wrong. They put action plans in place to bring about improvement and discussed any lessons learnt with staff. For example, management staff investigated what had led to a person's care call visit being missed. They apologised to the person and reminded all staff of what they should do to avoid another care call visit being missed if similar circumstances arose.

Systems and processes to safeguard people from the risk of abuse

- People and a relative told us they trusted staff and knew how to escalate concerns. A relative said, "Trust is a massive thing. I can trust [the staff] and I'm happy with the service... I have seen how they are caring and obliging, and they will do what [my family member] asks."
- Staff had received safeguarding training. They were confident about how they would report any concerns both internally, to the management team, and externally to other organisations. These included the local safeguarding team, police and CQC. Staff were confident the management team would take any concerns seriously.

Using medicines safely

- Staff were trained to manage people's medicines safely. Their competency to do this was checked before they were allowed to do this on their own, and regularly afterwards. This helped to ensure that people received their medicines as prescribed.
- Care plans provided staff with clear guidance on how to administer each person's medicines. However, this was not always the case where medicines were prescribed to be taken, "When required." After our inspection the registered manager showed us a new form staff will follow to prompt them to include important information such as the maximum frequency the medicine can be safely administered.
- Staff completed medicines administration records after they had administered any medicines, including creams and lotions. The management team audited these regularly.

Preventing and controlling infection

- The provider had appropriate procedures for infection prevention and control.
- Staff completed infection control training and received support from the registered manager during COVID-19.
- Care staff confirmed they were provided with sufficient supplies of disposable personal protective equipment (PPE) including gloves, masks and aprons. People confirmed staff wore these in line with current guidance.
- All staff took part in the national COVID-19 testing programme.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection we found people did not always receive support in the way they liked, and care plans did not always detail people's preferences.
- At this inspection we found the registered manager had made improvements in this area. People and a relative were very happy with the care received. One person described the service as, "Very good." Another person told us the service was, "First class. There's nothing I want for." People said that staff arrived on time, or the management team let them know if the care worker was delayed. They said their needs were met during the care call visits.
- People said they were involved in writing their care plans. These plans were personalised and gave staff guidance on how each person preferred their needs to be met. Staff told us the management team responded very quickly if people's needs changed, reassessing and updating the person's care plan if necessary.
- Each person had a small number of staff supporting them. This enabled staff to get to know each person's needs and preferences well. One person told us, "I only see a couple of [care workers] usually. They know what to do and where everything is. I don't have to keep telling them."

Improving care quality in response to complaints or concerns

- At the last inspection we found complaints made had not been recorded.
- At this inspection we found the registered manager had made improvements in this area. They had introduced a complaints log that detailed the issue raised, the outcome of the investigation and any actions taken.
- People and their relatives told us they knew how to raise their concerns and were confident any concerns or complaints would be dealt with. People told us most concerns had been addressed informally with their care workers, and they had not felt the need to escalate to the management team. One person told us they had raised a concern with the management team and the issue had been dealt with to their satisfaction.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff took the time to communicate with people in a way they understood.

End of life care and support

- The service did not provide specialist end of life care but did continue to care for people at the end of their life as the need arose. They did this with support from external health professionals, such as specialist nurses, following any guidance they put in place. This ensured staff understood people's wishes, the care they needed, and how to provide this.
- Staff received basic training in end of life care during their induction.
- The relatives of several people who had received end of life care from the service wrote to the staff thanking them for the care they had shown their family members. Common themes were about the quality of care and the care workers attitudes. One relative described, "The wonderful care" their family member received, another referred to the, "Compassion and respect" the care workers showed to people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to implement robust quality monitoring processes which meant there were shortfalls in the safety and quality of care provided to people. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The management team carried out regular audits of key areas. These included people's care and medication records, recruitment checks, and staff supervisions and spot checks. These audits included action points where shortfalls were found. However, the shortfalls in the staff recruitment checks had not been identified. After our inspection the registered manager told us she had requested the missing information from all staff and would do this as part of the recruitment process in future.
- People and a relative made positive comments about the service they received. They said the management team kept them informed of changes in their care call visit times and were approachable and responsive if they raised anything.
- The provider sought views from people and staff about the service via monitoring calls, spot checks and surveys. Although they did not produce a report, the management team told us that they read all surveys when they received them and acted where necessary. All the surveys recently returned had positive comments except one. On further discussion with the person who completed the survey, they said this was a mistake and they were very happy with the service.
- Staff understood their roles and felt well supported by the management team. One staff member told us the management team provided, "Very good support. Support is always there 24hrs [a day]. They are always there for you including out of [office] hours."
- People were involved in writing their care plans and the management team reviewed them regularly to ensure they provided staff with up to date guidance.
- The management team ensured staff received induction and refresher training in key areas. Where staff had not completed refresher training within a set timescale the management team told us the staff member would not provide care until this was completed.

- The registered manager and staff understood their roles. The registered manager had a clear understanding about duty of candour and told us they encouraged an open culture. People confirmed the management team were open and apologised where mistakes had occurred.

Continuous learning and improving care

- The registered manager told us that previous surveys had highlighted communication between the management team, care workers and people receiving the service needed to improve. New management staff had been appointed and had focused on this area with positive results. People, relatives and staff all made positive comments about the communication they received from the service, saying they were kept well informed of matters affecting them.
- The provider had invested in an electronic records system which the management team felt would improve their monitoring and overview of the service. Training in this system had been postponed due to COVID-19 but had been rescheduled to take place a few weeks after our inspection.

Working in partnership with others

- The management team described effective working relationships with health and social care professionals who were involved in people's care. This helped to ensure that people received consistent, effective care.