

Agincare UK Limited

Agincare UK Poole

Inspection report

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15 November 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Agincare UK Poole is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection 99 people were receiving personal care and support from the service.

Not everyone who used the service receives 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

Personal Protective Equipment (PPE) was not always worn in line with Government guidelines. When the provider was made aware of this they acted promptly.

We found gaps in Medicine Administration Records (MAR) so it was unclear if people had received their medicines as prescribed.

People told us inconsistencies in staffing was affecting their care experience, and staff were sometimes rushed and did not always stay for the length of the care visit.

The provider did not always have effective systems and processes to make sure they assessed and monitored their service.

The recently employed manager was aware of some of the shortfalls and had plans in place to ensure action would be taken and had started the process of applying to register with CQC.

Recruitment processes were robust. Staff were aware of safeguarding procedures and accidents and incidents were reported and investigated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

The last rating for this service was good (published 20 November 2019).

Why we inspected

We received concerns in relation to infection control and staffing. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, caring and well-led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Agincare UK Poole on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.
Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Agincare UK Poole

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

The inspection was conducted by two inspectors and two Experts 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.

Service and service type

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

The manager had changed since the last inspection. The new manager began 1 November 2021 and has started the process of applying to register with the Care Quality Commission. This means the provider is 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 we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 8 November 2021 and ended on 15 November 2021. We visited the office location on 9 November 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought 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 of this information to plan our

inspection.

During the inspection

We spoke with 19 people, 19 relatives and nine staff members which included the area manager, a registered manager of a local Agincare branch and the recently appointed manager. We also obtained written feedback from three staff. We reviewed a range of records. This included fifteen people's care records and medicine records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including staff training records, incident records, compliments and complaints and policies and procedures in relation to infection prevention, quality systems and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at five risk assessments.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection; Using medicines safely

- People told us staff were not always wearing face masks over their nose and mouth, as per Government guidelines. Comments from people and relatives included; "Some do, some don't" and "The carers wear gloves and aprons but not always a mask."
- The provider told us a recent investigation found several staff had not been wearing PPE correctly. This resulted in disciplinary action for 11 staff.
- Staff had been sent a memo regarding concerns that not all staff were wearing PPE as required.
- We found that staff were not always changing gloves between continence care and supporting people with food. A relative told us "Sometimes, (not always), the carers will change their gloves after emptying the commode and before they make food for mum." This placed people at risk of cross contamination. We fed this back to the provider who took appropriate action to address our concerns.
- We found gaps in medicine administration records (MAR) so it was unclear if people had received their medicines as prescribed. For example, one person had 15 gaps on their MAR over nine non consecutive days. Therefore It was unclear if people had received their medicines as prescribed. The provider policy states If a gap is discovered on the MAR sheet where a signature for administration should be or any other error a 'Medication Alert' form must be completed and passed to the Registered Manager. This had not been completed as per policy."
- Staff meeting minutes showed gaps in MAR charts had been discussed.

Failing to follow government guidance around PPE and failing to follow the services medicines procedure when administering and recording the administration of medicines placed people at avoidable risk of harm. Although no people were harmed, this was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- PPE was readily available for staff.
- The provider responded promptly to concerns about infection prevention and control when they were made aware of them.
- People told us, "They [staff] deal with the medication very competently." And "They get them (tablets) all out in a little pot for me and I take them."

Staffing and recruitment

- People told us it affected their care when they did not receive regular care staff. One person said "New staff don't always know what they're doing. I tend to go through everything with them for my own peace of

mind."

- People and relatives said the rotas they were sent did not reflect who arrived to provide their care. They said, "I get notification every week with who's going to come the following week, but it isn't always correct regarding time or person." Another said, "They've not been turning up when we need them."
- People's experience of whether staff stayed for the expected time varied. The majority of people and staff said staff were often rushing. "They (staff) are supposed to get an hour in the morning but they stay for 25 mins any other time of the day it's a quick flick and out."
- One person told us how staff were sometimes two hours late to support them in to bed. Another said, "If they're late, it just means they're in a hurry to try and get the job done. It feels like I'm thrown around the bed." And "They are supposed to stay 45 mins and they actually stay for 10 mins or less. It's a bit hit and miss especially after tea-time."

No people were harmed but a failure to provide enough staff who were suitably experienced and deployed to meet the needs of people is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The area manager was open about the current challenges with staffing and recruitment. The service was actively trying to recruit staff. Due to managing the implications of COVID-19 and staff shortages, the service had ceased providing new packages of care to people.
- The service operated safe recruitment processes to ensure staff employed were suitable for the role. This included Disclosure and Barring Service (DBS) checks. Risk assessments were in place where there were any gaps in previous employment.

Assessing risk, safety monitoring and management

- The individual risks that people faced in relation to their health and wellbeing had been assessed.
- Risk assessments gave clear instruction to staff on how to mitigate assessed risks.
- One person said, "They [staff] look at my skin and if it's very bad they will call the district nurses out."

Systems and processes to safeguard people from the risk of abuse

- One person said, "I feel safe because they (carers) are aware of what they need to do."
- Staff had received training in safeguarding adults. Staff knew how to identify and report safeguarding concerns.
- The manager was clear about how safeguarding concerns should be reported to the local authority and Care Quality Commission.
- Actions were taken in response to safeguarding concerns.

Learning lessons when things go wrong

- Accidents and incidents were reported, recorded and managed at the time.
- The provider took swift action to address the concerns around infection prevention and control and were able to show us how they had learned and what they would do differently in the future.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff told us they did not always have enough time to carry out their job as they wanted, not having the time to do things other than "Tasks". One member of staff said, "I don't have time to ask people if they want help with their hair or make up, that would be important for me."
- The majority of people said their care was rushed. A person said, "They [staff] don't have time to sit and chat." Another person said, "It's all task focused, get the job done as quickly as possible."
- A person told us, "The regular ones [staff] are very good." A relative told us, "They [staff] know what mum likes and how she likes things." Another person told us, "Some of the girls are better than the others. Some care some don't."
- The provider had an equality and diversity policy and staff received training in equality and diversity.
- Support plans and records reflected the differing needs of people using the service, including those related to gender, ethnicity, disability and faith.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were given choices and they were treated with dignity and respect. One person said, "Oh gosh yes, I get choices. The carers just getting it right."
- A relative said, "Staff chat to her and check she's happy with what they're doing." Another person told us, "The carer picks out some clothes and asks me what I want to wear today."
- People were encouraged and supported to maintain contact with those important to them including family and friends.

Respecting and promoting people's privacy, dignity and independence

- A relative said "The carers are respectful and maintain mum's dignity." Another person said, "They [staff] know what I like."
- Staff understood the importance of respecting people's privacy and dignity in all their interactions.
- Staff spoke knowledgeably about respecting people's dignity and privacy. Personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found a lack of oversight with regards to assessing and monitoring the quality and safety in the service.
- Systems and processes in place to assess monitor and improve the service were not effective.
- The providers auditing system failed to pick up that staff were not always following guidance with regards to Infection Prevention and Control.
- There was not a system currently in place to monitor whether care staff visits had taken place.

We found no evidence that people had been harmed however, the provider did not have effective systems and processes to make sure they assessed and monitored their service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager has been in post since 1 November 2021 and has started the process of registering with us.
- The manager and staff were clear about their roles and responsibilities, which were discussed and reinforced during staff supervision. The manager notified CQC of significant events, as required by law.

Continuous learning and improving care; Working in partnership with others

- The manager and staff were conscious of and acted on their responsibility for keeping confidential personal information secure.
- The manager subscribed to local and national organisations for registered managers and care providers, for the purpose of staying abreast of current best practice.
- The manager worked with the local authority and other healthcare professionals.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The recently appointed manager had identified the shortfalls we found, and had arrangements in place to have more oversight of the service, which had been lacking.
- Staff had confidence in the manager, and described them as being "firm but fair, will not get too friendly with staff, I know where I stand."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's and relatives' feedback was obtained during spot checks, through satisfaction surveys, as well as through ad hoc conversations with people.
- Regular staff meetings were held. Staff told us they could raise any concerns and actions were taken. The service sought feedback from staff members. A staff member told us, "Head office sends out questionnaires."

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

- The provider understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Failing to follow government guidance around PPE and failing to follow the services medicines procedure when administering and recording the administration of medicines placed people at avoidable risk of harm. Although no people were harmed, this was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems and processes to make sure they assessed and monitored their service.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Failing to provide enough staff who were suitably experienced and deployed to meet the needs of people</p>