Agincare UK Limited

Agincare UK Poole

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection visit took place on 6, 8 and 12 January 2016. We told the provider one day before our visit that we would be coming. Agincare UK Poole provides personal care services to people in their own homes. At the time of our inspection there were 104 people were using the service.

Our previous inspection on 15 and 16 December 2014 identified breaches of the regulations relating to: safeguarding people who use services from abuse, care and welfare of people who use services and records. This inspection visit took place to ensure the provider had made improvements in regard to the breaches in the regulations we had found during our visit in December 2014. At this inspection we found the provider had made some improvements however we did identify one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 . You can see what action we told the provider to take at the back of the report.

There was a registered manager in place. 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. There was also an acting manager in place who was registering to become the registered manager at the time of our inspection.

People were safe. Staff had received regular training to make sure they stayed up to date with recognising and reporting concerns. The registered manager had systems in place to notify the appropriate authorities where concerns relating to suspected abuse were identified.

Where risks to people had been identified, risk assessments were in place and action had been taken to reduce the risks. Staff were aware of people's needs and followed guidance to keep them safe.

People were asked for their consent before care was provided. However the provider did not always act in accordance with the Mental Capacity Act 2005. Following our inspection the provider sent us copies of newly implemented Mental Capacity assessments and best interest decision forms.

Staff were provided with relevant induction training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and had confidence in the way the service was managed.

People told us they could speak with staff if they had any worries or concerns and felt confident they would be listened to.

Most people were supported in accordance with their care plans. However some people or relatives told us that staff did not always stay for the required time and did not always carry out all of the tasks that people required. This was an area for improvement.

There were systems in place to monitor and improve the quality of service. Regular checks and audits were undertaken, but these were not always effective in improving the quality of the service. We were told by some people who used the service that improvements were not sustained.

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.

Risk assessments of people's homes ensured they were safe places for staff to work in. Other risk assessments protected people being supported.

People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

Staff were recruited in a way that ensured people's safety.

Arrangements were in place to ensure that medicines were managed safely.

Is the service effective?

Good

The service was effective.

The service sought people's consent and was acting in accordance with the Mental Capacity Act 2005.

Staff received support and supervision and had access to further training and development.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful. Staff treated people and their relatives with dignity and respect.

People told us they felt involved in their care and were kept informed of all aspects of the service provided.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always supported by staff in accordance with their care plans.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

Is the service well-led?

Requires Improvement

Improvements were required to ensure the service was well led.

There were systems in place for assessing and monitoring the quality of the service provided, however these were not effective.

Members of staff told us the management team were approachable and supportive and they enjoyed working at the service.

Agincare UK Poole

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 checked whether the provider was 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 was a comprehensive announced inspection that took place on 6, 8 and 12 January 2016. The inspection was carried out by one inspector. We visited three people at their homes. We also contacted an additional 10 people and four relatives by telephone to ask for their experiences.

We reviewed the notifications we had received from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law. We also liaised with the local social services department and received feedback about the service.

We looked at six people's care and support records, care monitoring records and three people's medication administration records. We reviewed documents about how the service was managed. This included four staffing and recruitment records, staff rotas, audits, meeting minutes, training records and quality assurance records.

We spoke with the registered manager, acting manager and four members of the care staff team.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe with the staff who supported them in their homes. Their comments included:, "Yes, I feel safe with all the carers in my home", "The carers are great, especially [carer] they are brilliant", and "I feel very safe". Relatives said, "Yes, I think [person] receives safe care" and "Communication with some staff can be tricky sometimes, but I think [person] is safe".

People's support plans contained detailed risk assessments that identified the risk and the support required to minimise the risk. Risk assessments had been evaluated and reviewed to make sure they were current and remained relevant to the individual. For example, one person had a diagnosis of epilepsy. There was an epilepsy care plan in place that informed staff how to support the person if they experienced a seizure. Risks to people's home environments were assessed and updated. Risk assessments were completed for equipment such as bedrails to ensure they were working properly before use in order to ensure safe care was delivered.

People were supported by staff who knew how to operate safely any equipment they had in their home. Staff received individualised training in how to operate different equipment people used, such as a hoist. The registered manager explained that training took place in the top floor of the care agency office with the equipment in place for staff to train with. The registered manager ensured all parties were happy that equipment could be used safely prior to a care package starting.

People were protected from avoidable harm or abuse. A safeguarding policy was in place. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff were knowledgeable about signs of potential abuse and their responsibility to report this. They had completed training in safeguarding adults and could tell us what they would do if they suspected that a person was being abused.

Most people and relatives told us there were enough staff to meet people's needs. One person said, "We have been using the service for about two years now, only a couple of times were the carers late." Another person told us, "They usually arrive on time; if they are delayed they normally call me to let me know". However, some people and relatives told us that staff frequently arrived late and there was a lack of continuity of staff which meant that staff did not always fully understand people's needs.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. For example, there was an up to date business continuity plan in place set out the actions that the service should take in the event of an event that could disrupt the functioning of the service.

Where people needed support with medication, they were protected against the risks associated with medicines. The level of support people needed with their medicines was determined and recorded in their care plans. Some people had requested that staff administer their medicines. This was recorded on the person's Medicine Administration Record (MAR). People's completed MAR charts were audited in the office

to check people had received their medicines as prescribed. One person had been prescribed two creams where instructions stated that they should not be applied at the same time, but this was not clear when we looked at the person's MAR chart. The registered manager told us they would review this person's MAR chart to ensure that the creams were being applied as prescribed.

Staff completed safe administration of medicines training and were then regularly checked to ensure they remained competent.

Staff recruitment records contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. All of the staff spoken with confirmed they had provided references, attended an interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

People said that staff wore protective clothing for infection control, and commented, "They always use aprons and gloves" and "Yes, they use aprons and gloves and change them depending on what they are doing."

Good

Is the service effective?

Our findings

Most people/relatives we spoke with told us that they felt Agincare UK Poole provided an effective service.

Four members of care staff told us that before they began supporting people on their own they had two weeks' induction with the agency. They explained this included attending training, which included moving and handling, safeguarding, infection control and the management of medicines. They also told us that as part of their induction they shadowed other care staff. Records of staff training confirmed this.

Staff were well supported through supervision, appraisal and on an ad hoc basis. Staff told us they could contact a senior member of staff at any time and get a reply. They said they had always received the support and advice they needed from senior staff. Records of these meetings were detailed and comprehensive and included a discussion of individual staff needs and issues. One member of staff said, "I have supervision and I can always discuss any other issues with them in between".

People told us that they were supported to make choices about what they had to eat, and that they enjoyed the food prepared by staff. One person explained that staff would help them to create a shopping list of the foods that they wished to eat each week. They told us that on a daily basis staff asked the person what they would like to eat and cook the meal for them.

People were supported to have a meal of their choice by organised by staff. Two family members told us that their relative was assisted to eat. They told us that staff sat down with them and supported the person in a dignified manner.

We looked at a selection of records in people's homes where staff had recorded what food and drinks people had received from staff. This tallied with the support that people told us they received.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA.

The provider had an up to date MCA policy. However, although care plans included consent forms none of these were signed by people to show that they consented to the care provided. Where people had not signed consent forms and there was no other record that they had consented to their care, their mental capacity in relation to accepting care had not been assessed. We discussed this with the registered manager who explained that training in the MCA was taking place the week of our inspection. They also explained that the provider had incorporated a new style of care plan which, if appropriate contained mental capacity

assessments and best interest decision forms, They explained that these would be implemented shortly. Following the inspection the provider sent us a copy of a newly implemented MCA assessment and best interest decision form.

Staff reported back to the office if they had any concerns about a person's health. They supported people to make appointments with their GP or other healthcare professionals such as district nurses.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us the staff were caring and their privacy and dignity was respected. Comments about staff included: "The staff are really caring. They will help me with anything that I ask them", "They are marvellous, cannot fault them or thank them enough" and "They always respect my dignity and use towels when they help me to wash". Staff were able to give us examples of how they promoted people's privacy and dignity, for example, closing doors and ensuring towels were used to cover people when assisting them with personal care.

Staff had a good knowledge and understanding of people's needs and spoke positively about the people they cared for. They told us when they did not know what someone needed they would read the care plan or call the office for further support. Most people told us that staff understood how to support them, however some people said that due to problems with the continuity of staff, staff did not always know their needs. We were told about one occasion where staff were asking family members about the care and support one person required rather than looking at the person's care plan. This was an area for improvement.

Care plans were written in a person centred way, containing details about the person and their life, including the name they liked to be called, their social activities and interests and how and when staff should access their home.

People and their relatives told us how staff offered them choices. For example, one person told us how they were supported to do their shopping. They explained that they wrote a shopping list with a member of staff who then went shopping for them.

Requires Improvement

Is the service responsive?

Our findings

Most people/relatives we spoke with told us that they felt Agincare UK Poole provided a service responsive to their needs. One person told us, "I cannot fault the staff; I had a fall and couldn't walk. They have now helped to get me walking, it's amazing." Another person said, "They always stay for the full amount of time". A relative told us, "They are excellent. It's so much less of a struggle for me and my wife with the support that Agincare provide to us".

However some people told us that the continuity of care they received was poor. They explained that this was because they received care from lots of different staff, and they felt that some staff did not fully understand their needs. People told us that some staff struggled to communicate effectively. Two relatives we spoke with told us that some staff could not differentiate from left and right. They also felt that some staff who were sent to support them did not know their needs well and tasks that they required support with were not always completed. For example, one relative told us that one person's catheter was not always emptied to meet their needs. Another relative told us that a person was not positioned in accordance with their care plan. They explained, "It's very up and down. Recently we only had one carer turn up when I need two and had to send them away. Sometimes they don't complete the tasks that they should."

A third relative told us that staff were often rushed and did not stay for the full amount of time in accordance with the person's care plan. We looked at this person's care plan and saw that on one occasion staff had supported the person for 15 minutes rather than 30. On two other occasions staff had supported the person for 20 minutes, rather than 30. This was an area for improvement.

People felt they were included in planning their own care and support. All the people and their relatives we spoke with were aware of their care plan, although some people told us that they could not remember reviewing this with a member of staff. People had an initial assessment with a senior member of staff prior to being supported by the service. There were two copies of the care plans, one copy in the office and one in people's homes; we found details recorded were consistent.

Staff responded to people's needs. For example one person who had fallen was being supported by staff to walk again. The person explained to us how staff had supported them to gain the confidence to walk again.

People told us that staff supported them with their independence. For example, one person said, "[Staff] help me but they also encourage me to do things that I can do for myself".

Staff told us that most of the time there was enough time to carry out the care and support allocated for each person. Staff told us they had enough travel time in between visits to people. However this was dependent on traffic and if another call had taken longer for an unexpected reason. One staff member told us, "I can't speak for the other members of staff but I get enough time with each person and travelling time in-between".

People felt they could speak with staff and tell them if they were unhappy with the service. Most people told

us they did not currently have any concerns but would feel comfortable telling the staff or management team if they did. One relative told us that they had a complaint and had forwarded this to their care manager. Care files in people's homes contained a complaints procedure informing people how they could make a complaint. Staff we spoke with knew how to respond to complaints if they arose and knew their responsibility to respond to report concerns to the management team. Complaints were logged, investigated and responded to in accordance with the provider's policy.

Requires Improvement

Is the service well-led?

Our findings

There were systems in place to monitor the quality of service. However, these were not always effective.

Most of the people or relatives we spoke with were complimentary about the care, but this was not consistent.

Some people told us that communication from the office was poor. We were also told that when issues were raised with the office, reassurances were given but improvement was not sustained. One relative told us that carers were often late and did not stay for the agreed time with the person. They said, "It's not the carers' fault, they are simply too busy. I've even heard the carers on the phone to the office who are trying to arrange a call for another person whilst they are providing care for my mum. It's not right. I have raised it with the office, they tell me they will sort it, but it's not really improved. I don't feel I can go out because I'll worry. I think they are stretched too thin and not providing good enough cover and there seems to be a high turnover of staff".

People were consulted about the quality and reliability of services they received. For example, telephone surveys took place in November 2015. Questions included whether staff arrived on time, the continuity of care and whether there were any required changes to people's care plans. Whilst most of the responses were favourable, some were not, yet no action plan to address any lower scoring areas had been completed.

These shortfalls were a breach of Regulation 17 (1) (2) (a) (e) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were not effective systems in place to assess, monitor and improve the quality and safety of the service.

Frequent spot checks were conducted to ensure the effectiveness and quality of the care. These checks included that staff were appropriately dressed, had their identification present, treated the person with dignity and respect and completed paperwork appropriately.

Staff had positive comments about the way the service was managed and the support they received. There was an open door policy and staff felt the management were approachable if they had concerns or suggestions on improving the service. Staff told us there was an employee of the month scheme that provided recognition for the work that they undertook. The registered manager told us that staff who excelled at their job or who received positive feedback from people who used the service or others were recognised at both a local level and group level in the organisation.

Staff meetings were held to enable staff to discuss issues relevant to their role. The last staff meeting was held on the 14 September 2015 and included topics such as documentation, medicines management and communication.

The registered manager told us they had recently changed the way that accidents and incidents were dealt

with. Previously accident and incident forms had been kept in people's care plans in their homes, but they had recognised that this meant it was difficult to analyse and take actions to prevent reoccurrence. They told us that in future all accidents and incident forms would be held centrally and a monthly analysis would take place. This was an area for improvement.

The registered manager submitted statutory notifications to the Care Quality Commission as required. The service worked in partnership with key organisations to support the provision of joined up care. Care planning documents evidenced that referrals were made by the service for the involvement of various health and social care agencies.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to monitor the quality of service delivery.