Care Quality Commission

Agincare UK Limited

Agincare UK Weymouth

Inspection report

Agincare House, Admiralty Buildings
Castletown
Portland
Dorset
DT5 1BB

Tel: 01305777977

Date of inspection visit:
22 June 2016
05 July 2016
06 July 2016

Date of publication:
10 August 2016

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?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Agincare UK Weymouth is a domiciliary care service registered to provide personal care to people in their own homes.154 people were receiving personal care at the time of our inspection. Most of these people were older adults with needs associated with physical disability, dementia or long term conditions. There were also a small number of younger adults and children with disabilities receiving care.

There was a registered manager in post at the time of our inspection. 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.

This was the first inspection since the service registered in September 2014.

Staff understood how people made choices about the care they received, and encouraged people to make decisions about their care. Care plans did not always reflect that care was being delivered within the framework of the Mental Capacity Act 2005. However, staff showed they understood the importance of enabling people to make their own decisions wherever possible and providing care that was in a person's best interests.

There were systems in place to monitor and improve quality but these were not always used effectively and opportunities to improve the service people received were missed as a result.

People felt safe. They were protected from harm because staff understood the risks they faced and how to reduce these risks. However information about risk was not always used to review people's care and this put people and staff at risk. Staff knew how to identify and respond to abuse; including how to access the contact details of agencies they should report concerns about people's care to.

People's medicines and creams were not administered safely. Recording was not accurate and we found examples of medicines not given without an explanation. There was an improvement plan in place to address this issue.

Care and treatment was mostly delivered in a way that met people's individual needs and promoted their independence and dignity. Some people highlighted that staff were sometimes late and this could mean they were rushing. Staff kept accurate records about the care they provided and these records were used to review people's care.

Staff were consistent in their knowledge of people's care needs and spoke with confidence about the care they provided to meet these needs. They were motivated to provide the best care they could and told us they felt supported in their roles. They had received training that provided them with the necessary knowledge and skills to do their job effectively.

People had access to health care professionals and were supported to maintain their health by staff. Staff understood changes in people's health and shared the information necessary for people to receive safe care. Where people had their food and drink prepared by Agincare UK Weymouth staff they told us this was prepared well. People were left with access to drinks and food appropriately.

People were positive about the care they received and told us the staff were friendly and compassionate. Staff treated people and each other with respect and kindness throughout our inspection.

There was a breach of regulation relating to how the quality and safety of the service was monitored. You can see what action we told the provider to take at the back of the full version of the report.

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 mostly safe. People were supported by staff who understood the risks they faced and followed care plans to reduce these risks. However, information was not always used to keep people and staff safe.

People's medicines and creams were not always administered safely. There was an improvement plan addressing this.

People felt safe and were supported by staff who understood their role in keeping them safe.

Is the service effective?

Requires Improvement

The service was mostly effective. However, where people could not consent to their care this was not clearly recorded within the framework of the Mental Capacity Act 2005.

Most people told us they were cared for by staff who understood their needs. Staff told us they had the training to carry out their jobs effectively and felt supported.

People were supported to have the food and drink they needed. They told us their food was prepared well.

People were supported by staff to access healthcare in a timely manner and any changes in their health were reflected appropriately in their care plans.

Is the service caring?

Good

The service was caring. People received compassionate and kind care from staff who also mostly felt cared for by the management team and their colleagues.

Staff communicated with people in a friendly and warm manner. People were treated with dignity and respect and their privacy was protected.

People and their relatives were listened to and involved in making decisions about their care.

Is the service responsive?

Requires Improvement

The service was responsive. Care reviews had been delayed for some people. There was a plan in place to address this and where people's needs were changing their care and support reflected this.

Most people received care that was responsive to their individual needs and preferences. Some people, however, were concerned that they had lots of different carers and this meant it was less likely they received their care in a way that met their preferences.

Complaints were addressed in line with the organisations policy.

Is the service well-led?

Good

The service was mostly well led. There were systems in place to monitor and improve quality, however, people's views were not routinely used as part of this process.

Staff had a shared understanding of the ethos of the service and were committed to providing high quality care.

Care Quality Commission

Agincare UK Weymouth

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 the 22, 24, 27 and 28 June and 5 and 6 July 2016 and was announced. We gave the provider short notice of this inspection in line with our published methodology for inspecting domiciliary care providers. The inspection team was made up of one inspector and two experts by experience who had experience of care provided to people in their own homes.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us and information received from other parties. The provider had sent us a Provider Information Record (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We had received this information in June 2015, however we were able to gather current information contained in this form during our inspection.

During our inspection we observed care practices, spoke with 26 people receiving care, six relatives, ten members of staff, the locality manager and the registered manager. We looked at ten people's care records, and seven people's medicines records. We also reviewed records relating to the running of the service. This included staff training and employment records; quality assurance survey responses; concern and complaint tracking records and policies and procedures.

We also spoke with two social care professionals and a healthcare professional who had worked with the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person said: "They help me with mobility. I feel safe because they are excellent." Another person told us: "I feel safe because I trust my carers." Another person said "I never feel at risk because they make me feel safe and sound." People were relaxed and confident with staff during visits in people's homes. This was apparent when people did not use words to communicate their feelings.

Staff understood the ways they kept people safe in emergencies and in response to the ongoing risks people' experienced. For example they described how they reduced risks relating to people's health, their mobility and their social needs. We also observed care designed to reduce risks being delivered as it was described in people's care plans. For example, people used equipment that reduced risks associated with their mobility; staff provided personal care that reduced the risk of people developing sore skin and staff ensured that people had personal alarms available to them. Care plans related to risk were mostly based on the most current information available.

However, we found that some information received had not led to reviews of people's care. This placed staff and people at unnecessary risk. For example one person had fallen at home and this information had not been included in that latest review of their care although the care plan included measures to reduce the risk of falls. Another person had chosen not to follow guidance about how to eat and drink safely given by a Speech and Language Therapist and this was not reflected in their care plan. This meant that staff were supporting the person in a way that reflected their wishes but not their care plan. This promoted the person's independence and autonomy but put staff in a compromised position and they had not fed this back to the office. A dog had bitten a member of staff and whilst this had been reported it had not led to a review of how the dog was managed whilst staff provided care. We spoke with senior staff about all these situations and actions were taken immediately. Information received from other professionals highlighting poor care practice around a person's personal care had not been addressed and this meant people were at risk of receiving care from staff without sufficient skill. The failure to ensure information received had been used effectively had put people and staff at risk.

The evidence regarding monitoring of incidents and using information to reduce risk and improve the service was also mixed. Missed visits, were infrequent and unusual events. The few that had occurred were analysed in detail and learning led to system changes to reduce the risk of re-occurrence. Accident and incident monitoring was not however always effective and incidents did not always have any outcome or action identified. Other events recorded in the accident and incident folder had not been reviewed to ensure appropriate action had been taken. This meant that analysis was not being undertaken to establish themes that could be addressed to improve care.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines, including creams, were not administered safely. Staff told us they had been trained to administer medicines and spot checks were carried out on their competence to do so safely however we

found recording errors in five of the seven medicines records we looked at and found medicines not administered during a visit in a person's home. The registered manager was aware that improvement was required in the safe administration of medicines and had introduced a comprehensive monthly audit which identified potential training and support needs for individual staff members. We saw evidence that this process was being implemented and discussed the importance of records being sufficient to highlight when people needed reviews of their medicines with the member of staff undertaking the survey. This was an area identified by the service for improvement and a plan was being implemented. It was, however, too soon to judge the effectiveness of this system and we will check again at the next inspection.

There were enough safely recruited and appropriately skilled staff to cover all the visits the service provided for people. We discussed how schedules were planned with staff in the office and they explained that they sent out a provisional schedule for staff to check and made changes in response to feedback from the staff. However, we were told by most people and relatives that during holiday periods carers were frequently late as they did not have enough time to travel across a busy holiday town. One relative highlighted that this could lead to shortened visits, a person told us "they are rushed", and another person referred the carers as "chasing time".

Staff were confident they would notice indicators of abuse and knew how to report internally and where the contact details of other agencies were if they needed to report any concerns they had. The provider had a policy on whistle blowing which was held in the policy file available to all staff. Staff told us they were confident in highlighting any concerns they had and that their managers encouraged open discussion. They told us they would follow the whistle blowing policy if this became necessary.

Requires Improvement

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. 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.

People who were able to make decisions about their care told us that they did so both by agreeing their care plan and on a day to day basis discussing with staff how they would provide the support they required at that time. Some people receiving care did not have the capacity to make decisions such as the decision to consent to their care plan. Records related to how their care was agreed did not always reflect the MCA because assessments did not make it clear that people did not have capacity in situations where best interest decisions had been made for them. This increased the risk that people could receive inappropriate care and that staff would act without the protection of the MCA. Care plans were, however, designed to meet people's needs and staff described how they promoted people's ability to make decisions and respected the decisions they made. Most staff explained that if people who did not have capacity to agree to their care were to refuse care they would discuss this with the people who knew them well and staff in the office.

We recommend that the service seeks guidance from a reputable source about the recording of mental capacity act assessments and best interest decisions and ensures staff understand the framework of the MCA.

Most people told us the staff had the skills they needed to do their jobs. One person said: "They are good at what they do… very able." Some people and professionals had concerns that sometimes inexperienced care workers were sent out to support people with complex care needs. We discussed this risk with staff and the registered manager who described the systems in place to reduce this risk. These included a comprehensive induction process and on call support. When people or professionals were concerned about staff skills this information was used to support staff development in most instances. Staff told us they felt they were trained and supported to do their jobs and described how people's care plans enabled them to keep up to date with people's current needs. One member of staff described this support saying: "I can always call the office if I have a question." Another member of staff said "I feel very supported." Staff spoke confidently about the care needs of people they provided care to. There was a robust system in place for ensuring that staff kept their training current and staff told us they received specialist training when this was appropriate to people's needs. For example some staff worked with children and they had received specialist training to support this. Other staff had received training that enabled them to support a person with epilepsy safely. The Care Certificate which is a national certificate designed to ensure that new staff receive a comprehensive induction to care work had been implemented for staff who met the criteria to be enrolled on it.

People who had help with food and drink commented that this was done to a good standard. People were left with access to drinks and snacks between visits. Staff were aware of people who were at risk of not eating or drinking enough and communicated effectively with each other to reduce the risks this posed people.

People told us they were supported to maintain their health. Changes in people's health were reflected in their care plans which also detailed the support they needed to maintain their well-being. For example a person's health was changing as their dementia progressed. The support they needed was regularly reviewed. Staff who coordinated care had regular contact with district nurses and GPs during our inspection and ensured that concerns highlighted by staff were addressed and information was shared appropriately. Where people's needs related to their mobility were changing staff had contact with occupational therapists and their guidance informed people's care plans.

Good

Is the service caring?

Our findings

People told us the staff were kind and that they felt cared for. One person described their regular staff saying: "They really are the gold standard of care." Another person said: "They are all kind and considerate." People told us they were treated respectfully and that they trusted that their privacy was respected. One person said "They treat me with the utmost respect." They told us that staff were compassionate and this made them feel cared for. One member of staff reflected on an approach they shared with colleagues saying: "I am proud to give 100% care." There was a belief expressed by staff that people should be treated as if they are your family and described situations that reinforced an approach of "going the extra mile". For example a member of staff had spent hours of their own time making a person's home ready for them after a hospital stay. Another member of staff looked after a person's dog whilst they were in hospital.

Most staff explained that they had time to build relationships with people because they worked with them regularly. During our home visits staff communicated with people in individual ways. They were attentive to people and were both familiar and respectful in their conversations. They described people respectfully and showed they understood what mattered to them throughout their interactions. Staff understood how people communicated and used this information to develop relationships, support independence and encourage people to control their own care. We heard from people and saw that they were encouraged to retain their skills and that this was a particular priority when people's abilities varied due to their health. For example when people had varying mobility staff provided assistance that met those varying needs. People and relatives appreciated the impact of visits from the staff. One relative told us: "They are kind, friendly and compassionate. They brighten up my (loved one's) day."

Most people felt listened to by the staff who visited them and those they spoke with in the office. They were supported to make choices during visits by domiciliary care workers. One person reflected on this saying: "We discuss what needs to be done." Another person told us that staff had a number of tasks to undertake but they checked with them before they started . We observed people being asked about all aspects of the care they were provided during visits to people's homes.

Staff spoke confidently about people's likes and dislikes and were aware of people's social histories and relationships. Humour was prevalent but staff spoke respectfully to people and to each other. This promoted a relaxed and friendly atmosphere in people's homes whilst care was being provided and in the office.

Requires Improvement

Is the service responsive?

Our findings

Most people told us their care was delivered in a way that met their personal needs and preferences. They told us that staff throughout the service listened to them and responded and that they had been involved in planning their care. One person told us: "They look at the care plan and make changes if necessary. They listen to me." Another person said: "I've got it how I want it. The staff in the office are just as good, they understand the job." Whilst most people described a flexible and responsive service some people were concerned that they received a lot of different staff and this had an impact on how personalised their care was. One person said: "One week it was a different carer each time – it is a problem - changing staff." Another person told us that they had to send a male member of staff away as they had made the office staff aware that their relative did not want male staff. We discussed how people's needs and wishes were reflected in scheduling with staff in the office. They described the checks they had in place to reduce the chances of people getting a member of staff who did not reflect their preferences. Whilst office staff were motivated to provide regular staff who people were confident in this remained an area for improvement.

Most people told us they felt listened to and were able to approach all the staff. They told us they would phone the office with concerns and the staff in the office made it comfortable for them to do so. If people phoned with concerns or compliments these were logged on the computer system and the person who took the call was responsible for ensuring these were actioned. A system had also been instigated in the office to ensure that issues raised with the office over the weekend were recorded and handed over to the staff for any action during the week. We reviewed concerns raised in this manner and more formal complaints raised and found these systems were mostly effective. The complaints procedure had been followed and people had been informed of outcomes. It was possible to identify the action that followed complaints and this meant that the service was improved as a result of these processes being followed. Where concerns had been highlighted at the weekend actions had been taken to ensure they were addressed. We also found that concerns recorded on the computer system had not all been addressed. For example a professional shared concerns about the abilities of staff and it was not possible to see what action had been taken to address these concerns. There was a risk that concerns raised would not lead to action to improve the service.

People's care needs were assessed and these were recorded alongside plans to meet these needs. Needs were assessed and care plans written to ensure that physical, emotional, communication and social needs were met.Care plans we looked at had been reviewed recently but we were told there had been delays in achieving some reviews after a member of staff who had been employed to review care had left. There was a plan in place to address this and new staff had been employed to the team that assessed, planned and reviewed care. They were confident that they were reviewing people in a manner that meant that people with changing needs were seen quickly. Staff commented on the impact of this work and told us that care plans were useful and accurate. They told us that if they told the office that the care plan needed updating this was done quickly a. One member of staff told us: "Care plans are quite detailed and thorough and on the whole accurate. If not we let the office know and it is sorted out. The system works." Another member of staff said: "I can't fault the care plans … the staff who manage these are really on top of it."

Staff knew people well and were able to describe their support needs and preferences with confidence. The

care staff kept accurate records which included: the care people had received; physical health indicators and how content they appeared. These records, and people's care plans were written in respectful language which reflected the way people were spoken with by the staff. The records were taken to the office from people's homes on a monthly basis and some were reviewed each month against people's care plans. This meant that changes in need that had not been noted by staff providing care could be identified.

Good

Is the service well-led?

Our findings

Agincare UK Weymouth was held in high esteem by the staff. They were proud of their work and felt part of a team committed to providing good care. People told us they thought the service was good and one person told us: "I would recommend them to everyone they really work hard."

Agincare UK has a system of phone calls and visits that are undertaken on a rolling program within the services to gather people's views. These were carried out each month by staff in the office who asked people about their experience of care. This ensured a broad range of people's experiences were captured and analysed. Feedback was also being gathered from people who felt confident to initiate contact and people who were visited by senior staff or the Registered Manager as part of the review process. .

There was commitment to improving practice throughout the service. Staff all described their individual motivation in terms of wanting to provide good care. They discussed the service and their role within professionally and understood their role within the wider team. Within the office there was a calm attitude and office staff spoke about people and the care workers with respect. This created a professional and caring atmosphere. Staff told us they felt able to share concerns about practice with senior staff. We saw that this happened throughout our inspection when care staff dropped into the office.
There were systems in place to monitor the quality of the service such as regular spot checks on staff practice and audits of records such as medicines and care delivery records. These audits were effective in identifying areas for improvement and actions were clearly evidenced. For example we saw that staff file audits had identified information and training required and this had been followed up. Care plan audits had identified where specific people needed a mental capacity assessment and this had been followed up. Medicines audits had been started and these had identified where more information was needed for staff about when people should take some medicines. Staff training needs regarding medicines recording had also been identified and followed up. The registered manager had a clear sense of which areas of the service needed improvement and where they were achieving well. They had a current picture of all personnel issues and this meant they were able to keep oversight on training and support issues.

The staff team worked with other organisations and professionals to ensure people received good care. Records and feedback from professionals indicated that the staff followed guidance and professionals highlighted positive relationships with office staff.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not used effectively to monitor and improve the quality of the service people received. Systems and processes were not operated effectively to assess, monitor and mitigate risks to people and staff.