

Agincare UK Limited

The Cannons

Inspection report

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18 August 2022

19 August 2022

02 September 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Cannons provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building.

The accommodation is the occupant's own home and people's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for extra care housing. This inspection looked at people's personal care service. At the time of the inspection 50 people were receiving support with their personal care.

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

People and their relatives told us staff were sometimes rushed when providing care and people did not always receive consistent care from staff who understood their needs. The provider told us new staff had been recently recruited and staff confirmed there were now more staff available. This was beginning to have a positive impact on the amount of time available to support people; however, this was not yet fully embedded.

The provider had processes in place to monitor the quality and safety of the service. However, these had not always been used effectively to ensure there was clear oversight of the service. Risks to people's safety were assessed; however, information had not always been reviewed to ensure it remained accurate. People's care plans had not always been updated to ensure all relevant information was included.

The provider had processes in place to ensure staff were safely recruited and received training relevant to their roles. Staff told us the registered manager had not always been available to offer support due to them managing different services and having to cover shifts. However, staff confirmed this had recently improved and they were now feeling more supported. They told us the culture of the service was more positive, with improved morale and the team working together better.

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. However, the policies and systems in the service did not always support this practice as people's care plans did not always contain detailed information about how they consented to care. The provider was in the process of addressing this at the time of the inspection.

Staff were aware of how to keep people safe from harm and knew how to report concerns. The provider had sent notifications and shared information with the relevant authorities when appropriate. People and relatives told us they knew who to speak to if they had any concerns or complaints.

Guidance was available for staff to support people safely with their medicines. People were encouraged to maintain as much independence as possible and the provider worked alongside other healthcare professionals to support people's care needs.

People and relatives told us staff were generally kind and caring and were respectful of people's privacy. Relatives felt involved in people's care and told us the registered manager and staff team were generally available and approachable.

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

Rating at last inspection

This service was registered with us on 20 January 2020. This is their first inspection under the current provider.

The last rating for the service under the previous provider was good, published on 12 January 2018.

Why we inspected

This was a planned inspection as the service had not been rated under the current provider.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Cannons

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 registered manager would be in the office to support the inspection.

Inspection activity started on 17 August 2022 and ended on 02 September 2022. We visited the service on 18 August 2022 and 19 August 2022.

What we did before the inspection

We reviewed information we had received about the service since its registration. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers

send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection

We spoke with five people and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager and care staff. We reviewed a range of records. This included six people's care records, three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this service since its registration. This key question has been rated 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.

Staffing and recruitment

- People told us they were not always supported by a consistent staff team who understood their needs. One relative said, "It is never the same staff. Some of the new ones don't have a clue about [person's] care and that can be difficult" and another relative commented, "I'm not sure they do understand [person]. They haven't got the time."
- People and relatives provided mixed feedback about the amount of time staff had to complete their care visits. One relative told us, "Sometimes I feel like they're all a bit rushed and I can see that they get very busy". Another relative said, "They're so short-staffed, they're rushing about, but it's not their fault. It would be nice if they had an extra five minutes."
- The provider told us they had recently recruited new staff and redeployed staff from another service. This meant they were now fully staffed. Staff we spoke with confirmed they had seen a recent improvement in staffing levels. Comments included, "We were struggling before, but it's improving and we have more time for people now" and, "We didn't have enough, but we do now with the new ones coming in. We're feeling a lot more supported."
- The provider had processes in place to ensure new staff were safely recruited. However, documentation evidencing their recruitment checks was not always easily accessible either within the personnel files or the online recruitment system. Following the inspection, the provider confirmed they were reviewing how this documentation was stored and accessed.

Assessing risk, safety monitoring and management

- The provider had assessed risks to people's safety and these were documented in people's care plans. However, not all information had been regularly reviewed to ensure it remained up to date.
- One person had a falls risk assessment in place which stated they were at high risk of falls and their assessment should be reviewed monthly. However, no reviews had been completed since the initial assessment. Some of the other risk assessments seen contained no date for completion or review and this meant we could not be assured staff had access to relevant, up to date guidance about how to support people safely.
- The provider told us they were aware information about people's risks needed to be reviewed and were in the process of updating information at the time of the inspection. We saw evidence of this being completed in several of the care plans reviewed.
- Despite the concerns regarding documentation, people and relatives generally told us they felt people were safe and staff responded to potential risks appropriately. One person said, "I'm perfectly safe here" and a relative said, "They do look after [person], and they have a button they can press if there are any emergencies."

Systems and processes to safeguard people from the risk of abuse

- The provider had raised safeguarding concerns with the local authority and kept a record of the notifications sent. However, investigation outcomes were not always documented and this meant it was not always clear what actions the provider had taken.
- Following our inspection, the provider confirmed they were reviewing their processes to ensure outcomes were recorded.
- The provider had a safeguarding policy in place for staff to follow and staff were aware of how to raise concerns.

Using medicines safely

- People received their medicines as prescribed. People had information in their care plans about what medicines they were taking and how they liked to be supported. Medicines administration charts were in place for staff to record their support.
- The provider had responded to an increase in medicines errors by providing staff with additional training and medicines workshops. This had successfully reduced the number of errors taking place. The registered manager continued to monitor the improvements through regular medicines audits.

Preventing and controlling infection

- People and relatives told us staff wore appropriate personal protective equipment [PPE] when providing support.
- Staff had received infection prevention and control training and the provider had a policy in place for staff to follow, with specific guidance relating to the management of COVID-19 risks.

Learning lessons when things go wrong

- The provider shared lessons learnt with staff via team meetings and supervisions. For example, we saw evidence of the registered manager discussing the recent increase in medicines errors in order to reflect upon what had gone wrong and how to minimise the risk of a reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this service since its registration. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff completed a range of mandatory training courses relevant to their role.
- At the time of the inspection, not all staff had undertaken training in understanding people's health conditions such as diabetes, epilepsy and dementia. However, the provider told us this training was in the process of being scheduled.
- Following our inspection, the registered manager sent us an update to confirm the training was now either booked or completed for all staff.
- The provider had a process in place to offer staff supervisions and appraisals, alongside completing spot checks. The registered manager monitored how often these were completed.
- We received some mixed feedback about the level of support staff received; however, they told us this had improved in recent months. One member of staff said, "If you go to [registered manager], they will try to support you, and will do their best." Another member of staff told us, "[Registered manager] had a lot on their plate, but they're getting on top of things now and a lot of us feel more supported."
- Staff told us they received an induction when starting in their role. This included completing training and shadowing more experienced staff.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- The provider had considered people's capacity to consent as part of the initial assessment of their needs. However, whilst some people's care plans contained signed consent forms and evidence of their involvement in making decisions, others were blank or incomplete.
- Despite this, the staff we spoke with were able to tell us how they involved people in making decisions about their day to day care and confirmed they had received training in understanding the principles of the MCA.
- Following our feedback, the registered manager told us people's consent forms were in the process of being updated as part of the full review of care plans.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them receiving care.
- The provider had considered people's protected characteristics including any religious and cultural support needs and documented this as part of their initial assessment.
- People and their relatives were consulted during the assessment process and their feedback was used to help develop people's care plans.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans provided staff with guidance about how to support them with their eating and drinking needs.
- People told us staff offered them appropriate support when needed. One person said, "Sometimes I have a bit of a job cutting up my food, so they will help me"

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare support when needed. Staff responded to people's changing health needs, seeking medical advice when necessary.
- People's care plans detailed what professionals were involved in their care and contained guidance about their healthcare needs.

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.

This is the first inspection of this service since its registration. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives were generally positive about the way staff communicated with them and how they cared for people. One person told us, "Everyone is kind and caring and very friendly" and a relative said, "They're kind and caring and very encouraging."
- Despite the positive feedback, relatives told us they did not always feel staff had enough time to spend talking with people. Comments included, "I think they could stay and have a little chat. They go as soon as they've finished" and "A little bit more interaction would be nice."
- Staff were respectful of people's individual needs and preferences. Staff told us about the importance of getting to know people and reading their care plans in order to understand what was important to them when offering support.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were generally respectful of people's dignity when providing personal care support. However, we received some feedback about staff being rushed and this impacted on how dignified their care felt.
- Staff told us the timing of people's care visits had recently improved and they now had more time to provide care without rushing. However, staff also mentioned people's changing care needs and the impact this had. One member of staff said, "We do have plenty of staff now and the staff are really good but some call times do need to be looked at, where people may need a re-assessment and more time. We feed this back to the manager."
- Staff were respectful of people's privacy. People's care plans noted the importance of knocking on doors and introducing yourself to people when entering their homes.
- Staff understood the importance of promoting people's independence. One relative told us, "They do try and encourage [person] to do more on their own" and a person said, "They will come and help me in the shower and they wash my hair when it's needed. Sometimes I can manage by myself."

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

- People were supported to make decisions about their daily care. People's care plans contained a breakdown of what support they required at each visit including how to support them in making choices.
- Relatives told us they were involved in people's care and were able to discuss any decisions or changes with the provider. One relative said, "I am very involved in [person's] care."

Is the service responsive?

Our findings

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

This is the first inspection of this service since its registration. This key question has been rated 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

- People's care plans contained information about how they wanted to be supported and included details about their life history, important relationships and preferences for support.
- People's care plans did not always evidence how they or their relatives had been involved in reviewing their care. However, relatives we spoke with confirmed they were able to give feedback informally.
- Staff told us people's care plans were in the process of being updated to make them more personalised. One member of staff said, "The care plans are being reviewed to make them more in-depth. They [the management team] are going through them one by one at the moment."

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. The registered manager kept a record of the concerns raised and documented their investigation and the actions taken as a result.
- Relatives told us they knew how to raise concerns and felt comfortable doing so. One relative said, "If I had any complaints, I would know who to speak to."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had assessed how people communicated and what support they required.
- People's communication and sensory support needs were documented in their care plan.

End of life care and support

- People's end of life wishes had been considered during the provider's initial assessment of their needs and recorded in their care plans.
- The registered manager told us they kept this information under review and would update this information as and when people's needs or wishes changed.

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.

This is the first inspection of this service since its registration. This key question has been rated 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; 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 registered manager was responsible for the oversight of several different services and their time was divided across different sites. Prior to the recent improvements in staffing levels, the registered manager had also been regularly covering shifts to ensure people received their care.
- Staff told us this meant the registered manager had not always been available to provide management support or deal with issues within the team when needed.
- There were vacancies within the senior care staff team and this meant there had been a lack of staff available to support the registered manager with day to day oversight of the service.
- The provider had auditing systems in place to monitor the quality of the service and these had identified some of the concerns we found during the inspection. However, we could not be assured the provider had robust oversight over the safety of people's care, including the deployment and suitability of staffing and the accuracy of people's risk assessment and care plan documentation.
- The provider was in the process of implementing improvements. The registered manager had recently stopped routinely covering shifts and this meant they were able to focus on their management role.
- A new care supervisor had also been recruited to work alongside the registered manager to update people's care records and support with quality monitoring audits and staff rotas. However, at the time of the inspection these improvements were not yet fully embedded in the service.
- The provider understood their regulatory responsibility to submit notifications to CQC when appropriate and had guidance in place detailing what incidents should be reported.

The provider understood their responsibilities in relation to the duty of candour and the importance of being open with people when things go wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us the culture of the service had become more positive in recent months with a more stable staff team and everyone working together. One member of staff said, "There have been a lot of changes for the better, we went through a bad spell with staffing but it's improved and morale is getting better." Another member of staff told us, "It's got a lot better. Issues are being dealt with and we're working together now."
- Staff were generally positive about the support they received from the registered manager and told us they felt able to feedback on the service. One member of staff said, "When we were short staffed, I think staff

respected [registered manager] for stepping up and helping, covering shifts and working weekends. We felt supported."

- People and relatives told us they were able to give feedback informally by talking to staff and via telephone and email. However, not everyone we spoke with had been asked to provide any formal feedback about the quality of the service. One relative said, "I've not been asked to give any feedback."
- Relatives told us they were able to contact the registered manager when needed. One relative commented, "I find the manager to be approachable and very admirable."

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with a number of different health and social care professionals including the local authority, the housing association and local healthcare services.
- Staff were aware of the importance of working alongside other agencies to meet people's needs and liaised with other healthcare professionals such as the GP and pharmacy when required.
- The provider had implemented a development plan for the service to identify areas for improvement and record what actions were being taken.