

Agile Care Services Limited

# Agile Care Services Peterborough

## Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Agile Care Services Peterborough is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats. There were 17 people receiving the regulated activity of personal care at the time of the inspection.

This service was registered with us on 19 July 2018 and this is the first inspection.

People's experience of using this service:

People were not supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Not everyone felt their choices and preferences were met.

Care plans lacked good guidance for staff on how to deliver the appropriate care. They also lacked risk assessments in relation to people's identified risks.

Recruitment processes needed to improve. Employment gaps were not reviewed, references not checked. Where required risk assessments were not in place for information recorded in Disclosure and Barring Service checks.

There were not always enough staff to meet people's needs. This had resulted in late and missed calls. However, the registered manager now contacted staff daily to ensure all visits were attended.

The registered manager had not documented incidents to ensure they were reviewed and lessons learnt were shared with staff.

Most call visits we looked at were delivered within the 30 minutes allowed either side of the visit time before this was noted as a late call. However, staff did not always note the end time of the call. This meant the registered manager was unable to clarify the length of the visit by staff.

People views and choices about their care and support were not always supported, care plan reviews had not been completed. The registered manager has now confirmed that this process has started.

We received mixed feedback about the care people received. Most people were happy with their care and support, but this was not everyone's experience.

Complaints, accidents and incidents were not documented. This meant we were unable to ensure people's concerns, incidents and accidents were responded to appropriately. Audits were not completed regularly to ensure the quality of the service.

People told us they felt the care and support they received was safe. Staff received training in safeguarding

and they knew how to report their concerns internally and externally to safeguarding authorities.

Staff received regular training, and their competencies were checked during unannounced spot checks.

Rating at last inspection:

This was the first rating for this service.

Why we inspected: This was a planned inspection.

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

Follow up: We will ask the provider for an action plan to detail how they will address the issues raised in this report. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 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 not always responsive.

Details are in our responsive 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** ●

# Agile Care Services Peterborough

## **Detailed findings**

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

One inspector carried out this inspection.

Agile Care Services Peterborough is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats. Agile Care provides care and support to older people, younger adults, people living with dementia, people with a physical disability and people with sensory impairments. Not everyone using: Agile Care receives the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Notice of inspection: We gave the service 48 hours' notice of the inspection site visit because we needed to make sure that the registered manager would be in the office to support the inspection.

Inspection started on 8 July 2019 and ended on 9 July 2019. The day before we visited the office we contacted people who used the service, relatives and staff by telephone to explore their experiences. We visited the office location on 9 July 2019.

What we did before the inspection

We gathered and reviewed information that we received from the provider on the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with five people, one relative, four staff and the registered manager. We reviewed care records, policies and procedures and other documents relating to the service. We looked at three staff files including all aspects of recruitment, supervisions, and training records.

We also requested to look at records of accidents, incidents and complaints but these had not been documented. We checked the provider's policies and procedures relating to the management of the service.

After the inspection:

We reviewed information we requested such as training documents.

# Is the service safe?

## Our findings

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

At this inspection 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.

Assessing risk, safety monitoring and management

- Staff had access to care plans. However, care plans lacked the detailed guidance for staff. For example, care plans did not detail how the care should be delivered.
- Staff demonstrated they understood people's support needs. One person said, "I am really happy with the care."
- Risk assessments were not always completed for identified risks and those in place did not give sufficient guidance on how to manage the risk safely. For example, risk assessments did not give guidance on how to manage the risk to ensure people were safe. Instead they just listed equipment that was needed when supporting people. For example, when using a hoist.
- We found that care plans had not been reviewed with people regularly to ensure they were happy with the way they received support.

Staffing and recruitment.

- There were not always enough staff to meet people's needs, this had led to late and missed calls. The registered manager told us they relied on people contacting the service if staff had not arrived. However, people had not always contacted the office, this had led to missed calls.
- The registered manager told us they had talked to staff about the importance of good communication if a call had not been attended. One person told us they had experienced issues with missed calls, but this had been resolved and they were happy with the call times.
- The registered manager told us they now contact staff on their phones daily to check all calls were attended.
- Pre-employment checks were completed before staff started working at the service. However, gaps in staff employment history were not explored. Reference checks were not made for the three records we looked at and for one staff member where risk assessments for information recorded in Disclosure and Barring Service reports were required, these were not in place.
- Systems used to cover staff shortfalls at short notice because of sickness were not always adequate. There had been missed calls and this was due to poor monitoring and communication by staff.

Learning lessons when things go wrong

- The registered manager had not documented incidents to ensure these were fully reviewed or lessons were learnt.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and knew how to contact staff if needed. There was an out of hours on call service to support people when required. One person said, "I have a number for emergencies but never had to use it."
- Staff received training on how to keep people safe and knew how and when to report concerns.

#### Using medicines safely

- People's medicines were managed safely. We noted that medicine administration processes were completed in accordance with good practice. Medicines records were completed accurately.
- Staff received training and regular competency checks. This helped to ensure that people received their medicines as prescribed.
- Where issues were identified, the registered manager took actions to ensure staff understood and followed best practice.

#### Preventing and controlling infection

- Staff encouraged people to keep a good standard of hygiene in their own homes.
- Staff had access to appropriate equipment, such as gloves and aprons and the registered manager told us they monitored this.
- Staff received training on how to reduce the risk of infection and they followed good practice guidance when supporting people.



# 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.

At this inspection this key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the service was not working in line with the guidance and best practice.

- Staff were clear about the importance of people's rights and how to support people with making decisions such as what they wanted to wear or have to eat.
- Capacity assessments were not in place or best interest decisions. The registered manager did work with people's family and had identified this needed to be in place.

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

- The registered manager ensured people's needs were assessed prior to them starting the service so that their needs were met.
- Assessments included identifying people's choices and preferences. However, not everyone felt their choices and preferences were met. One person said, "They are not honouring the original agreement."
- People confirmed they had not received reviews of their care and support. One person said, "We have not had a review at this point."

Staff support: induction, training, skills and experience

- One person told us, "The staff know what they are doing, they're very professional." One staff member told us, "I completed my induction and have regular training updates."
- Staff were positive about their induction into their role and told us that it involved shadowing more experienced staff members.
- Training included moving and handling, administration of medicines and safeguarding people.

- Staff confirmed they had received supervision. However, these were not completed regularly. Competency checks were completed to ensure staff remained competent in their skills. We saw examples of completed competency assessments. Staff confirmed they could contact the registered manager at any time to discuss any issues they may have. The registered manager told us, "There door is always open."

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

- People were supported with food if appropriate.
- People who required help were supported to eat and drink. One person said, "Staff help me with my shopping, they get my breakfast."
- Information about the care and support given was documented appropriately in people's care plans.

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

- Staff and the management team worked well with other professionals to ensure that people received appropriate care. For example, one person said, "I have lots of appointments with my GP and staff organise me getting there."
- Records demonstrated that other professionals supported people to ensure they received appropriate care. Staff knew what to do should they needed to contact professionals such as GPs, district nurses, social workers and other professionals.

# 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 this inspection this key question has been rated 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; equality and diversity

- People were treated with kindness and compassion.
- Staff we spoke with enjoyed working at the service. They were motivated and spoke warmly about the people they provided care and support to. One person we spoke with had experienced missed calls. They told us this had improved, and they were now much happier. We found there were different experiences for people regarding the consistency of staff and times of calls.
- We looked at call times and found that mostly people were receiving the calls within the 30 minutes allowed by the registered manager before a call was recognised as late. However, we also found that staff were regularly not documenting the end of the visit as required. This meant the registered manager could not be clear on the time staff had spent at a care visit.

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

- People had mixed experiences about their views being respected. One person told us, "We are satisfied, staff listen take things on board and are flexible with their care." However, another person who was supported by staff that lived at their home, had not been involved with choosing the staff members. The person told us, "They don't check if I am happy with the staff living in my home." They went on to tell us, no one sat with them to ask how they felt about their care and support.
- The registered manager told us that they spoke to people often but had not documented this.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was promoted. Staff told us they communicated what they were doing and always checked they had people's consent.
- Staff told us they always gave people choice and asked people what they wanted. One person said, "Staff always ask me what I want." Another person told us, "Staff are kind and caring and it's a good company." However not everyone felt their independence was promoted. One person told us, "Staff don't take me out very often, I have been indoors for four days. I like to go out. I ask, but they say maybe later."
- The senior staff member since the inspection has updated and reviewed the person's care plan and this included promoting the person to get out into the community when they want.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that services met people's needs

At this inspection this key question has been rated requires improvement. This meant people's needs were not always met.

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

- We received mixed feedback about the care people received. Three people out of the five we spoke with were very happy with the care they received. One person said, "This is the only agency that will put me to bed at the time I like. The staff are always happy."
- Other people told us they did not receive care and support as they liked it. One person felt let down by the care and support they had experienced. They said, "I never know from one day to the next who is coming to my house."
- Care plans did not detail people's preferences, likes and dislikes. For example, how the person liked their care delivered and what was important to them. The registered manager confirmed all care plans will be reviewed to ensure they were updated with better guidance and risk assessments.

Improving care quality in response to complaints or concerns

- Most people told us they had no complaints and they felt listened to by staff. However, one person said, "I have complained about some items that had been broken." We spoke with the registered manager about this and found this had not been documented. The registered manager was aware of the broken item but had not evidenced how they dealt with this.
- There were no records of any other complaints. There was no evidence to show complaints were responded to, or that they were resolved to people's satisfaction. The registered manager confirmed they will ensure that complaints were documented from now on.

Meeting people's communication needs

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

- Staff followed guidance and ensured people were not discriminated in any way. Staff took the time to communicate with people in a way they understood.

End of life care and support

- The service did not provide end of life care. People's preferences around this were not sought. However, staff received appropriate training in this area to enable them to correctly identify when people were nearing their end of life.

# 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 this inspection 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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- Most people confirmed they were happy with the service and that they received good care. However, this was not everyone's experience.
- Care plans needed to be more personalised, for example to include what people liked or disliked. They also needed better guidance on staff would deliver the care people wanted. People needed to be involved, with regular reviews to support this process.
- The service did not have effective quality monitoring systems to check that people received consistently safe, effective, compassionate and good-quality care.

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

- Staff told us they worked in a supportive team, they were clear about their roles and they knew what was expected of them to ensure good standards of care were always maintained.
- Staff told us the registered manager was very supportive.
- Audits were not completed regularly to ensure the quality of the service. For example, we found staff were not routinely noting the times care visits had ended, this had not been identified or actions taken to rectify. Complaints, accidents and incidents had not been documented to ensure these could be reviewed appropriately.
- The registered manager appropriately reported relevant issues to us and commissioners of the service.

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

- People did not have the opportunities to regularly give feedback about their care and support. A survey was sent to support people to express their views. The results of the survey showed people's feedback was positive.
- The registered manager confirmed they had completed supervisions for staff, but these were not routinely completed.
- Staff did not have access to staff meetings. The registered manager confirmed they did speak to staff regularly and would send messages if updates were required. Staff confirmed there was regular contact with the registered manager.

Lack of robust quality monitoring processes meant there were shortfalls in the safety and quality of care

provided to people. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

#### Continuous learning and improving care

- The registered manager had recently employed one person into the office as they had recognised that there were improvements needed. Part of this process was work around mental capacity assessments and reviewing care plans.

#### Working in partnership with others

- The service worked with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they required and expected.

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  Lack of robust quality monitoring processes meant there were shortfalls in the safety and quality of care provided to people.