Agincare UK Limited

Agincare UK Wolverhampton

Inspection report

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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?	**Requires Improvement**

Summary of findings

Overall summary

About the service:
Agincare UK Wolverhampton is a domiciliary care agency who are registered to offer support to; Children 0-18 years, Dementia, Learning disabilities or autistic spectrum disorder, Mental Health, Older People, Physical Disability, Sensory Impairment and Younger Adults.
It provides personal care to people living in their own homes. Not everyone using Agincare UK Wolverhampton received personal care. At the time of our inspection, 170 people were receiving personal care.

People's experience of using this service:
Improvements were required to medicines management.
People's Medicine administration record sheet did not contain enough information required to administer the medicines correctly.

Risk assessment were not personal to people.

Some people's risk assessments and care plans had not been reviewed, however people told us they were fully involved when review occurred.

Care plans were not always person centred and did not always document people's choices, however people told us they had regular staff who they knew well and that they were involved in the care planning process.
Not all staff had received training in nutrition or end of life care.
The registered manager completed audits however, these did not effectively pick up issues or identify actions needed. For example, when staff required refresher training.

People told us they felt safe with staff.

Staff had a good understanding of abuse and the actions they should take if they had any concerns that people were at risk.

The provider carried out safe recruitment processes.

Staff followed infection prevention and control procedures to protect people from infection.

People told us that staff were good and knew what to do. One person said, "Staff understand what I need and do it well."

The provider supported people with their healthcare needs, including referring to services such as speech and language therapists, district nurses and GP's as required.

Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.

People told us that they had good relationships with staff, we were told that staff were 'caring, kind and polite.'

The registered manager matched staff skills to meet people's specific needs where they were able.

People received a weekly schedule to inform them of which staff would be visiting.

People were supported to maintain their independence, privacy and dignity.

People, relatives and staff all knew how to complain and who to talk to if they had any concerns.

People were protected against discrimination. There was a policy which covered the Equality Act 2010 and protected characteristics.

Most people we spoke to stated they would recommend the services of Agincare to other people.
The service met the characteristics for a rating of 'requires improvement'' in four of the five key questions we inspected and a rating of 'good' in one. Therefore, our overall rating for the service after this inspection was 'requires improvement'.

More information is in the full report.

Rating at last inspection:
At the last inspection the service was rated Good. (Report published 28 September 2016)

Why we inspected:
This inspection was a planned inspection.

Enforcement:
At this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the registered provider to take at the back of the full version of the report.

Follow up:
Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for services rated Requires Improvement.

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

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 not always safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our Well led findings below.

Agincare UK Wolverhampton

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. 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.

Inspection team:
The inspection team consisted of one inspector, two assistant inspectors and two 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:
Agincare UK Wolverhampton is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using Agincare UK Wolverhampton received the regulated activity of personal care; the Care Quality Commission (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 take into account any wider social care provided. At the time of our inspection, 170 people were receiving personal care.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:
We gave the service 24 hours' notice of the inspection visit because it is a small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:
We reviewed information we had received about the service. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We sought feedback from the local authority and other professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We visited the office location on 08 May 2019 to see the registered manager; and to review care records and policies and procedures. We made calls to people, their relatives and staff on 07, 08, 09 and 14 May 2019.

During our inspection we spoke with 10 members of staff including the registered manager, 10 people using the service, and 14 relatives.

We reviewed a range of records. This included seven people's care records, four staff files around staff recruitment and supervision and the training records for all staff. We also reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Requires Improvement

Is the service safe?

Our findings

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

RI: 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. Regulations have not have been met.

Using medicines safely:

- Improvements were required to medicines management. We checked people's medicines administration record sheet (MAR) and found that staff had not signed or coded all medicines required. These discrepancies indicated that some people may have not received their medicines as prescribed.
- People's MAR did not contain people's allergies, address, GP or chemist details. Copied records of medicines were not signed or dated and had did not contain instructions for administration. This meant there was a risk of errors occurring, and that staff did not have the information required to administer the medicines correctly.
- People did not have protocols in place for 'as needed' medicines. This put people at risk of not being given medicines as needed for pain or anxiety or not being referred to healthcare professions when required.
- People who required staff to apply cream did not have pictorial guidance or instruction on where to apply the cream within their files.
- Staff told us they had not had any competency checks for medicine administration since they first started. The registered manager competed this immediately after inspection and sent evidence of the completed competency assessments to CQC.
- Although audits of medicines were in place they had not identified the concerns found at this inspection. We discussed our findings with the registered manager who immediately arranged audits of medicines to take place. Further training and competency observations were being arranged for all staff with responsibility for medicines administration.

The provider failed to ensure the proper and safe use of medicines. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 (2g) Safe care and treatment.

Assessing risk, safety monitoring and management:

- Some risks to people had been assessed but were not person specific. For example, a person who required a knee brace to be put on for mobilising, did not have the knee brace listed as equipment in their risk assessment. This meant people and staff could be at risk of harm. The registered manager changed the risk assessment during the inspection.
- Not all risk assessments had documentation to evidence they had been reviewed or updated.
- People told us they felt safe with staff. A person told us, " Very safe yes. I require a double up call as have a leg problem." Another person said "I do [feel safe]. I need help to wash from the waist down which is my issue and they [staff] make sure I am safely positioned before starting to assist me so there is no chance of

me falling over."
● Staff told us they had had specific training for each person's equipment and were supported by management to ensure the proper safe use of equipment.

● Staff told us they felt there was enough information within people's risk assessment to support them appropriately and safely.

Systems and processes to safeguard people from the risk of abuse:
● The provider had safeguarding and whistleblowing systems and policies in place which included the contact details of external agencies people and staff could contact.
● Staff had received training on safeguarding adults. Staff had a good understanding of abuse and the actions they should take if they had any concerns that people were at risk. However, staff had not received refresher training in safeguarding as per the provider policies.

Staffing and recruitment:
● Staff files evidenced that the provider had safely recruited staff in line with their recruitment policy.
● Staff records showed the provider had carried out an enhanced Disclosure and Barring Service (DBS) check, obtained references and confirmed their identity and right to work.
● The registered manager had a clear oversight of staffing levels to meet people's needs.
● People told us staff were reliable and on time. People generally received support from the same team of staff which promoted continuity of care.

Preventing and controlling infection:
● Staff followed infection prevention and control procedures to protect people from infection.
● All staff had completed training in infection control.
● People and staff told us that staff always wear gloves and aprons when needed and that any personal protective equipment is made available from the office. A person said, "The carers wash their hands and wear gloves when they are giving me a shower."

Learning lessons when things go wrong:
● After an incident of staff not attending a call, the registered manager implemented a new confirmation of calls form. This ensures that staff do not miss calls.
● The registered manager and the and head office analyse incidents and accidents, the information is logged on an internal system and includes any follow up action required.

Requires Improvement

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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
- Care plans were not always person centred and did not always document people's choices. For example, A staff member told us, "I had a person who liked their milk in a jug and sugar in bowl on the table. I didn't know this when I first started so made them breakfast they got very upset. It would be good to have more details." Another staff member said, "A person I support likes their tea very strong, they didn't drink it when others made it as they didn't know how [the person] liked it."
- Staff told us they felt the care plans were basic but that they got to know people and always supported them in their preferred way.
- People told us that staff were good and knew what to do. One person said, "Staff understand what I need and do it well."
- People were being supported daily to make choices and decisions about their care and support. People and relatives told us they were fully involved in all aspects of their care planning and documentation.
- People had a pre-assessment completed before the service started, this included information on work history, relationships, support and staffing levels needed. People told us that if they required two staff they always had two staff attend to all calls.

Staff support: induction, training, skills and experience:
- The provider monitored staff training on a spreadsheet which gave details of when individual staff had completed training considered essential to their role. However, not all staff had received refresher training. (Refresher training is a training programme designed for old or existing employees of an organisation, with a purpose to inform them with the new skills, methods, and processes required to improve their performance on their job.) This meant that some staff may not be trained with the most up to date information. The manager agreed to ensure all staff required were booked on refresher training as soon as possible.
- One person told us, "I think the young inexperienced carers are not trained well enough before they are expected to work by themselves. They lack the skills to do the most basic things properly. One staff could not even wash me properly. I made a formal complaint to [registered manager] about this. I told him that for my morning visit I only want more experienced carers. My request was completed, and my care has improved as a result. All the experienced carers are excellent at their jobs."
- Staff told us the induction process was thorough and they completed training and shadow shifts before being allowed to work alone.

Supporting people to eat and drink enough to maintain a balanced diet:
- Not all staff had received training in nutrition. The registered manager agreed to ensure this training

started as soon as possible.
● People told us they had choice and control over their food preparation and that staff supported them appropriately. A relative told us, "[Persons name] is blind and when staff come in and give [person] a sandwich they put it in [persons] hand, so it is peace of mind for me knowing [person] is getting fed safely as obviously could not get for themselves."
● A person told us, "Staff make me breakfast, I usually have a banana, bread and sometimes toast. For lunch they [staff] do me a microwave ready meal and for my tea make me sandwich of my choosing. I always get a drink to have with my food."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support; Supporting people to live healthier lives, access healthcare services and support:
● Some care files had an emergency grab sheet. This document provides healthcare professionals with information about people's individual needs, support with communication and prescribed medicines in the event of an unplanned hospital admission.
● We saw details of some healthcare involvement and advice documented in people's care files. This supported staff to understand any changes of need or equipment.
● When people needed referring to other health care professionals such as GP's, occupational therapists or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised, or they assisted the person to call themselves.
● When a person had another care agency involved staff told us that they shared information and files between the agencies to ensure all involved knew of the persons needs.
● We saw evidence of appropriate referrals being made to speech and language therapists, and guidance being included into people's care plans.

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.
● We checked whether the service was working within the principles of the MCA and found that they were. The registered manager and staff team had a good understanding of the MCA.
● Where people could make decisions for themselves records showed they had agreed with the care that was being provided.
● Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.

Good

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

Good: 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 told us that they had good relationships with staff, one person said, "I have found them [staff] all to be very nice and caring and polite toward me." Another person told us, "They are all very good indeed, caring, kind, cheerful and share a joke."
● Relatives told us that staff were kind, friendly and polite. A relative said, "Staff are very caring, all of them. They are chatty and nice [persons name] and [person] does like having them." Another relative said, "The one that we have mostly is excellent and cannot do enough. Staff know where things are and just gets on with it. First class [staff name] is."
● One person and one relative did not feel that staff were caring.
● The registered manager told us that they try to match staff skills to meet people's needs and preferences. A relative said, "My [relative] speaks Gujarati. The carers speak Hindi, so they can understand each other pretty well." Another relative told us, "We requested male carers and we only see two male carers who know him really well."

Supporting people to express their views and be involved in making decisions about their care:
● Everyone we spoke to told us they were involved in their care planning and that consent was always sought. Any changes made to their support was completed with them or their relatives.
● Staff made calls to people to gain feedback and to check if they were happy with the service. The registered manager was in the process of designing a new form to send out to people, so they were able to be anonymous if they wanted.
● Staff had received equality and diversity training and the provider had introduced an Equality, Diversity and Human Rights policy, which set out how to support people, and staff, from diverse backgrounds.
● No one currently required the support of an advocate [An advocate is someone that helps people to speak up about their care.]. However, the registered manager was able to support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence:
● People and relatives told us staff respected people's privacy and dignity.
● One person said, "Staff wrap me in a towel to cover my bits and get me really dry. They help me to get dressed in the clothes I pick from my cupboard. They do what I ask of them.". A relative told us, "The carers are very efficient. They make sure that when they leave the curtains are closed and the doors are locked. [Person's name] is always left clean, dry and comfortable."
● Staff knew how to promote people's dignity and privacy. A staff member said, "We always close curtains and doors and ask permission before completing any care. We are reminded to do this all the time by

managers. "

● People were supported to maintain their independence where possible. One person told us, "The carers support my [relative] just as they like. They accompany [person] to the toilet – walking alongside [person] to make sure [person] doesn't fall. But they only give more support if [person] asks for it."

● People were offered support by gender specific staff for personal care delivery.

● People's information was managed and stored securely in line with the provider's confidentiality policy and electronic records were password protected.

Requires Improvement

Is the service responsive?

Our findings

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

RI: People's needs were not always met.

End of life care and support:
● Not all staff had received training on end of life care.
● Care plans did not include information on people's end of life preferences, support or wishes. Therefore, people's cultural requirements may not have been met by staff should people die whilst in their care or if they found them deceased.
● The registered manager agreed to improve end of life support and procedures immediately.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● Not all care plans were person centred or current. One person's care plan stated '[Persons name] lives at home with their relative, however within the persons file it also stated that the relative died in 2015. The manager changed this information during inspection.
● Some people had difficulties communicating with staff, when English was not the staffs first language. However, people consistently told us that staff supported them in their preferred way.
● One person told us, "I had to go into hospital for three weeks and Agincare increased the level of support we received during that time. It all worked very well." Another person said, "I requested that my carers do not wear a uniform when they come to support me. It is nobody else's business whether I have the help of carers or not when we go out. The agency has no problem with this – neither do the carers."
● People said that staff turned up on time and stay for the duration on the visit, some staff even stay for longer.
● Staff had raised some concerns regarding communication when people's needs changed. One staff told us, "Communication is not always good, we do get text messages, but I have been to people's houses, let myself in to find out they are in hospital, when I speak to the office they say, "sorry we forgot to tell you." I feel bad as I've gone into their house." Another staff told us, "I go into the office, but sometimes information is not shared, it gets forgotten." The registered manager agreed to investigate how to improve communication.
● The registered manager understood the Accessible Information Standard, which requires that documents be provided in accessible formats, and appropriate languages. We saw some documents in an easy-read format.

Improving care quality in response to complaints or concerns:
● People, relatives and staff all knew how to complain and who to talk to if they had any concerns.
● The provider had a clear complaints procedure in place.
● We received mixed responses from people and staff regarding complaints. Some people felt the service was excellent and had no need to complain, other people who had complained felt listened to and the

issues were resolved. However, one person told us they felt that the office staff did not listen to them when they made a complaint and did not feel that a satisfactory outcome was received.

● Most staff were confident to complain and had received positive outcome when they had. However, one staff who complained stated "I have made many complaints, especially about medication errors, I don't feel listened to." Another staff told us, "I don't feel comfortable raising issues with the managers." The registered manager agreed to discuss complaints within staff meetings and supervisions.

Requires Improvement

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

RI: 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:

- The registered manager completed audits however, these did not effectively pick up issues or identify actions needed. Audits had not picked up the concerns found during this inspection.
- Planned reviews of people's care were not monitored to ensure they took place, therefore care plans and risk assessments were not always updated when needed.
- Not all staff fully understood their roles and responsibilities. For example, during a scheduled visit for a person using the service, staff supported their family member out for a social activity whilst this was to benefit the person receiving care, the staff did not know family members risks or needs. The providers insurance would not have covered staff should an incident occur as the staff were not contracted to work with this person.
- The registered manager was aware of their responsibility to display their rating when this report was published.
- We saw evidence of spot checks being completed. However, not all staff we spoke to had received them.

The provider failed to ensure that their systems and processes were effective in monitoring the quality and safety of the service being provided. These matters were a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 (2a) Good Governance.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People were protected against discrimination. There was a policy which covered the Equality Act 2010 and protected characteristics.
- Staff told us that any changes to people's needs were communicated to staff by the office, however information had occasionally been missed. Staff were confident that this had not impacted on people as they [staff] would always discuss with people first the care they would be completing before starting a task.

- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.
- The registered manager understood, and would act on, their duty of candour responsibility. Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that

requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
● Staff told us they felt supported. One staff said, "I love my job, I am supported well and work with great people." Another staff member said, "The office phone me to say I'm doing a good job."
● The registered manager arranged a staff meeting every other month at two different times to encourage staff to attend. Within these meetings staff were encouraged to raise any concerns, queries or suggestions.
● Most people we spoke to stated they would recommend the services of Agincare to other people.
● People and relatives told us the registered manager was accessible to everyone.
● The registered manager gained feedback from people, relatives and staff via a feedback questionnaire.
● The registered manager provided a written weekly schedule letting people know who will be supporting them. People told us they appreciated this as it made them feel comfortable knowing who would be coming and that if any last-minute changes were made they were notified.

Continuous learning and improving care:
● The registered manager accessed provider meetings and forums provided by the local authority and used the Care Quality Commission website, care matters publications and updates to keep up to date.
● The registered manager is a member of the Black Country Care Partnership (BCCP). BCCP is a partnership organisation comprising of care sector providers in the independent, voluntary and statutory sectors as well as several training providers, who offer seminars, training and information.

Working in partnership with others:
● The registered manager worked in partnership with local commissioners to ensure that people were receiving care that met their needs.
● The registered manager and care staff worked in partnership with other professionals and agencies, such as GPs, community health services, adult education and local social activity groups, to ensure that people received the care and support they needed.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure the proper and safe use of medicines.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure that their systems and processes were effective in monitoring the quality and safety of the services being provided.