

Agincare UK Limited

Sumners Farm Close

Inspection report

Phelips Road
Harlow
CM19 5SL

Tel: 01279213995

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04 August 2022
17 August 2022

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10 October 2022

Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

About the service

Sumners Farm Close 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 24 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

The provider had not always ensured there were enough staff available to provide people with personalised care which reflected their needs and preferences. Staff told us they did not have enough time to support people effectively and this impacted on the quality of care provided. Relatives confirmed people's care visits were sometimes delayed or rushed.

Not all staff had up to date training to support them in understanding people's needs. Staff did not always feel supported in their roles. Recruitment processes for new staff were not always completed robustly. We have made a recommendation about the provider's employment checks.

People and relatives knew how to raise concerns but did not always feel their concerns were responded to effectively. We have made recommendation about the provider's complaints processes. Staff did not always feel listened to or valued and did not feel able to raise concerns with the provider.

Staff were aware of how to keep people safe from harm. However, the provider had not ensured safeguarding records were kept accurately and not all staff had updated safeguarding training in place.

People were not supported to have maximum choice and control of their lives and staff did not always 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.

The provider had not used their auditing systems effectively to monitor the quality and safety of the service. The processes in place had not highlighted the concerns we found during the inspection and we could not be assured the provider had clear oversight of the service.

We received mixed feedback about whether staff used personal protective equipment [PPE] appropriately

and how the provider communicated with people and relatives about the risks associated with the control and spread of infection. We have made a recommendation about the provider's infection prevention and control measures.

People had care plans and risk assessments in place which detailed how they liked to be supported and 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 and improve their care.

People and relatives told us staff were generally kind and respectful of people's privacy. People and relatives told us they felt involved in the service and found the registered manager and staff approachable and friendly. The provider responded promptly to the feedback we gave during our inspection, supplying additional information to address the concerns raised.

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 6 April 2020. This is their first inspection under the current provider.

The last rating for the service under the previous provider was Good, published on 10 April 2019.

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, effective and well-led sections of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staffing levels, training and oversight of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Sumners Farm Close

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 would be in the office to support the inspection.

Inspection activity started on 04 August 2022 and ended on 17 August 2022. We visited the location's service on 04 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 two people and nine 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 four 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's relatives told us they did not always feel there were enough staff available and this meant care visits were sometimes rushed or delayed. One relative said, "I don't think they [staff] have enough time. They are rushed and don't chat with [person]." Other comments included, "If staff phone in sick, [person] will only get 10 minute visits" and "They need more time and not just for physical care. 15-20 minutes [visits] are done instead of 40 minutes."
- Staff we spoke with told us there were not enough staff available and confirmed this impacted on the length and quality of people's care visits. One member of staff said, "The length of calls are changed, calls are cut down and we don't get breaks because of a lack of staff. People get frustrated because their care is late." Other comments included, "We're overworked and exhausted" and "We're understaffed and we always have to pick up extra shifts, we can't say no as we feel the residents will miss out if shifts are not covered. It's hard to give people the right level of care."
- Staff told us they did not feel they could raise concerns about staffing levels. Comments included, "We don't feel supported when we say we are short staffed and struggling and there is no support from anyone higher up in the organisation" and "The past few weeks have been horrendous, with only two or three working when there should be four. People don't know if they are going to get a proper call at the right time or if it will be late or cut short. People are not getting the right care."
- Staff had individual rotas in place detailing the care visits they were scheduled to complete each shift. However, they told us additional visits were added to these and the timings of the calls were changed at short notice. This meant it was difficult to see the number of visits actually completed and the duration of these visits. We could not be assured appropriate staffing levels were in place to support people safely.

The provider had failed to ensure there were sufficient numbers of staff available to meet people's needs. This was a breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider had processes in place to ensure staff were safely recruited. However, these had not always been used effectively as not all applicants had references which met the guidance for safe recruitment.
- Following the inspection, the provider confirmed they were amending their process for checking references and sourcing additional references where appropriate.

We recommend the provider establishes processes to ensure all of the information required to safely employ staff is in place

Preventing and controlling infection

- The provider had an infection prevention and control policy in place for staff to follow, with specific guidance relating to the management of COVID-19 risks. However, we received mixed feedback about staff's use of personal protective equipment [PPE]. One relative told us, "Yes they do wear PPE", other relatives commented, "Until the recent Covid outbreak, staff were not wearing PPE" and, "Now staff wear a mask and gloves. But it wasn't always so before this outbreak."
- The registered manager told us some staff were medically exempt from wearing face masks and they provided evidence of how this had been risk assessed and the alternative measures put in place. However, information about minimising the risks of cross infection had not always been shared effectively with people and relatives. One relative told us, "There is a current outbreak of Covid and information about measures to take was not clear."

We recommend the provider considers current best practice guidance for managing the risks associated with preventing and controlling the spread of infection

- The provider had alerted the relevant authorities to their recent COVID-19 outbreak and implemented the recommended safety measures.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy in place for staff to follow and staff confirmed they knew how to recognise the signs of abuse and which authorities to alert to any safeguarding concerns.
- The provider had a process in place for logging safeguarding concerns. However, not all concerns raised by relatives were being accurately recorded as safeguarding concerns and this meant we could not be assured the relevant notifications were being raised.
- Following our inspection, the registered manager provided additional information about how safeguarding concerns were being documented and confirmed the measures they planned to take to improve their recording of actions taken.
- Despite the feedback about staffing levels, relatives told us they felt people were safe. Comments included, "It is absolutely and definitely safe, [person] would tell me 100% if the care was not safe." and "Yes, it's absolutely safe."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and documented. However, it was not always clear from people's care plans how often their risk assessments were reviewed.
- People's risk assessments were personalised and reflected their individual needs including mobility support, understanding their health conditions and risks associated with managing their medicines.
- People's relatives confirmed staff were prompt to respond to emergencies, seeking medical support when appropriate. One relative told us, "[Person] is at risk of falls and if they slip, there is a response within minutes."

Using medicines safely

- People had information in their care plans detailing what medicines they were prescribed and how they liked to be supported. Staff documented when people had been supported with their medicines on the medicine administration records kept in people's homes.
- The registered manager completed regular medicines audits and carried out assessments to check staff's competency to administer.

Learning lessons when things go wrong

- The provider told us lessons learnt following accidents or incidents were shared with staff via team meetings and supervisions.
- The registered manager also used 1:1 discussions with staff to document issues such as medicines administration errors and to discuss how to prevent 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 Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not ensured all staff had up to date training in place to support them in their roles. This included out of date or incomplete training in key areas of people's support such as safeguarding, moving and handling and health and safety. This meant there was a risk staff may not have the relevant knowledge or skills to support people appropriately.
- The provider had a process in place to support staff through individual supervisions; however, it was not clear how often these were taking place and staff told us they did not feel supported in their roles. Staff comments included, "We don't see a lot of the manager as they're managing other services too" and "We have asked for team meetings to discuss things but it hasn't happened" and "Nobody from higher up in the organisation talks to us, we don't feel like we can go to them for support."

The Provider had failed to ensure staff received appropriate support, training and supervision to enable them to carry out their duties. This was a breach of regulation 18(2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following the inspection, the registered manager provided an updated training matrix to demonstrate how they were supporting staff to complete the required training courses and by when.
- The provider had an induction checklist in place to complete with new staff and arranged for them to shadow more experienced staff when they started.

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.

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. 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

- People's capacity to consent had been considered as part of the initial assessment of their needs. However, this information had not always been incorporated into their care plans which contained blank

and incomplete consent forms and lacked detail about how people had been involved in making decisions about their care.

- Despite the lack of documentation, people and relatives confirmed staff asked for their consent when offering support. One person said, "They always ask me first" and relatives told us, "They ask [person's] permission first" and "[Person] still has capacity and that is respected."

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

- The provider completed an assessment of people's needs prior to them receiving care.
- The provider had considered people's protected characteristics as part of their initial assessment. For example, people's cultural and religious support needs had been documented ensuring staff knew how to support people appropriately.
- People's relatives told us they had been consulted during the initial assessment. One relative said, "I gave them a handover when [person] moved in and explained their full needs"

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

- People's care plans contained information about how they liked to be supported with their eating and drinking and detailed what food and drinks they preferred.
- Relatives confirmed people were offered choices about what they would like to eat and where. Staff supported people to go to the communal dining room for their meals or brought meals to their flats if they preferred.

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

- People's care plans contained information about their health needs and the healthcare professionals involved in their care.
- Staff knew how to escalate any concerns about people's health and who to alert to ensure changes in people's health needs were identified and additional support put in place where appropriate.

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 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; respecting equality and diversity

- Staff told us they did not always feel able to provide people with the right level of support due to a lack of staff and time. One member of staff said, "We're so short on staff and we're trying to fit everyone in, things are being skipped and people are sometimes getting up too early or too late." Another member of staff said, "Staff are so busy, people are getting their basic care but nothing extra. You can see from the state of the flats that staff haven't got the time to support people with them."
- We received mixed feedback from people and relatives about the quality of care people received. Comments included, "I can't say they [staff] are bad but they could be improved, they need more time" and "Some of the carers are better than others, but all are ok. The less experienced carers would benefit from gaining dementia skills."
- However, people and relatives also told us staff generally had a positive attitude and were kind. One relative said, "They are friendly, polite and professional" and another told us, "The carers we know are kind and compassionate."

Respecting and promoting people's privacy, dignity and independence

- Staff told us they did not always feel they had the time to provide people with dignified care. One member of staff said, "When we're having to cut calls short, we're rushing. People are very understanding but they get frustrated and upset. There's been mouldy food left in fridges, unclean toilets and sticky floors. It has an impact on them."
- Staff were respectful of people's privacy, knocking on doors before entering and checking whether people were happy to receive support. One person told us, "They always ask if I'm ok with my personal care needs" and a relative said, "They ask first and call [person] by their name. [Person] is definitely respected."
- People's care plans provided staff with guidance about what people were able to do independently and what areas they needed support with. Relatives we spoke with confirmed staff knew how to offer support whilst maintaining people's independence. One relative said, "The staff give [person] prompts and encouragement."

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

- Staff supported people to make choices in their day to day care. People and relatives told us they felt staff listened to them and were respectful of their decisions. One relative said, "They offer, but don't do it if [person] doesn't want to."
- People's care plans provided guidance about what choices to offer and staff recorded people's decisions in their daily care notes.

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 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

- People's care did not always reflect their preferences as staff were not always able to provide care at people's preferred times or for the agreed duration.
- People's care plans did not always evidence how they or their relatives had been involved in planning and reviewing care. However, relatives we spoke with told us they were consulted. One relative said, "[Person] has a care plan and the family was involved in it" and "[Person] has a care plan in the office. I get feedback and they phone me if there is a problem."
- People's care plans contained information about how they wanted to be supported and what was important to them including their likes and dislikes, their life history and their relationships with relatives and friends.

Improving care quality in response to complaints or concerns

- The provider's process for recording and tracking complaints was not always robust. Information was not always documented or cross referenced and it was not clear what actions had been taken.
- We received mixed feedback from relatives about how their complaints and concerns were handled. One relative told us, "I have complained about [detail of concern raised]. Nothing was done about my complaint." However, another relative commented, "I've not really complained but when I make suggestions, they follow them up."
- Following our feedback, the provider confirmed they were reviewing their complaints process to ensure information was recorded appropriately.

We recommend the provider ensures their complaints processes are accurately recorded and include a detailed response to concerns raised

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.

- People's communication needs were considered as part of the provider's initial assessment of their needs.
- People's care plans contained information about how they communicated, and any aids they used.

End of life care and support

- The provider was not supporting anybody with end of life care at the time of the inspection.
- People's future end of life care wishes were considered during the provider's initial assessment of their needs and documented in their care plans.

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 provider had auditing systems in place to monitor the safety and quality of the service. However, these systems were not always used effectively and they had failed to identify the concerns we found on inspection.
- The provider was not able to demonstrate robust oversight of staff training and recruitment, and information regarding complaints and safeguarding concerns was not always clearly documented with actions identified. Care plan audits were completed but these had not always identified information which was out of date or incomplete including documentation relating to people's capacity and consent.
- We were not assured the provider had robust oversight of how staffing levels were deployed throughout the service to ensure people received safe, good quality care.
- The registered manager was responsible for the oversight of several different services and this meant their time was divided between different locations. Staff told us they did not always feel the registered manager was available and lacked support from the provider. One member of staff said, "It's hard for the manager to cover everything, things are going to slip." Another member of staff told us, "It's not down to [registered manager] alone, they would do well if they had the time and the staff. It's the organisation."

The provider had not ensured effective processes were in place to monitor the safety and quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was aware of their responsibilities in relation to the duty of candour and understood 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

- The provider did not always promote a positive and open culture in the service. Staff told us they did not always feel able to raise concerns and did not feel they were listened to when they did. Comments included, "We're just told to get on with it if we raise concerns", "I get a bit scared to raise things with them [provider]" and "Morale is very low and nothing improves."
- The provider had processes in place for gathering feedback from staff; however, this had only recently

been changed to allow staff to submit information anonymously. The provider told us they hoped this would enable staff to be more open in the future and would help them to identify key areas for improvement.

- The provider asked for feedback from people and relatives and used different methods for communicating with people based on their preferences. Relatives told us they were asked to complete surveys and also gave feedback more informally via telephone and email.
- Relatives were generally positive about the approachability of the registered manager. One relative said, "[Registered manager] is nice and answers any queries." Another relative told us, "[Registered manager] is very approachable and easy to get hold of."

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 in order to support people's needs including the local authority, housing association and local healthcare services.
- The provider had a service development plan in place to continuously review how the service was performing and highlight where changes were needed. Whilst this had identified areas for improvement, it did not include all of the issues found during the inspection. Following our inspection, the provider told us they would update their action plan to incorporate our feedback.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured effective processes were in place to monitor the safety and quality of the service.</p> <p>This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure there were sufficient numbers of staff available to meet people's needs.</p> <p>The Provider had failed to ensure staff received appropriate support, training and supervision to enable them to carry out their duties</p> <p>This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>