Agincare UK Limited

Agincare UK Poole

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

Overall summary

This inspection was announced and took place on 15 and 16 December 2014. At our last inspection in November 2013 we did not identify any concerns.

Agincare UK Poole employs care workers to provide personal care for adults of all ages in their own homes. At the time of the inspection the service was providing support and personal care to 137 people.

There was an acting manager in post who was also the locality manager for the provider. They were working at the service three days a week. They had applied to be registered whilst a permanent registered manager was recruited. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

The feedback we received from people and relatives was mixed in that they said care workers were all very kind,

Summary of findings

compassionate, respectful and caring. However, they told us there had been recent concerns about the reliability of the service because of staffing difficulties and changes in the staff at the service's office.

People told us they felt safe but we identified that although staff had been trained not all allegations of abuse had been reported to the local authority. This was an area for improvement.

There were safe systems in place to safely manage and administer medicines for most people. However, we found that not all administration records had been completed fully so we could not be sure people had their medicines or creams as prescribed. We found other records about the care and support provided to people had not been fully completed. One person did not have their mental capacity assessed, and a decision made in their best interest had not been recorded correctly as directed by the Mental Capacity Act 2005. The shortfalls in record keeping were an area for improvement.

There were not enough staff working at the service and this meant travelling time had not been allocated between visits for some people. This resulted in late running, short or rushed visits to people. This was an area for improvement.

Care workers gave mixed responses about whether they felt supported and we were told some care workers had not received any one to one support meetings or had an appraisal. This was an area for improvement.

There were systems in place for consulting with people, and monitoring the quality and safety of the service but these had not resulted in the service identifying some of the issues and concerns we found at the inspection. People, care workers and relatives told us the service was starting to improve following changes in the management at the service. However, people and staff were still frustrated by late running visits, lack of response to concerns raised by staff and inconsistency of contact with people from the service's office. The shortfalls in how well-led the service was managed was an area for improvement. The provider agreed to increase the management support to the service whilst a new manager was recruited.

People received care and support in a personalised way. Staff knew people well and understood their needs. We found that people received the health, personal care and support they needed.

People and relatives felt that overall care workers had the right skills and knowledge to meet people's needs. Staff received an induction, core training and some specialist training so they had the skills and knowledge to meet people's needs. A relative identified one area of training that could be improved.

People and their relatives knew how to raise concerns or complaints.

Summary of findings

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 consistently safe and this had an impact on the service people received.

All staff were trained in recognising abuse but two allegations had not been reported by staff based in the office.

Staff were recruited safely but there were not enough care workers to make sure people received the care and support they had been assessed as needing.

People's records were not accurately maintained to make sure they reflected the care, support and medicines they had received.

Is the service effective?

Requires Improvement

The service was not consistently effective and some improvements were recommended.

Care workers had an understanding of the Mental Capacity Act.

Overall, care workers had the right skills and knowledge, training and support to meet people's needs. Some care workers did not receive the support and guidance they needed.

People had the food and drinks they needed when this support was provided by the service.

Is the service caring?

Good

The service was caring. The people and their relatives told us that care workers were kind and caring.

People and or their relatives were involved in decisions about the support they received and their independence was respected and promoted.

Care workers were aware of people's preferences and respected their privacy and dignity.

Is the service responsive?

Requires Improvement

The service was responsive but some improvements were needed.

People were frustrated about not being contacted by the office when visits were running late and the impact the lack of care worker travelling time had on care workers and visits.

People's needs were assessed and care was planned and to meet their needs. Care workers knew people well and how to meet their needs.

People and their relatives knew how to complain or raise concerns at the home about the service.

Summary of findings

Is the service well-led?

The service had not been consistently well-led following changes in the management. Improvements were needed.

Some people and staff raised concerns about the responses and management support from the office. The provider and acting manager acted on the shortfalls identified at the inspection and planned to increase the management support at the office.

The provider was not aware of all the current shortfalls in the quality and safety of the service.

Requires Improvement 

Agincare UK Poole

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out over two days by one inspector on 15 and 16 December 2014. As the inspection was in response to concerns we received, we did not send any questionnaires to people or request a Pre Inspection Return (PIR) from the provider.

Before the inspection we reviewed the information we held about the service, this included incidents they had notified us about. We contacted the local authority safeguarding and contract monitoring teams to obtain their views.

We visited four people in their homes, spoke with a further 10 people and/or their relatives by telephone and spoke with nine care workers. We also spoke with the acting manager (who was the provider's locality manager temporarily covering the position), the quality manager and one of the field care supervisors. We looked at four people's care and medicine records in the office and the records in their homes with their permission. We saw records about how the service was managed. This included six staffing recruitment and monitoring records, staff schedules, audits, meeting minutes, and quality assurance records.

Following the inspection, the acting manager sent us information about policies and procedures and the staff training programme.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe and were confident with the care workers that visited them. Relatives said they did not have any concerns about the safety of their family members whilst care workers were supporting them.

Care workers had received training in safeguarding adults during their induction and ongoing training. Staff knew the different types of abuse and were confident about how they could report any allegations. The acting manager was working in cooperation with the local authority safeguarding team in response to safeguarding concerns being raised. They told us they planned to share any learning from the safeguarding investigations at staff meetings, individual support meetings or by sending memos to staff.

However, we identified that two separate safeguarding concerns had not been referred to the local authority under adult safeguarding procedures. The acting manager and quality manager acknowledged they should have been referred and took immediate action and referred the most recent incident to the local authority during the inspection. Staff had taken action in relation to the other incident and referred the matter to the person's district nursing team and care manager. However, staff had not recorded any of the actions they had taken to safeguard the person and to ensure the concerns were followed up.

The shortfalls in responding appropriately to safeguarding concerns and allegations of abuse were a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This meant suitable arrangements were not in place to safeguarding people against the risks of abuse.

People and relatives said they were happy with the way care workers administered medicines. One person said, "They watch over me to make sure I have taken them". Another person told us the care workers applied their creams as prescribed.

Staff had been trained in the administration of medicines and records showed they had their competency assessed to make sure they were safe to administer medicines.

We looked at the medicines plans, administration and monitoring systems in place for people. The majority of medicine administration records in people's homes and at the office had been signed to show that medicines had been given or creams had been applied. However, there were some gaps on one person's records and this meant we could not be sure their medicines had been given and creams applied as prescribed by their GP. This was an area for improvement. Staff told us they reported to the office any medicines errors or any times when they noted that medicines had not been given or signed for.

People's care and monitoring hand written and electronic records were not consistently maintained and we could not be sure they accurately reflected the care and support provided to people. For example, there were gaps in medicine administration records, not all visit times were recorded, and records of percutaneous endoscopic gastrostomy (PEG) feeding tube flushes were recorded in different places. Electronic records in the office did not include any information about the actions taken when staff reported safeguarding concerns to the office.

The shortfalls in record keeping placed people at risk of receiving unsafe care and support and were a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because they were not any accurate records of the care and support provided to them.

The acting manager told us that following changes in the management at the service a number of care workers had left. They were actively recruiting and waiting for new care workers to start. The acting manager acknowledged that the staff shortages had had an impact on the reliability of the service they had been able to provide to people. They told us that things were improving and this was supported by people we visited and spoke with. However, the service still did not have sufficient staff to cover at weekends and there was not any travelling time scheduled for some of the care workers during the week and at weekends. We saw in records, and people and staff told us this was having an impact on the length of time care workers were able to stay with people or meant they were running late for the next visits. For example, one person's care plan and staff schedule detailed they had a visit scheduled that should be with two staff for one hour. Records we saw showed that staff routinely did not stay for an hour and at times the visit was as short as 30 minutes. One relative told us, "we are really happy with the care but the office do not allow the staff enough travelling time and they have to cut visits short, they don't rush my wife but they also don't stay the

Requires Improvement

Is the service safe?

full amount of time". Another person said, "some do rush but not all of them, some do stay it all depends on them". This meant people were not receiving the care and support they were assessed as needing and was planned to make sure their safety, welfare and individual needs were met.

The shortfalls in the delivery of care and support to people was a breach of Regulation 9 (1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the provider had not taken proper steps to ensure people were protected from the risks of receiving care that is inappropriate or unsafe.

We found people had effective risk assessments and plans in place for; their home environment, pressure areas, nutrition, medicines and falls. Care workers told us there were systems in place for emergencies, for example they described what they did when someone was unwell when they arrived at a visit. There was an out of hours and on call system in place for people and staff to contact in the case of emergencies.

We found that recruitment practices were safe and that the relevant checks had been completed before staff worked with people in their homes. This included up to date criminal record checks, fitness to work questionnaires, proof of identity and right to work in the United Kingdom and references from appropriate sources, such as current or most recent employers. Staff had filled in application forms to demonstrate that they had relevant skills and experience and any gaps in employment were explained. This made sure that people were protected as far as possible from individuals who were known to be unsuitable. However, we noted that the previous manager had not verified one staff member's references as recommended by the provider's reference template and guidance. The acting manager acknowledged that these references that only gave employment dates should have been followed up with a telephone call to assure themselves of the staff member's suitability.

Requires Improvement

Is the service effective?

Our findings

People and relatives felt that overall care workers had the right skills and knowledge to meet people's needs. One relative said, "From what I've seen they seem very expert at what they do". However, one relative told us a small number of care workers did not have the skills to fit a specific continence aid and this sometimes resulted in the person's bedding needing to be changed to maintain their comfort. We raised this with the acting manager who told us they would arrange for further training from the district nurses to make sure that all care workers had the right skills to fit these continence aids.

All care workers completed an induction that was based on Skills for Care Common Induction standards, which are nationally recognised induction standards. Care workers we spoke with had a good understanding of their roles and a new care worker told us the induction had prepared them for working at the service.

Care workers completed core training that included the provider's compulsory training. For example, infection control, moving and handling, medicines management and emergency aid. Care workers had also been provided with specialist training to meet people's specific needs. For example, they had been trained to work with one person who used percutaneous endoscopic gastrostomy (PEG) feeding tubes. Feeding via PEG tubes is a method of giving food and drink to people who are unable to eat or drink orally.

There was a mixed response from care workers as to whether they felt well supported and supervised by the service. The provider's supervision policy included that staff would have at least four supervision (support and development sessions) a year. These should include an appraisal and spot checks. Records showed us and care workers told us they had spot checks but they did not routinely have one to one support meetings or appraisals. This meant staff were not supported to make sure they could always deliver care and support to people safely and to an appropriate standard.

We recommend that staff receive supervision and appraisal as detailed in the provider's policy.

Care workers had been trained in the Mental Capacity Act 2005 during their induction and care workers we spoke with had a basic understanding about this and making decisions that were in people's best interests.

People told us and we saw that care workers sought people's consent before completing any care or support tasks.

People told us they were supported to have enough to eat and drink and at the times they wanted it. They said, where preparing food and drinks was part of the care and support package, the care workers always made sure they had food and drinks left in their reach. We observed care workers supporting two people with eating their meals and one person with their PEG feed. The support provided by care workers reflected the care plans in place. Care workers chatted with people whilst they supported them to eat and care workers assisted people at a suitable pace and did not rush them.

People's health needs were assessed and planned for to make sure they received the care they needed. One person told us they had complex healthcare needs and care workers were aware of what they needed to do. We saw from their records and the person told us, "Carers call the doctor whenever I'm ill, I get very sickly". Care workers told us they always call the doctor and report it to the office when someone is unwell.

Another person was at risk of developing pressure sores. We saw from records, and from talking with care workers, they were regularly repositioned as detailed in their plan.

Good

Is the service caring?

Our findings

People told us staff were caring and compassionate. One person said, “All the carers are good, they are all lovely and treat me well”. Another person said, “I’m very happy with the care they are all wonderful, they treat me very well, I can’t praise them enough”.

People told us and we saw in care plans they were asked their preferences in relation to the gender of their care workers. Most people told us their preferences were respected. However, one person said, “sometimes they send a man as well as a lady but I really just want ladies”. This meant this person’s preferences were not consistently respected.

Care workers were aware of the fact that people who were confined to their homes due to ill health could become lonely and told us part of their role was to provide people with companionship and a caring relationship. One care worker said, “The best thing about this job is that people are always happy to see us and I always make sure that I sit and have a chat with them, that’s just as important as the care we provide”.

People we spoke with and their relatives confirmed that they were involved in making decisions about their care. We saw they had been involved in developing their care plans. We observed care workers giving people choices about how and what support they wanted during that visit. For example, we heard care workers giving one person the choice of whether they wanted to remain in bed because they were feeling unwell.

All the people and relatives we spoke with said care workers treated them with dignity and respect. One person gave the example that staff kept them covered whilst supporting them with their personal care. We observed care workers, closing curtains and covering people with blankets and maintaining their dignity whilst supporting them to move with a hoist. They said care workers respected that they were coming into their homes and always asked their permission before doing anything.

Care workers knew about keeping people’s personal information confidential. People confirmed that care workers did not discuss other people or any private matters with them.

Care plans were personalised and included details of how care workers could encourage people to maintain their independence. People told us and we saw care workers provided care and support in ways that promoted people’s independence. For example, where people’s mobility was restricted care workers ensured the person had their emergency call pendant, the telephone, drinks and snacks and their TV remote control within reach.

Requires Improvement

Is the service responsive?

Our findings

During our visits to people's homes, all of our observations showed us that care workers were responsive to people's needs during visits. Some people told us that the service had been able to provide visits at short notice when their circumstances changed. Most people we spoke with were frustrated about not being contacted about late visits and the impact the lack of travelling time for care workers had on their visits. People gave us examples of where they had to phone the on-call service and office when care workers had failed to turn up at the scheduled times. The acting manager acknowledged this was an area for improvement and planned to reiterate with care workers the need to contact the office if they were running late so they could keep people informed.

People told us and records showed that people's needs were assessed and that care

was planned to meet their needs. Care workers knew the people they were caring for, what care and support they needed and this reflected what we saw in people's care plans. We looked at four people's assessments and care plans and saw that they had been reviewed on a six monthly basis or as their needs changed. The care plans were personalised and focused on meeting the individual's needs and their abilities. The acting manager told us they tried to meet people's preferences about times of visits and this was supported by what people told us.

People told us they were involved in reviews of their care plans and we saw that up to date care plans were in people's homes. Care workers said that care plans were easy to follow and gave them all the information they needed to be able to provide the right care and support. Care workers told us if a person's needs changed they reported this to the office and individual's care plans in their homes were updated so all care workers were able to provide the correct care and support.

Where possible care workers worked with the same people so they had a consistent service. This was confirmed by the people who said overall they had regular teams of care workers. They told us when new staff started they worked alongside regular staff so they got to know them.

People and relatives knew that they could telephone the agency's office if they wanted to complain, raise a concern or make a written complaint. They all had written information about how to make a complaint with contact telephone numbers. None of the people we met or spoke with had needed to make a complaint to the service. We looked at a summary of complaints the provider had received in 2014. The service had responded in a timely manner and had acted appropriately where people had complained or raised concerns. The acting manager told us they would share the outcomes and the learning from complaint investigations with staff.

Requires Improvement

Is the service well-led?

Our findings

Feedback from people, care workers and relatives told us the service was starting to improve following changes in the management at the service. The registered manager left the service in September 2014 and the subsequent management changes had had a negative impact on the service delivered to people. However, people told us they were still frustrated by the inconsistencies in schedules and the lack of contact when their visits were running late. For example, one relative said, "The carers don't always come at the times on the schedules, the regular workers come at the best times, the schedule is a bit erratic." Another relative said, "It's a bit hit and miss as to whether we get who is on the list they send us, they don't always let us know when we are running late and my husband gets really agitated when they are late because he wants to get up and dressed."

People told us they had completed questionnaires and some told us staff from the office phoned to check the quality of the service. However, other people told us that no-one contacted them to check whether they were satisfied with the service. Following the provider recognising the impact the management changes had on the service, another of the provider's domiciliary care services undertook telephone surveys with 16 of the 137 people who use the service in November 2014. Overall, they were positive but three of them raised concerns with the service, these included short visits and the quality of care provided. The acting manager said they planned to follow up the negative responses with people during the week of the inspection.

All of the people we spoke with were very complementary about the qualities of the care workers and the service they gave them during visits. However, people raised concerns about the efficiency of the office and three people raised concerns about difficulties in getting hold of someone at the office to speak with when they needed to. One person said, "they've picked up the office phone and put it down again so I rang back" and another person said, "The phone rings and rings and I don't always get an answer, so I phone the out of hours number". The acting manager told us there was an answerphone system that was checked throughout working day and all messages left by people were returned.

Other people had some concerns about the impact the lack of travelling time had on both themselves and the care workers. One person said, "it's not the care workers fault it's the organisation."

The provider had systems in place for monitoring the quality and safety for the service. These included monthly auditing of a sample of staff files, a sample of medicines records, infection prevention and control, an office health and safety check, complaints, compliments and any accidents or incidents. However, although audits for October 2014 had been completed the provider was not fully aware of the current shortfalls in the quality and safety of service that we identified at this inspection.

There was mixed feedback from care workers as to how well they felt they were supported, consulted and kept up to date by the management team. Some said they were kept well informed and listened to whereas others said they were not. Care workers came into the office at least once a week to pick up their schedules and other information about their work and had the opportunity to speak with managers and office staff. They did not all have one to one support sessions and appraisals to make sure they had the right support to be able to do their job safely and to a good standard. In recognition of the recent difficulties and low staff morale, the acting manager and provider had held a staff event at the office to update staff and reassure them. However, some care workers were not yet feeling entirely confident with the management in place.

There were whistleblowing policies in place and the acting manager made us aware of a concern raised by a whistle blower and what action they had taken in response. Care workers knew how to whistleblow but some did not have confidence that concerns they raised were acted upon or addressed. For example, some care workers told us they were not confident that medicine errors or shortfalls were followed up with the staff involved. They did not receive any feedback from managers as to what action had been taken in response to their concerns.

The provider had acknowledged the impact the shortfalls the recent management difficulties had on people and staff. They informed us that following the inspection they planned to increase the field care supervisors to two full time posts so they could implement the safety and quality

Requires Improvement

Is the service well-led?

monitoring systems and identify any further shortfalls at a later stage. They were working with the local authority and commissioning team to respond to concerns they had and to make sure the service to people improved.

The acting manager told us in response to the concerns identified they planned to introduce an end of day review. This is where managers and the care coordinators could check they had addressed everything recorded in the daily call logs, these are the records of all calls into the office.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse People who use services and others were not protected from the risk of abuse because appropriate steps were not taken to identify the possibility of abuse and to prevent it before it occurs.

Regulated activity	Regulation
	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving unsafe or inappropriate care because they had not assessed, planned and delivered the care to meet service user's needs and ensure the welfare and safety of each service user.

Regulated activity	Regulation
	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The registered person had not ensured that service users were protected from the risks of unsafe or inappropriate care because they had not maintained accurate records of the care and treatment provided to each service user.