

Agincare UK Limited

# Agincare UK Medway

## Inspection report

Nelson Court Care Centre  
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Tel: 01634405850

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15 June 2021  
21 June 2021

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Agincare UK Medway is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection, 97 people were accessing support from the service. Most of the people receiving support were older people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

People were positive about the support they received from staff. Comments included, "I've got a good carer, nice and kind, helps you all the time." And, "The carers are on the whole lovely. I can't fault them at all."

Staff knew how to protect people from the risk of harm through abuse. Where concerns were raised these were reported and acted upon. Staff had the training, information and knowledge they needed to support people with risks to their health. Medicines were managed safely to ensure people received their medicines as prescribed. Staff had access to personal protective equipment such as masks and gloves to protect them and people during the pandemic. People told us staff wore these. When incidents and accidents occurred, these were reported and acted upon.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were positive about the support they received and had regular supervision and appraisals. Checks were undertaken to ensure staff were competent administering medicines and moving people. Staff told us they felt listened to. There had been surveys for people and their relatives and staff to seek their opinion on the service. Auditing had been improved and actions were taken when shortfalls were identified. The service worked in partnership with healthcare professionals to improve outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 17 September 2019). There were two breaches of regulation in relation to safe care and treatment and good governance. The provider completed an action plan to show what they would do and by when to improve. We undertook a targeted inspection (published 08 October 2020) where we found they were no longer in breach of the regulations. However, the last inspection did not change the ratings.

### Why we inspected

This was a planned inspection based on the previous rating.

We undertook this focused inspection to review the rating of the service. This report only covers our findings in relation to the Key Questions Safe, and Well-led where the service was rated Requires Improvement.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Agincare UK Medway on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Agincare UK Medway

## 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 Care Act 2014.

#### Inspection team

This inspection was undertaken by two inspectors 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection and could send us information in advance.

Inspection activity started on 15 June 2021 and ended on 21 June 2021. We visited the office location on 15 June 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and seven relatives about their experience of the care provided. We spoke with eight members of staff including the, registered manager, senior care workers, and care workers. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last rated inspection in September 2019 this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection in October 2020, we recommended the provider seek guidance and advice about the provision of essential training to care staff in order to meet people's diagnosed needs.

- At this inspection, we found staff had the knowledge and understanding they needed to support people with their health needs. Staff had completed training in relation to the risks people had. For example, staff had undertaken further training in catheter care and diabetes. Staff told us they were able to ask for and received extra training in areas where they did not feel confident. One staff said, "If we feel we need more training we discuss it with the manager, and they put it in place."
- Risks to people had been assessed using recognised best practice tools. For example, risks of falls and to skin integrity.
- Risk assessments included the information staff needed to support people safely. Some risk assessments needed more detail in some areas. For example, one person used bedrails. There was no information in the care plan on what was in place to prevent the person from trapping their limbs in between the rails. We raised this with the manager who addressed the concern during the inspection. The staff we spoke to knew how to support the person safely with their bedrails.
- People and their relatives told us they felt safe. One person said, "I feel perfectly safe."

### Staffing and recruitment

- There were enough staff to support people safely and provide care to people. The registered manager told us that they were being careful about taking on new packages of care as recruitment was slow at the time of the inspection. Late and missed calls were also monitored to identify any areas of concern.
- Some staff told us there was not enough travel time between calls and that meant sometimes they were late to calls. However, the registered manager was aware of this and was already undertaking work to address this.
- People and their relatives told us they received a copy of the rota, so they knew who was coming to support them and that care staff were 'normally on time.'
- Safe recruitment checks had been undertaken on staff. Checks completed included making sure new staff were suitable to work with people. Two references, including one from the most recent employer, and Disclosure and Barring Service (DBS) criminal record checks were obtained. DBS checks help providers make safer recruitment decisions.

### Using medicines safely

- People's medicine support needs had been assessed to determine if they needed support with medicines and if so, what support was needed. Some people managed their own medicine or did so with family support.
- Where people used pain patches or creams there were body maps in place to show staff were to apply these. Pain patches were rotated as needed to prevent the skin from becoming irritated.
- Staff had access to the information they needed in relation to people's medicines such as how medicines were to be administered and how to dispose of medicines safely. This included relevant information on 'as and when' medicines. For example, creams which were only used when needed.
- Staff had undertaken training in administering medicines and had undertaken checks to ensure they were competent. The registered manager monitored staff administration practice through auditing. Where issues arose, such as a staff member not completing records correctly, action had been taken to make improvement through extra supervision or re-training where needed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors to the office from catching and spreading infections.
- We were assured that the provider was providing staff with the PPE they needed to support people safely. One person said, "[The carer] always wears a mask, apron and gloves."
- We were assured that staff had access to regular testing. Spot checks were undertaken to ensure staff were following guidance correctly. Where concerns were identified action was taken to resolve these.
- There was information and guidance for staff on infection prevention and control. Infection control champions had been recently appointed to share information with staff and undertake checks on how staff were using PPE.

#### Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. Where accidents and incidents had occurred, they had been reported, recorded and action had been taken.
- Accidents and incidents were reviewed by the registered manager. This review included ensuring that actions such as updating care plans had been taken. The review also considered if there were trends such when and where incidents occurred.
- The registered manager continued log the details of accidents and incidents onto the providers electronic monitoring system. These were reviewed at part of the audit process to ensure appropriate actions were taken and lessons were learnt.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had undertaken training in safeguarding. This training provides information on how to identify someone may be at risk of abuse and what actions to take.
- Where safeguarding concerns had arisen, these had been reported to the local authority as needed and action had been taken to reduce the risk of re-occurrence.
- Staff knew who to speak to if they needed to escalate concerns or speak to an outside organisation such as social services or CQC to blow the whistle.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection in September 2019 this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in October 2020, we recommended the provider continued to seek advice and guidance from a reputable source, about the implementation of a robust audit system, maintaining securely an accurate, complete and contemporaneous record.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had attended training on auditing and had made changes to the way audits were undertaken. They told us, "I was trying to do it all myself and not empowering the team. Now [the team] do it and I check it. It's more robust and I understand it better." At the last inspection, the audits were not updated when actions were undertaken to address any concerns. At this inspection, this had been addressed.
- Where audits identified people's, records were not complete or up to date, action had been taken. For example, an audit of one person's care plan identified there was no information on how the person obtained their medicines. This was marked as completed and the information was now included in the person's care plan.
- Checks had been undertaken to ensure staff were competent to administer medicines and move people safely. Where shortfalls were identified staff were supported to improve practice. Spot checks on staff practice was undertaken to ensure staff were providing a good standard of care and following procedures. This included ensuring staff were following safe infection control procedures.
- The registered manager had informed CQC of significant events that happened within the service, which is required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were positive about the management and culture of the service. Comments from staff included, "I don't have any concerns. I really think the office has improved over the last 12 months." And, "I feel valued. It's a great job. I do it to the best of my ability."
- Staff had regular supervision meetings and annual appraisals. There were also meetings for staff. Meetings were held using video media to enable them to happen during the pandemic. One staff said, "I feel like we have a lot more communication with the office and zoom meetings." Another said, "Communication is good. I get all the information I need, and I can go to the office and speak to them."
- Most people were positive about the management of the service. One person raised concerns over staff travel time. However, the registered manager was addressing this concern. Another person said, "If I have

any problems. I speak to the office. I don't leave things. [The office] sorted things out, they are brilliant, they're the business".

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

- A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The registered manager understood the need to be open and transparent if there was such an incident and understood their duty of candour responsibilities. The registered manager uploaded information about any incidents to the providers electronic system. This system provided a checklist to support the registered manager to ensure duty of candour responsibilities were met.

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

- People and their relatives were regularly asked for feedback. A different sample of people were contacted each month. Feedback through surveys was positive. Comments included, "The [staff] do everything and more what I ask them to do, no task is to much for [them] they arrive on time and stay the whole time."
- Staff were also offered the opportunity to feedback through surveys. Where issued had been raised these had been actioned. For example, staff raised that there were not enough staff meetings. Staff were then asked how often they wanted meetings to be and this was put in to action. One staff said, "I feel listened to. The registered manager is an amazing manager."

Working in partnership with others

- The registered manager continued to attend internal and external learning events to share and learn best practice. These events were now held virtually due to the pandemic.
- The service engaged in partnership working to improve outcomes for people. This included the local authority, occupational therapists and district nurses.