

Agincare UK Limited

Agincare UK Medway

Inspection report

Nelson Court Care Centre
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Date of inspection visit:
08 September 2020
09 September 2020
10 September 2020

Date of publication:
08 October 2020

Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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Summary of findings

Overall summary

About the service

Agincare UK Medway is a domiciliary care agency providing personal care to about 161 people at the time of the inspection. Most of the people who used the service were older people. Everyone who used the service received personal care. The Care Quality Commission (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 generally happy with the care and support provided.

However, while care staff were trained in certain areas with the right skills and knowledge to provide people with the care and assistance they needed, the training programme did not contain adequate provision for dementia, epilepsy, diabetes, catheter care and Huntingdon's disease, which was relevant to the people supported. We have made a recommendation about this.

Although, there was an audit system in place to check the quality of the service, audits records were not robust and had not been updated when actions had been completed. The new manager only gave us feedback on steps to being taken to resolve the concerns. We have made a recommendation about this.

People and staff felt communication with office staff could be improved upon. This is an area for improvement.

At the time of our inspection, the service had a new manager in post who was undergoing registration with the Commission. This meant there was no registered manager in the service.

Since our last inspection, the provider had ensured that medicines were managed safely or in line with best practice. Medication administration charts were completed accurately. Staff had been trained and their competency checked.

Care plans contained risk assessments which were appropriately linked to their support needs. Risks were consistently assessed and there were information for staff about how to support people to remain safe in care plans.

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

Rating at last inspection and update

The rating at the last inspection was Requires Improvement (published 17 September 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had improved the

service by ensuring that medicines were managed safely. However, the provider requires further improvement in the operation of adequate quality assurance system.

Why we inspected

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at the entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of the key question.

We undertook this targeted inspection to check whether the Requires Improvement we previously gave in relation to regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The inspection was prompted in part due to concerns received about medicine administration and staffing. A decision was made for us to inspect and examine those risks. The overall rating for the service has not changed following this targeted inspection and remains Requires Improvement.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

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?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

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.

This was a targeted inspection to check whether the provider had met the requirements in relation to Regulation 12 Safe care and treatment and Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and specific concerns we had about medicine administration and staffing.

Inspection team

The inspection was carried out by two inspectors, one of whom attended the service and one who worked offsite and an expert-by-experience who made calls to people using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection had experience in care for people in the community.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. This also enabled us to check if there were any Covid-19 related matters we needed to take into account before our site visit. Inspection activity started on 08 September and ended on 10 September 2020. We visited the office location on 08 September

2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 six people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff and the manager.

We reviewed a range of records. This included multiple medication records, six care plans, risk assessments, training and quality records. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at care related management plans, care related guidance documents and policies and procedures.

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 inspection this key question was rated as Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to explore the specific concerns we had about Agincare UK Medway. We will assess all of the key question at the next comprehensive inspection of the service.

At the last inspection in July 2019 the provider had not ensured medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had improved the service by ensuring that medicines were managed safely. However, the provider requires further improvements in the provision of essential training for staff in key areas of people's medical conditions.

Enough improvement had been made at this inspection and the provider is no longer in breach of regulations 12.

Assessing risk, safety monitoring and management

- Care plans detailed the medical diagnosis of people such as dementia, epilepsy, diabetes, Huntingdon's Disease, kidney failure and catheter care. However, care staff had not received certain training courses to meet people's specific needs safely as the training plan showed care staff had not been trained in these essential areas. Staff spoken with were unable to identify early indicators of deterioration in diabetes. One staff member said, "No I've not done diabetes training. No, I have not been taught about diabetes so I don't feel confident that I would always know if the service user was ill." The provision of these training courses would have provided staff with a basic understanding of some of the more common conditions they deal with, how to identify if the person was becoming unwell and needed assistance or medical treatment. We found no evidence that people had been harmed however, this meant that staff had not been provided with adequate knowledge, which would have ensured people's needs were met safely thereby reducing the risk of harm.
- Six people were being supported with catheter care by care staff. A urinary catheter is a hollow tube inserted into the bladder to allow drainage of urine. This therefore requires staff supporting people with catheter care to be trained in the management of catheter bags. This training would provide information to staff about what they should do if the catheter was not working correctly, and information about how to reduce the risk of an infection. Staff were not trained in this area. We asked a staff member how they would identify catheter infection. They said they did not know. They told us, "I would worry if a catheter is bypassing as it is leaking. I would call the district nurse." We spoke with the new manager during the inspection about this. They assured us that staff had undertaken these training courses as part of their three days induction period. However, there were no record of these on the training plan sent to us. Lack of catheter care training could put people with catheters at risk of harm.

- Care staff told us the three days induction training they had received had not equipped them enough to safely carry out their roles. Comments included, "I did catheter care training about 5-6 years ago in another company, so I know about it. And I did a refresher in the 3 days training" and "I have done some online training on catheters and seen other carers do catheters, but I had not done one myself. I wasn't really sure what to do. If something was wrong with a catheter, I really would not know how to tell if something was wrong". This meant that care staff may not have all the information they need to deliver care safely. As all care staff could be allocated to support someone who needed support with their catheter, it is essential for all care staff to be trained.

We recommend that the provider seek guidance and advice about the provision of essential training to care staff in order to meet people's diagnosed needs.

- Individual risks to the person's health and wellbeing had been identified, there was the guidance needed to help mitigate risks. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. For example, there were falls, medication, moving and handling risk assessments in place.
- People were protected from risks from the environment. Potential risk and hazards within people's homes had been identified and appropriate risk assessments were in place.
- Appropriate risk assessments specific to each person were in place and had been reviewed when required.
- COVID-19 risk assessments had been implemented for all the people using the service and staff according to government guidance.

Using medicines safely

- One person said, "My carers are very good, they keep me safe, close my door. They are the same regular cares and they are on time. They do all my medicines. They tell me the what the colour is and what it is for before they give it me".
- Medicines records had improved since our last inspection. Care plans gave care staff full details of the medicines people were prescribed, detailing the support that was required to take their medicines, such as prompting, when and how to take them.
- Staff told us they had completed medicines management training and had their competency assessed. We viewed records which confirmed the new manager had taken steps to ensure staff practice was safe.
- Medicines administration records (MARs) had been reviewed and were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. Completed MAR charts showed that staff were following people's care plans in the administration of their medicines.
- People who were prescribed as and when required (PRN) medicines such as Paracetamol for pain relief were asked if they were in pain and whether they needed any pain relief. Protocols were in place to describe why people may need the PRN medicine, what the maximum dose would be and how the person communicated that they were in pain or required the PRN medicine.
- People's MAR's contained essential information such as the name of the medication and instruction on how to take it as prescribed by the healthcare professional. For example, in the morning or 'as and when required' (PRN).
- Systems were in place for the auditing of people's MAR sheets. These were checked during spot checks and monthly to identify any missing signatures or errors.
- The service had policies and procedures on the administration of medicines, which provided guidelines for staff. Medicines administration was an agenda topic at staff meetings.

Staffing and recruitment

- This inspection was partly prompted due to concerns we received about staffing. Concerns we received included, where two carers were required, only one carer was turning up, late, missed visits and carers not staying allocated times. Late calls were investigated by the manager. When care staff had been late to attend to people, the new manager had acted and worked with the person to rearrange their visit time and staff rota to their convenience. This had resolved the issue of lateness. We found no evidence of missed visits or staff not staying allocated times in the records we looked at.
- People told us they felt safe with the staff providing care and they mostly receive care staff on time. One person said, "I have implicit trust in the carers. I am safe with them. They can tell every day how I am. I have been with the company five to six years and the continuity of care with them is fantastic" and "I have got the offices number, but I have no contact with them. The rota is more or less accurate, they do their best." A relative said, "(Name) is safe. Yes, I don't need to interfere. We have built up a trust. Even if I wasn't in, I know (Name) would be safe. It is a massive help for me".
- Rotas and schedules showed that people had consistent staff working with them. People's needs, and hours of support, were individually assessed. For example, records showed two care staff had supported people as detailed in their care plans. The manager told us that they regularly monitor this and whenever staff are running late, they do notify people. One person said, "I have carers twice a day, a regular team."
- People and staff had access to an out of hours on call system manned by the coordinators and the new manager.
- Staff continued to be recruited safely, and checks were thoroughly completed. The provider maintained safe recruitment procedures that enabled them to check the suitability and fitness of staff to support people. This protected people from new staff being employed who may not be suitable to work with them.
- The new manager told us they had recruited more staff since March 2020 in order to cater for any staff sickness or shortage because of the COVID-19 pandemic. This showed that the new manager was proactive in the management of staff.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the office premises.
- We were assured that the provider was using PPE effectively and safely. People commented, "We have had the carers for five years and there is no problem at all. I am thankful for the few hours I get. They are on time and wear the full PPE" and "Carers come every day; they are all different, but I am OK with that. They wear aprons, masks and gloves. They are very polite and listen".
- A member of staff, "I do go in the office for my PPE such as masks, gloves with aprons".
- Staff completed regular training about infection prevention and control. Staff told us they wore the correct personal protective equipment (PPE). They had access to stock of PPE when needed.
- PPE, such as gloves, mask and aprons, were used by staff to protect themselves and the person from the risk of infection and COVID-19. Staff were also issued with hand gel.

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 this key question was rated as Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to explore the specific concerns we had about Agincare UK Medway. We will assess all of the key question at the next comprehensive inspection of the service.

At the last inspection in July 2019, the provider and registered manager failed to have effective systems in place to check the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider is no longer in breach of regulation 17.

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

- People gave us mixed comments about Agincare UK Medway. They said, "There have been a few problems with management. The local administration are not very efficient"; "I run my own business and I know how important communication is. It's just the office, no communication"; "I have no contact with the offices. I would recommend this company if they got more organised" and "I have got the offices number, but I have no contact with them. The rota is more or less accurate, they do their best".
- Although, there was an audit system in place to check the quality of the service, audits records were not robust and had not been updated when actions had been completed. For example, the medicine audits identified issues. However, these were not always addressed by the actions taken. Every month, the audit had identified care plans do not demonstrate the correct storage procedures. There was no action recorded to address the issue in the care plan. Actions were not always marked as being completed in the audit.
- Staff file audits identified some issues with a recruitment checklist, driving licence and gaps in employment history for one staff member. However, while there was a named staff member to complete the task and date it should be done by, we found no evidence on the audit which showed that the actions were completed.
- The audit failed to identify the issue we found in 'Safe' above whereby staff had not received certain training to meet people's specific needs in a safe manner.
- A new manager had been appointed in June 2020, they were in the process of submitting an application to register with the Care Quality Commission. The service had been without a registered manager since 27 May 2020.

We recommend that the registered provider continues 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.

- The provider understood the responsibilities of their registration. Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.
- The provider had an oversight into staff performance and practice. Spot checks were now being completed. For example, a member of staff spot check completed on 31 July 2020, issues were identified, and the staff member was not signed off as having the skills or competency they needed. Training needs were identified; infection control training and dignity training by the target date of 21 August 2020. Training records sent to us showed that the infection control training had been completed. The new manager confirmed to us that the second aspect of the training was being organised and the delay was because of the COVID-19 pandemic.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the office and on their website.

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

- We received mixed comments from staff. Staff were generally happy. However, staff raised issues around communication with the office staff. Comments included, "I don't think confidentiality is good. If I say something to [X], everyone knows so I don't feel like I can trust [X] to share things confidentially. I now won't speak to them unless I really need to. I am not getting any support. If I am struggling, I have to just deal with it"; "It's really disorganised. The office doesn't tell you where you are going till late some times. Communication with the office: It's not good. No, it's not getting any better" and "Communication has got somewhat better, they are listening more when you hand things back. However, people don't get told we are running late or there is a different carer". Care staff told us that they were able to share their ideas and felt listened to. A member of staff said, "Management is alright, they do listen and if I have any problem, they do sort it. There is always someone at the end of the phone."
- We spoke with the new manager about this and they said, "When I started in June 2020, I decided to introduce 'communication logs' in the office in order to promote communication. Throughout the day communication logs were kept by office staff. At the end of the day, these are then all passed to me and are checked by me that all had been actioned before filing in a folder in my office." This showed that action/s were being taken to improve communication with everyone. This is an area for further improvement.
- Feedback was sought from people, relatives and staff regularly. The new manager told us that they asked people and their relatives about their care every time they carried out spot checks. People and relatives, we spoke with confirmed this. Records showed comments made by staff were being actioned by the new manager.