

Agincare UK Limited

Agincare UK Newcastle under Lyme

Inspection report

3rd Floor Copthall House
Nelson Place
Newcastle-under-Lyme
Staffordshire
ST5 1EZ

Tel: 01782631914

Website: www.agincare.com

Date of inspection visit:

11 February 2020

13 February 2020

14 February 2020

Date of publication:

27 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Agincare UK Newcastle-under-Lyme is a domiciliary care agency. It is registered to provide personal care to people living in their own homes in and around Newcastle-under-Lyme. CQC only inspects where people receive personal care. This is related to help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, 65 people were receiving personal care.

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

We made a recommendation about the safe recording and management of some medicines.

People's risks were assessed, however, people's records needed to ensure staff had effective guidance to support people's wider health needs, such as diabetes.

The systems in place to monitor the quality of the service did not always highlight areas of improvement. The manager and provider were continuously working to implement new and effective systems.

People were supported by safely recruited staff, who had the skills to provide effective care. People received support from regular staff who knew them well and were protected from risk of infection. People felt safe and were protected from the risk of harm by staff who understood their responsibilities to identify and report signs of potential abuse.

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.

People and their relatives were involved in planning and reviewing their care. The manager had commenced obtaining people's verbal feedback which demonstrated people were happy with the care provided.

There was an open culture within the service, and complaints were acted upon and improvements were being made. People and staff could approach the manager who acted on concerns raised to ensure the service developed.

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 last rating for this service was requires improvement (04 September 2019) and there were multiple breaches of regulations. 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 improvements had been made and the provider was no longer in breach of regulations. However, the changes need to be fully embedded in order

to ensure the improvements will continue. Therefore, we require the provider to continue to submit their monthly action plan.

The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Agincare UK Newcastle under Lyme

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

The inspection was carried out by two inspectors at the site and one assistant inspector to make telephone calls to people who used the service and their relatives.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the, manager, senior care workers, and care workers.

We reviewed a range of records. This included seven 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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. At this inspection this key question has now remained the same. 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.

Using medicines safely

At our last inspection the provider had not made improvements to ensure people always received their medicines as prescribed. Staff did not always have effective guidance on the safe administration of medicines and suitable systems were not in place to monitor their competence and practice. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made, and the provider was no longer in breach of regulation 12. However, some improvements were still needed.

- Staff knew how to support people with their 'as required' medicines. However, there were missing protocols to provide staff with detailed guidance meaning there was a risk of inconsistent support if unfamiliar staff supported people with their medicines.
- Medicine administration records (MAR) did not always include people's creams or medicines that needed preparation to support people who were at risk of constipation. People and relatives, we spoke to told us they did receive their medication and have their creams applied, despite these not being on the MAR charts.
- Some people did not have protocols in place in relation to their creams, this meant staff did not have clear guidance as to where the creams needed to be applied.
- People received their medicines as prescribed.
- People and their relatives told us they received their medication. One relative said, "They [staff] give [relative] medication in the morning and evening, there has not been any issues."

We recommend the provider ensures they follow best practice guidelines for the safe administration of medicines in domiciliary care settings.

Staffing and recruitment

At our last inspection the provider had not consistently carried out checks to ensure staff were suitable to work with people. Staff were not always effectively trained and supervised to fulfil their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made to ensure staff had been recruited safely to work with people and the provider was no longer in breach of regulation 18.

- The provider had safe recruitment practices in place. This ensured people were supported by suitable staff.
- People and their relatives told us they were supported by staff who knew them well and they had not had problems with missed calls. One person said, "The staff are more or less on time, they always stay as long as they should. I have never had a missed call, and I get a rota."
- People and their relatives told us there was consistency with the staff who supported them, and they would get the same staff members carrying out the calls.
- We received mixed feedback from staff in relation to time which was allocated to them to travel between calls. One staff member said, "You get five minutes travel time but one of my calls takes a lot longer to get to." Another staff member said, "The majority of the time they [seniors] are quite good at keeping all calls near each other."
- Staff told us they had enough time to support people. One staff member said, "If I think people need more time I tell the office and they contact the family or whoever pays for their care."

Assessing risk, safety monitoring and management

- People's risks were assessed; however, they were not always recorded in their care plans to ensure unfamiliar staff could effectively support people.
- For example; we saw people who had diabetes had inconsistent information within the care plans. One person had NHS information within their file, however, there was no individualised plan in place which specifically related to the type of diabetes they had or how to best support them.
- Staff we spoke with could tell us of people's needs and explained how they supported them to be safe.
- People and their relatives told us they felt safe. One relative said, "[Relative] is unable to walk and needs to be transferred with the use of a turner, they [staff] are good with that, nice and gentle. [Relative] always has two staff per each call."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "The staff are all nice, I can't fault them. I feel safe with them", and "They [staff] are always nice and kind, they know me well, I feel safe with them. I know them well, they are sociable and well mannered." A relative said, "[Relative] is fine when the staff are there, and they feel safe. I met all the staff in the first week, they were all great and [relative] got on with them. Every time I speak with [relative] they are happy."
- Staff understood how to safeguard people from harm and knew how to recognise and report suspected abuse.
- The provider had effective systems in place to ensure safeguarding concerns were acted on, investigated and referred to the Local Safeguarding Authority.

Preventing and controlling infection

- People told us staff used gloves and aprons to protect them from infection.
- Staff understood their responsibilities to follow infection control procedures and told us there was an ample supply of equipment for them to access.
- The provider had an infection control policy in place and ensured staff were following the infection control procedures. This was done through spot checks to ensure they were following safe practice.

Learning lessons when things go wrong

- The manager had a system in place to ensure lessons were learnt. For example; where incidents had occurred, the manager would ensure staff were informed through staff meetings. Where incidents involved individual staff, one to one meetings took place which included; supervision, coaching sessions and re-training if needed, and their competency assessed.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and relatives told us they had been consulted with regarding their needs and choices. One person said, "I felt very involved in the development of my care plan." A relative said, "I certainly feel involved in planning [relatives] care, we are always in contact with the staff. All gets reported to us if [relative] is not feeling too good. We are very happy, it is very good."
- Care plans had been developed with people and their relatives and contained details of people's diverse needs and preferences. These included the characteristics under the Equality Act 2010, such as age, disability, and religion. However, people's sexuality had not been taken into consideration.
- People had daily records in place which staff appropriately recorded what support needs had been provided.

Staff support: induction, training, skills and experience

- Staff told us they had an induction before they started to provide care and received training in order for them to carry out their roles.
- The manager told us they had ensured staff had received all mandatory training, for example, safe handling of medicines, moving and handling, infection prevention control mental capacity and health and safety. However, specific training to support people's individual needs, such as catheter care and diabetes had not taken place. A relative said, "The staff seem well trained, they know what they are doing."
- Staff received supervision and had their competency assessed through unannounced spot checks.

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

- People's dietary needs had been assessed and recorded stating what support people needed. However, there was no specific information recorded in people's 'eating and drinking' care plans for those who had a diagnosis of diabetes. Although staff could tell us of people's specific needs.
- People's 'eating and drinking' care plans highlighted people's risks and how staff should support them to reduce these.
- People had food and fluid charts in place which recorded their daily intake.
- People and relatives told us staff supported them to with their nutritional needs. One relative said, "They [staff] always make sure my relative has food, at lunch they prepare a hot meal with the food they have in. So far it has been great."

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

- People were supported to access health professionals such as district nurses in order to maintain their wellbeing.
- Staff were aware of what actions they should take if a person's health should deteriorate, such as contacting the GP or ambulance service.
- People had 'grab sheets' in place, which gave vital information about their needs, allergies and preferences. This information supported other health care workers such as the ambulance service should they need to go to hospital.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- We saw some information in a person's care plan to be contradictory, their MCA stated they did not have capacity to make a decision about the support needed and the agreed times. However, each stage of the assessment was contradictory as it stated they 'understood some of the information relevant to decision making' and that they were 'able to retain some information and weigh up some information'. The assessment also stated the person has a diagnosis of 'dementia and short-term memory impairment'.
- We spoke to a staff member who informed us this person could consent to their care and they were quite independent, fully mobile and just required prompting and reminding.
- People told us the staff always gained their consent before providing support.
- Staff understood their responsibilities to ensure people were supported in their best interests and in line with MCA.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring when they support them. Comments included, "They [staff] are all very nice and they stay as long as they should", "They [staff] are very kind, and give very good care", and "They [staff] are nice and helpful, if I want anything they do it."
- Relatives told us staff treated their relatives well. Comments included, "The staff are excellent, and go above and beyond, if there are an issues they call us direct as well as calling the office", and "The staff are very good, they speak to [relative], chat with them. [Relative] is not very good with conversation, but they chat away to her and look after them very well."
- Staff understood how to ensure people felt important and how to respect their equality and diversity. One staff member said, "I recognise them [people] as individuals, if someone needed an advocate if they could not speak for themselves, I would report this to my line manager."

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

- People told us the staff always asked them what they needed before providing support. One person said, "I get the same carer, they are very pleasant and always do what I want them to."
- Relatives told us they were confident in staff asking their relatives permission before providing support. Comments included, "They [staff] always give relative a choice and ask permission", and "They [staff] always assist with relative choosing their own clothes."
- Staff ensured people were given the autonomy to make decisions for themselves. One staff member said, "I always ask what [person's name] wants I never take anything for granted. I always make their food to their preference."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us the staff promoted privacy and maintained their dignity. One person said, "They [staff] always close the curtains when they wash me." A relative said, "My [relatives] dignity is maintained, the staff are always very well considerate and caring."
- Staff understood the importance of respecting people's privacy and dignity. One staff member said, "I always make sure I cover them [people] up as much as we can while we are washing them."
- People were supported to maintain their independence. One person said, "If I am not feeling well the staff will cook for me, it is very good, but if I am well they just supervise me, they encourage my independence."
- People's care plans detailed their needs and what staff needed to support them with, they also detailed how staff needed to prompt with some aspects of personal care to promote and encourage independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives felt involved in the planning for their care. One person said, "They [the provider] wanted to know what I wanted to do, how I wanted things done. They asked me preferences of staff gender, I have no particular preferences or needs." A relative said, "I felt involved in the planning for [relative] care."
- People told us they had regular staff caring for them and they felt they knew staff well and staff knew them well. One person said, "the same two carers come every week, they know me well and I get on with them, they are very nice ladies."
- People and relatives told us they had their care plans reviewed and felt involved. One relative said, "We have recently had the care plan review, I attended the meeting."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff explained how they would support a person if they had a sight or hearing impairment to ensure people could understand. One staff member said, "We give clear guidance and tell people who we are, there is one person who recognises our voices."
- One relative told us staff communicated well with their relative.
- There was a AIS and communication policy in place which detailed adjustments could be made if needed.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. People and relatives told us they knew how to make a complaint if needed and felt confident in doing so. One person said, "If I had a complaint, I would speak to whoever is in the office, I don't have names." A relative said, "I am not sure who I would go to if I had a complaint, but I would check the folder, the number is in there."
- Complaints received were investigated and responded to in line with the providers policy.
- Compliments had been received from people and their relatives. One compliment said, "They [staff] are more like friends than carers, they can't do enough for me."

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 inadequate. At this inspection this key question has now improved to 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

At our last inspection the provider did not have effective quality performance systems in place to oversee staff competencies and practices. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made to ensure staff were being supervised and quality performance systems ensured staff had their competencies checked and were supported when areas of improvement had been identified. This meant the provider was no longer in breach of regulation 17. However, further improvements were still needed.

- After the last inspection we issued a notice of proposal to impose conditions on the provider's registration. This came into force on the 31 December 2019. The provider had forwarded a report to the commission as required to show the improvements they had implemented. Although the provider had acted to make improvements to meet the regulations, there were still some systems that needed to be fully implemented and embedded within the service.
- Whilst some improvements had been made we found systems in place to monitor the quality of the service did not always highlight areas of improvement, as people's records did not reflect the care people were receiving or offer staff clear guidance.
- For example; records related to people's nutritional needs, specifically how people were being supported to manage their diabetes and how people's creams were to be applied and recorded. The manager said, "For diabetes and medical conditions there could be more information included in the care plans, in fairness."
- The manager was implementing quality assurance audits; however, these were in the process of being embedded.
- The manager ensured they submitted agreed action plans to CQC and the Local Authority.
- The manager had been in the role for three months and had applied to register with us (CQC).
- Notification of events which had occurred at the service had been submitted and the rating of the last inspection was on display.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 manager believed people received person-centred care, although they did agree more detailed information needed including in people's care plans. The manager said, "More detail needs to go in if there [care plans] if it is a specific need for the person."
- Staff told us they felt supported by the manager and were able to raise concerns. One staff member said, "I could ring anyone out of the office for support and the manager seems very approachable."
- The manager understood their legal responsibilities in relation to the duty of candour. They were open and responsive to feedback to ensure improvements were made to the service people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and relatives, we spoke to told us they had not received any surveys; however, we saw evidence during our inspection that the service was in the process of calling people and relatives to gain their feedback. The manager said, "From doing the telephone calls to the people who receive care from us, they are saying they have seen an improvement in the service."
- People and relatives told us they felt involved in reviewing their care
- The manager had a clear overview of improvements needed. The manager said, "My plans as a manager are getting things like the quality brought up, making sure staff training is up to date and for them to have specific training to meet people's needs. The past few months was making sure the staff have had the mandatory training."
- The manager told us how they had set up a carers station in the office for the staff, this included snacks and water. The manager said, "I am seeing the staff in the office a bit more and we have started to celebrate employee of the month, where staff are awarded with a certificate and a voucher."

Working in partnership with others

- The manager ensured good links with professionals were maintained to ensure people received a consistent level of care and their health and wellbeing needs were met.
- The manager ensured staff were kept up to date with changes in the service during staff meetings and supervisions.
- The manager felt supported in their role by the area manager and the operations manager.