

Agincare UK Limited

Agincare UK Newcastle under Lyme

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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

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. 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. At the time of our inspection, approximately 95 people were receiving personal care.

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

The provider had failed to act on past concerns to ensure there was a systematic approach to quality assurance to identify shortfalls and drive improvements. Staff were not effectively deployed and people did not always receive their care at the planned time. When concerns were raised by commissioners, the provider responded to this but did not recognise the need to improve their systems and monitor calls across the service. People told us the staff treated them with kindness and respect, but when people had short call times, there was a risk that staff would rush to finish people's care and may not always have time to provide emotional support.

The provider had not made improvements to assure us 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.

The provider had recruitment procedures in place but 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. Staff felt able to raise concerns with the registered manager.

There was a system to manage complaints and people felt able to raise any concerns with staff. However, improvements were needed to ensure engagement with people using the service was effective in driving improvements.

People felt safe and were protected from the risk of harm by staff who understood their responsibilities to identify and report any signs of potential abuse. Risks associated with people's care and support were managed safely. However, improvements were needed to ensure staff had effective guidance to ensure people's wider health needs, such as diabetes, were managed safely.

People had good relationships with staff and were happy with how their care was provided. However, improvements were needed to ensure care plans were personalised and considered people's diverse needs, to ensure they were met. People were involved in planning and agreeing their care. However, we could not be sure 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 did not

support this practice.

People were supported to access other health care services when they needed to and staff ensured people had choice when they supported them with meals.

Following changes at the service, the registered manager was developing a new management team, which supported an open, positive culture.

Rating at last inspection

At the last inspection the rating for this service was Requires Improvement (published 15 August 2018). This was because improvements were needed with the deployment of staff, the management of medicines, and the overall governance of the service, including learning lessons when things go wrong.

At this inspection, the service remains rated Requires Improvement and has been rated Requires Improvement for the last four consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the recruitment and deployment of staff, the management of medicines and governance of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

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 team comprised of an inspector, an assistant inspector and an Expert By Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made telephone calls to people using 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.

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 the service 48 hours' notice of the inspection. This was because we needed to arrange to speak with people using the service and to meet with the provider or registered manager and staff, to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We sought feedback from the local authority. We used all this information to plan our 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 visited the office location on 29 and 30 July 2019 to see the registered manager; and to review care records and policies and procedures. We made calls to five people and seven relatives on 24, 25, 29 July and 01 August 2019. During our inspection we spoke with 10 members of staff. We spoke with the registered manager, the recruitment manager and two care co-ordinators during our office visit and telephoned six members of care staff on 01 and 02 August 2019.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at five 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 did not receive all the information we requested in relation to staff competence and spot checks.

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 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

- The service was not always clear about who was responsible for ordering and highlighting if people's medicines were running out. One person was prescribed a skin patch to treat the symptoms of confusion associated with dementia. This was out of stock for 11 days in April 2019 and seven days in June 2019. The registered manager told us the person's relative was responsible for arranging the prescriptions. However, there was no recorded procedure for this and staff had not alerted the person's relative until the stock of patches had run out. In addition, when stocks continued to be unavailable, staff did not take any other action to address this. This meant the person had not received their medicine as prescribed and may have increased their confusion.
- Staff did not keep accurate medicines records. For example, one person's medicine administration record (MAR) had gaps on three occasions in April 2019. Furthermore, in June 2019, the medicine was not listed in the MAR chart, and there was no information to indicate that it had been stopped. The registered manager was unable to provide documentary evidence to show this medicine had been administered as prescribed.
- Staff did not always have clear guidance on how people's medicines should be administered. For example, one person's medicine had specific instructions. Although staff we spoke were aware of these instructions, there was no information on the MAR or a care plan which detailed this. This meant new or inexperienced staff may not have the information they needed to administer the medicine as prescribed and placed the person at risk of developing side effects.
- We found some concerns in relation to poor recording had been identified and the registered manager was planning a medicines workshop to look in detail at all the issues in relation to safe practice, in line with legal requirements. They told us this would be in the next two weeks but could not provide us with a date.

These failings represent a breach of regulation 12 (2)(g) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People did not always receive their calls at the planned time. People's feedback on call times was varied. Comments included, "They are supposed to come at 11:15 am [for the lunch call] but yesterday they arrived at 10:45", and "They are pretty good really, the main thing is that they are sometimes late, and we aren't always told", and "The staff arrive on time, they don't let me down, just occasionally they are late".
- Local authority commissioners told us they were concerned about discrepancies in call times and we saw complaints people had raised, which identified numerous discrepancies in call times. For example, one person's bedtime call was over an hour earlier than the planned time on 12 occasions and another person's

was an hour earlier than planned on eight occasions. This meant these people may have been supported to go to bed earlier than they preferred. It would also increase the time interval to them receiving support the next day, which placed them at risk of not receiving timely support with their needs.

- The provider monitored the logging-in times of carers to prevent missed calls. However, they failed to monitor the punctuality of call times across the service and had only acted to address call times when commissioners had identified them. This meant they were not doing all that was reasonably practicable to ensure people received their calls as planned.

This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection, we found improvements had been made to recruitment procedures. At this inspection, we found these had not been sustained. We looked at staff recruitment records and not all checks had been fully completed. For example, we found gaps in one staff member's employment history which had not been followed up to identify any potential risks. In another file, a previous employment reference had not been identified or obtained and there was no evidence of a second reference being provided or sought.
- The provider's recruitment manager had carried out some checks on staff records and post-it notes identified missing documents. However, these had not been followed up and the registered manager was unable to explain the reasons for the missing documentation. This did not assure us that checks were consistently carried out to ensure staff were suitable to work with people.

Assessing risk, safety monitoring and management

- People and their relatives had no concerns about their safety. They told us the staff understood their needs and supported them to be safe when providing care. One person said, "I am definitely safe, the staff are so respectful and the key safe is used correctly". A relative said, "[Name of person] is safe, the staff use a hoist without any problems and there have been no accidents".
- Staff we spoke with could tell us about people's needs and explained how they supported them to be safe, whilst maintaining their independence.
- Staff told us the provider briefed them about changes in people's needs by phone and they were reminded to read people's care plans at each visit.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse as staff members had received training and knew how to recognise and respond to concerns.
- The provider had effective systems were in place which demonstrated that any concerns were reported and investigated promptly, using local safeguarding procedures.

Preventing and controlling infection

- Staff understand their responsibilities to follow infection control procedures to keep people safe from the risk of infection.
- Staff had clear procedures to follow and spot checks were carried out to ensure they followed safe practice.

Learning lessons when things go wrong

- Whilst we had identified concerns with the management of medicines, we saw evidence that a medicines error had been identified and investigated fully, and discussed with the staff team to ensure lessons were learned.

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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- People's capacity to consent to their care had been considered. We saw that where it had been identified people lacked the capacity to make certain decisions, a best interest decision was made involving relevant people, and professionals and the outcome recorded. However, we saw that mental capacity assessments were not decision specific, in accordance with the MCA. For example, decisions in relation to a person consenting to care and being administered medicines were not separately assessed. The registered manager told us they would review and update the records to reflect this.
- The registered manager and staff had received training in the MCA and understood the importance of supporting people to make their own decisions as far as possible. We saw they involved professionals such as the community psychiatric nurse and social worker if they were concerned people's capacity to make decisions had changed.

Staff support: induction, training, skills and experience

- Staff were not always effectively supported to fulfil their role. People told us their regular staff were good but new staff did not always have the skills and knowledge. A relative said, "I am not 100% satisfied as I feel I have to train the new staff as to what [name of person] needs".
- Staff told us they would have liked more support to feel confident in their role. One member of staff told us, "You have three days induction training before going out, then two shadow shifts. I'm not sure there was

enough shadowing, I think you should shadow every client on your list, then you can be introduced to them, so they know your face. You get left to it a bit after those two first shifts and they don't know you from Adam, and you don't really know them, the care plans only tell you so much".

- Staff received regular training in areas deemed mandatory by the provider, which were relevant to the needs of people being supported by the service. The registered manager told us they monitored staff competence in medicines administration and safe moving and handling and reviewed their practice during one to one supervision. However, staff told us they had not had checks or supervision for some time and concerns we found with the administration of medicines showed these checks were not effective.

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

- People's needs were assessed, and plans were in place to ensure people's care was delivered effectively. However, staff did not always follow guidance to ensure care and support was delivered in line with good practice. For example, staff did not always use the tools identified in the care and support plan, which meant concerns may not be promptly identified and acted on. We brought this to the attention of the registered manager.

- Prompt referrals were made to other professionals to make sure people's needs were met.

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

- When people were supported with meals and drinks, they told us any specialist needs were met. For example, a relative told us, "Meals are offered to support the blood sugar results as advised by the district nurse".

- People told us they were offered choice when staff supported them with meals. One person said, "I choose my breakfast and they [staff] make me what I ask for".

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 manage their health. A relative told us their family member had fallen whilst at day care and staff had called the district nurse to visit.

- Staff were aware of what they should do if people's health deteriorated, for example when to call the GP or an ambulance.

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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people were not always treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Although people and relatives did not raise concerns with us, staff felt they did not always have long enough to provide people's care. They told us that some people only received a 15-minute call, which was not always long enough and could compromise people's dignity. One member of staff said, "15 minutes is quite tough to do everything needed, I mean we don't just leave people half done after 15 minutes, but it means you end up late". This meant there was a risk that care would be rushed, and staff would not have enough time to provide emotional support. The registered manager told us times were set by commissioners and they were raising their concerns with them.
- People told us they felt comfortable with staff being in their home and their privacy was respected. One person told us their preferences in relation to having a male or female carer during personal care were always respected.

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

- People told us they had regular care staff who were kind and caring and treated them with respect. One person said, "I have three different carers, always the same three, when they come in we have a laugh and it makes me feel better, less lonely like".
- Staff treated people as individuals and understood their diverse needs. A relative told us, "Sometimes [Name of person] gets upset and shouts, but the staff know how to manage that and they are calm and gentle with them".
- People were encouraged to maintain their independence. One person said, "I use a walker and the staff help me to get about a bit and to do as much by myself as possible". A member of staff told us, "Sometimes you can think it would be quicker to do it for somebody but it's not about it being quicker; I say to people, come on you can do that for yourself. If they can do it they should be do it for themselves, for as long as possible".

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

- People and their relatives told us they were involved in agreeing their care and support. One person said, "The manager came out to write my care plan, it's as I wanted".
- People were supported to have an advocate when needed. An advocate helps people to have their views heard.

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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- People were happy with how the staff supported them. However, some people did not receive care that met their preferences because calls were not always at their preferred times. One person said, "I am happy with the care and the staff. I would prefer the last call to be at 8:30pm, sometimes the staff come at 8pm and the lunch call is 11am but the agency say this can't change".
- People's diverse needs were considered during the assessment process, for example in understanding people's faith and culture and how this may impact on how they wished to receive support. However, improvements were needed to ensure this included recording and exploring all protected characteristics, including people's sexuality to ensure their preferences were identified and met.
- Care plans included information about people's history and their preferences and discussions with staff showed they knew people well and understood their needs. However, some care plans had very little detail on how staff should support people's wider health needs. For example, there was no information in one person's care plan about how to safely manage a catheter. Another person had diabetes and there was no information in the care plan to guide staff on how to act should they have a diabetic emergency. This meant staff may not have the information they needed to provide personalised, responsive care. The registered manager told us they would action this immediately.
- People's care needs were not consistently reviewed and updated to ensure care plans reflected people's needs accurately. For example, records of people's medicines and schedule of calls were not always up to date. One person's calls had increased, but their care plan had not been updated to reflect this. The registered manager was aware of this and told us plans were being reviewed and updated.

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.

- The registered manager was aware of the AIS. We saw assessments considered people's communication needs, for example sensory and hearing loss needs and staff had information on how to support people. Information was available to people in different formats, for example large print, when needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them Also enables or supports contact with families, friends and others in the community as well as personal care.

- Although the service was not commissioned to support people to take part in activities, staff made sure people were able to attend day services, go to church and maintain relationships with family and friends.

Improving care quality in response to complaints or concerns

- We had identified concerns that improvements were not always made when complaints were raised about call times. However, people and their relatives felt able to raise any concerns with the registered manager and staff. A relative told us, "I just have niggles and I speak to the staff about things".
- There was a complaints procedure for logging and tracking any complaints, which showed that any complaints had been responded to promptly.

End of life care and support

- The service was not supporting anybody with end of life care. However, people were encouraged to record their preferences for support at the end of their life.
- Staff had received training to support people to have a comfortable, dignified and pain-free death.

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. At this inspection this key question has deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care;

- The provider had not taken appropriate steps to address the concerns raised at our last three inspections. Quality assurance systems continued to be ineffective in identifying and managing risks associated with medicines and staffing.
- At the last inspection, the provider told us they would make improvements to medicines audits to ensure they routinely checked all records to ensure any concerns were rectified promptly. They also told us they would introduce a system to ensure medicines stocks were managed effectively. However, we found these improvements had not been made.
- Medicines audits and checks were not up to date and continued to sample a limited number of records each month. The most recent medicines audit was May 2019 and we found errors that had not been identified in relation to management of stocks and gaps in recording which meant we could not be sure people received their medicines as prescribed. Furthermore, the provider's medicine audit did not monitor medicines which required additional checks, which meant they had failed to introduce systems to ensure staff followed safe practice.
- The provider had not established effective systems to ensure staff were effectively deployed to meet people's planned call times. We identified numerous discrepancies between planned and actual call times and people had made complaints to commissioners about call times. Whilst we saw they were addressing call times in response to concerns raised by commissioners, they did not monitor punctuality across the service to identify and act on any concerns. This reflected a reactive approach and showed that lessons had not been learned to ensure there was clear oversight of the quality of the service.
- Improvements had not been made to ensure monitoring of daily records were effective and people received their care as planned. Audits continued to sample only limited numbers of records each month and checks were not up to date. We found staff did not always record arrival/departure times or the actual care provided. The registered manager was aware of these issues and was addressing them through staff meetings. However, the delay in checking records meant any concerns or inaccuracies were not rectified promptly.

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

- Staff were not adequately supervised and monitored to ensure they followed safe practice. Systems to manage staff competence and practice had not been effective in identifying the concerns we found with poor medicines administration practice and incomplete daily records. Records of checks were held in

individual staff files which meant there was no monitoring of overall staff performance to identify areas for improvement. Checks we looked at were not always up to date, for example only one staff member out of the three staff records we looked at had received up to date checks. This lack of systematic planning meant we could not be sure staff were competent and providing care in line with current good practice. The registered manager told us they were behind with the checks and was currently booking them in.

- The provider did not have an effective system to ensure recruitment procedures were robust. Checks were not consistently carried out to ensure potential signs of unsuitability were always explored and addressed. This showed a lack of oversight in ensuring people were protected from the risk of being supported by unsuitable staff.

These issues constitute a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood the responsibilities of registration and sent notifications to us as required. A copy of the latest inspection rating and report was on display at the service and on the provider's website as required. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

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

- There was evidence that the culture at the service had not always been open and positive and had impacted on the registered manager's ability to deliver and sustain improvements. The registered manager told us a disciplinary process had recently been concluded, in which staff had been dismissed and a new management team formed, with support from a new area manager. They told us, "It took some time because the proper channels had to be followed, but things are much better now. We've restructured the team and staff are more positive now. I didn't always feel supported and listened to, but the new area manager is like a breath of fresh air and things are now getting done".

- Staff confirmed that these changes had been positive. One member of staff told us they had returned to work at the service due to the changes. They told us, "I've had lots of support from the management team and I'm so much happier, staff are more relaxed and working as a team". Another said, "It's that openness, you know you can say what you want, there's a good team in the office, you get support".

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

- Engagement with people using the service was minimal. The provider sought the views of people using the service using telephone surveys, however these were small samples of up to ten people each month, in line with the provider's policy. Whilst the responses were positive, the provider had not considered the need to review their systems, given the negative feedback received by commissioners about call times.

- Staff told us they now felt supported and listened to, following changes in the staff team. We saw that meetings were held, and staff were encouraged to raise any concerns, queries or suggestions. One member of staff said, "It's nice to feel you can talk and be open with your feelings in the office. In the past if you brought something up, you were told 'just stop moaning', but if you can't get things off your chest, it builds up, and that's often why staff leave".

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

- People and their relatives told us the registered manager and staff were open and kept them informed about concerns with their family member. A relative told us, "One day last week we were called by one of

the care staff to say [Name of person's] hand was really swollen, and it turned out they'd had a fall in the garden. They keep us in the picture".

- Staff knew about whistleblowing and would have no hesitation in reporting any concerns they had. Whistleblowing is when staff raise concerns about poor practice in their workplace.

Working in partnership with others

- Relatives were positive that the registered manager and staff worked with them when people's needs changes. One told us how they were working with their family member's social worker and the local authority commissioners to increase the level of support. They said, "We are all working together".
- The registered manager and management team had good links with local healthcare professionals in the local communities s which people benefited from. These included GP practices and district nurse teams.