

Agincare UK Limited

# Agincare UK Leominster

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was carried out on 30 October 2018.

The provider registered this service with us to provide personal care and support for people within their own homes. At the time of our inspection 106 people in Herefordshire and 37 people living in Rose Gardens [a sheltered housing service supported by Agincare staff] received care and support from this service.

At our last inspection in August 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

A registered manager was not in post at the time of our inspection, however, the provider was taking reasonable steps to address this. The manager had started the process of registration with the Care Quality Commission.

People continued to receive care, which protected them from avoidable harm and abuse. Care staff responded to and met people's needs safely. Risks to people's safety were identified and measures were in place to help reduce these risks. Care staff continued to be recruited safely by the provider, and checks were completed on new staff to make sure they were suitable to support people in their own homes. There were sufficient numbers of staff to support people effectively. Medication administration continued to be safe.

People continued to receive care that was effective in meeting their needs, by care staff who had the knowledge and skills to support them. People's rights with regards to consent and making their own decisions continued to be respected by care staff.

People were supported by care staff who knew them well and had caring relationships with them. People felt involved in their own care and care staff and managers listened to what they wanted. Care staff respected people's privacy and dignity when they supported them and promoted their independence.

The provider and manager sought people's views and responded to the feedback about the service they received. Care staff spoke positively about feeling valued by management, who were always available to provide support and guidance. Systems were in place that continued to be effective in assessing and monitoring the quality of the service provided.

Care staff continued to assist people with care and support that was individual to them. People were encouraged to raise concerns and make complaints and were confident these would be dealt with. The provider was an inclusive service and promoted equality, diversity and human rights with people and care

staff. People's individual faiths were respected.

People were listened to when they gave feedback about the service they received. Care staff felt valued by management, who were always available to provide support and guidance. Systems were in place that continued to be effective in assessing and monitoring the quality of the service provided.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good.

# Agincare UK Leominster

## Detailed findings

### Background to this inspection

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

This inspection took place on 30 October 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service for older adults and staff are often out during the day. We needed to be sure that they would be in. The inspection team consisted of one inspector who visited the provider's office and two inspectors made the telephone calls to people who used the service. Before the inspection, we reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also asked commissioning teams from local authorities and Healthwatch for any information they had, which would aid our inspection.

At the time of our inspection, the service was providing personal care for 141 people who lived in the Herefordshire area. We undertook telephone interviews with people and relatives to gauge their impression on the quality of care provided. In total, we spoke to seven people who used the services and four relatives.

At the office, we reviewed five records about people's care and other records on how the domiciliary care agency was managed. This included staff meeting records, complaints and compliments records, personnel and recruitment records, and quality assurance checks.

As part of the inspection, we spoke with the manager for the service, the area manager, the care co-ordinator, the recruitment coordinator and five care staff

# Is the service safe?

## Our findings

When we inspected the service in August 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People we spoke with told us they felt safe when they received support from staff who they knew and liked. One person said, "They always make sure I have my [walking] stick so I am safe. This makes me feel good".

The provider continued to protect people from avoidable harm, abuse and discrimination. Care staff had received training in, and understood, how to recognise, respond to and report abuse. They told us they would immediately report any abuse concerns to the management team. One care staff member told us, "If ever I suspected anyone had been abused I'd immediately notify the manager. I'm confident they would deal with it." Care staff were also aware of whistle-blowing procedures and felt confident raising any concerns. The manager understood their responsibilities in reporting and dealing with concerns to ensure people remained safe.

Care staff could explain how they managed risks and were confident if they identified that risks were changing, they would get support from their line manager and any other professionals involved to update the risk assessments. We saw risk assessments had been reviewed yearly or when sooner if people's needs changed.

People told us that they had consistency with the care staff so if someone was off sick or on holiday they would usually know the care staff member covering. The manager told us they benefitted from a stable staff team so felt people could build trusting relationships with their customers. All the care staff we spoke with felt there were enough staff employed to meet the needs of the people they supported. One person told us "The girls [care staff] are always on time and stay the whole time they are supposed to." Another person stated they could rely on staff coming at the right time. We saw the provider had contingency plans in place in the events of adverse weather conditions or emergencies to ensure people's care would not be disrupted. We looked at the way the provider managed accidents and incidents. We found the events and any actions taken to prevent a further occurrence had been recorded.

All the staff we spoke with told us that before they worked for the service they had to complete an application form together with obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The manager told us they had a staff member who was responsible for recruiting new staff and they knew the importance of checking the suitability of potential new staff before they commenced delivering care and support.

Care staff said they had received guidance and training on infection control and prevention and were satisfied with the range of personal protective equipment (PPE) available. One care staff told us, "There is always plenty of gloves and aprons, we can just call into the office and collect more if we need it."

The provider had systems and procedures in place to ensure people received their medicines safely and as

prescribed. One person said, "They help me with my eye drops and will check I have done my other tablets in the right way." Another person said, "Staff will check up I have taken my meds, this gives me a safety net." Care staff member received medication training and underwent periodic 'spot checks' to assess their continued competency.

# Is the service effective?

## Our findings

When we inspected the service in August 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People who used the service told us and they were involved in assessments of their care which covered different topics to confirm how they would like their care and support delivered. A relative told us care staff knew their family member well and knew how to support them in the right way. We saw assessments of people's care was ongoing and where people's health needs had changed the provider had involved family members and health and social care professionals to ensure the person was receiving the right support and that the service could continue to meet their needs.

People confirmed that care staff supported them in the way they preferred. One person told us, "They find out what I want. They would not do anything that I would not want done." A relative told us staff understood their family member's care needs and how to support them in the right way and were confident in the care staff's knowledge and abilities. Another relative told us "The care staff understand [person's name] and they [care staff] are well- trained". Care staff were confident in the care and support they provided. They told us they had received training that was appropriate for the people they cared for. Care staff told us they had completed specific extra training when required for supporting people with needs such as diabetes, stoma care, catheter care and epilepsy.

All new care staff received an induction prior to working independently in providing people with care and support in their homes. This included working alongside more experienced staff along with the completion of the care certificate. The care certificate is a set of standards that health and social care workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. Care staff we spoke with told us these approaches had prepared them for when they worked on their own in supporting people and had equipped them to carry out their roles with confidence.

People's rights with regards to consent and making their own decisions continued to be respected by staff. People we spoke with confirmed that staff asked their permission prior to supporting them. Care staff told us they ensured people were happy before proceeding with any support and provided reassurance while undertaking the task. Care staff and the manager understood their responsibilities with regards to the protection of people's rights and what to do when someone may not have the capacity to make their own decisions. Care staff confirmed they had training in Mental Capacity Act (MCA) and could describe the principles of the Court of Protection should people need it.

When people needed help to ensure they had enough to eat and drink as part of their home care service this was provided by care staff. One person we spoke with told us care staff would get them a meal and always made sure they had a drink before they left. One person said, "Care is good, they make my breakfast and give me a wash now and again. I make own food choices".

People's care records gave staff information about the support needed to help people to eat and drink their



meals where this was required. Care staff had also recorded what people had eaten and drunk at each visit so they could respond quickly if any significant changes were noted. Care staff we spoke with told us if they were concerned a person was not eating or drinking enough they would report their concerns to senior care staff, care coordinators or manager.

Care staff monitored people's health and wellbeing and liaised with professionals involved in their care when this was required. We heard an example of how care staff had called to paramedics when they found a person had fallen so they were able to receive medical treatment and care. The care staff told us they contacted the office so they could stay with the person and cover for the rest of their calls could be found. Another person told us, "They did phone the doctor for me, and helped me to get the care I needed."

We heard examples from people about how care staff worked in conjunction with other professionals who visited people in their homes. For example, district nurses to make sure there was a consistent approach to meeting people's health.

## Is the service caring?

### Our findings

When we inspected the service in August 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People told us they felt care staff were very kind and caring in the way they supported them. We consistently heard from people who used the service and their relatives how much they valued the care staff providing the care they required. Comments from people were all complimentary such as, "They do [care staff] their best They don't just care for you, they look after your mental state in a very subtle way, by chatting about things, so you are not isolated. I think it's the way they are trained, they do this gently. They are so sweet." Another person said, "They make you feel very cared for they understand what that sentence duty of care is about. One year they reminded me my birthday was coming up, I had forgotten. It was nice to talk about this."

The manager told us of examples of how they go the extra mile for people,. For example last Christmas they arranged a community Christmas meal for people who otherwise would be left on their own. Another example of kindness from care staff was when one person's pet cat was taken ill so the care staff looked after the cat too. The person described this as an "Instinctive act of kindness."

People commented that care staff continued to treat them with dignity and respect. One person told us how care staff were careful to keep them covered up whilst supporting them with personal care. Another person said, "Staff never make you awkward and always shut doors and curtains." "A care staff told us, "I'm always mindful it's embarrassing for people so whilst I'm doing their personal care I make sure I chat to them."

Care staff we spoke with demonstrated a good understanding of people's needs and the importance of encouraging people to be independent. Care staff explained how they would encourage people to do as much as they could for themselves, such as encouraging them to maintain their mobility by moving around their home or by assisting with their personal care.

People were actively involved in identifying their needs and wishes for their own care and support. People told us they felt they were listened to by care staff, manager and the provider, who respected and acted on their requests. One person told us, "I have a care plan. They would definitely listen, if I wanted to make any changes."

## Is the service responsive?

### Our findings

When we inspected the service in August 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

The manager ensured senior care staff completed assessments for people before they started to use the service so they knew care staff could meet their needs. One person told us, "They do what I want. I could not ask for more. I am so pleased I can tell you positive things about the care." Senior care staff regularly assessed people's changing needs to ensure care staff could still meet their needs. Where care staff had identified a change in people's care needs, they would discuss the support required with the person, their relative and external agencies who were involved in the person's care. This helped to ensure the right support was being given. A person told us "They [ care staff] adapt things so I get the care I need, they listen if I want things doing in a different order."

From looking at people's care plans we could see the provider took into consideration peoples' sexuality, culture and religious in planning people's care. This meant care staff could respect people's faiths and beliefs accordingly. There were arrangements were in place to investigate and respond to people's concerns and complaints. People who used the service and relatives we spoke with knew they could telephone the office staff and speak with the manager or senior care staff if they wanted to make a complaint or raise a concern.

Care staff were aware of the complaints procedure and told us if someone did complain to them, they would offer reassurance in the first instance and then offer to support them in contacting the manager or senior members of care staff to make a complaint. We saw the complaints which had been received had been managed well by the manager with appropriate actions taken to try to resolve the issues raised.

Arrangements and consideration had been made for people to express their end of life wishes and where appropriate copies of people's Do Not Attempt Cardiopulmonary Resuscitation [DNCPR] records were available for care staff to view to ensure people's wishes were respected.

# Is the service well-led?

## Our findings

When we inspected the service in August 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

At the time of this inspection there was a new manager in post. They had started the process with the Care Quality Commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All the people and care staff we spoke with were extremely positive and complimentary about the manager. One person told us, "Staff at the office are great I know all their names and all their kid's names. They always ask how my care is going."

The manager understood their responsibilities and conditions of registration. The manager kept CQC informed of formal notifications and other changes. The manager spoke passionately about ensuring people were looked after to the best of their ability, and their wish to continually improve the service provided for people.

The manager encouraged all their care staff to work as team to ensure people received good consistent care. The manager had regularly checked and reviewed the service provided. They had reviewed the care notes carer staff had completed, when providing personal care. They checked to ensure the care provided matched the care plans. For example, they had checked the length of call time and what care had taken place on the call to ensure all expected care was provided. We heard examples from people where the manager had conducted home visits to make sure people were happy with the support they received. We heard regular monthly telephone surveys were conducted to ensure people were satisfied with the assistance and support they received.

Care staff we spoke with told us they enjoyed working for the provider and felt supported by the manager. One care staff member said "I absolutely love working here. [The manager's name] can't do enough to support us." We heard how care staff were rewarded for providing exceptionally good care by the provider's "Carer of the month" scheme. This recognised care staff's contribution by giving them a gift voucher and a letter of thanks.

The manager showed a commitment to learn and share best practice, they told us they attended the local community forums with other providers. They also attended the provider's "Leadership and Quality Framework" meetings and had enrolled on an "Aspiring Manager's" course.

The manager regularly worked alongside the office and care staff and took that opportunity to review the quality of the service provided. To continue improvements, the provider had supported carers to study professional development training courses such as Quality Framework Qualifications and the Care

Certificate. Therefore, people were supported by a management team that continually strived to improve people's quality of care.