

Agincare UK Limited

Agincare UK Notts County

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service:

Agincare UK Nott's County provides personal care in people's homes to adults of all ages with a range of care needs. The service currently has 76 people registered to use the service, living in and around Nottinghamshire and Nottingham city centre.

People's experience of using this service:

- People felt safe and the service assessed risks to the health and wellbeing of people who use the service and staff. Where risks were identified action was taken to reduce the risk where possible.
- Recruitment processes were in place to make sure, that people were protected from staff being employed who were not suitable.
- Medicines were handled safely by staff who had been assessed as competent to do so. Although we gave the provider guidance about how to improve this in their documentation; in order to ensure clarity in care plans and daily records when this was administered or prompted for people by staff.
- People received effective care from staff who were well trained and supervised.
- People felt the service they received helped them to maintain their independence where possible.
- People said that staff were caring and respected their privacy and dignity.
- People received care that was planned with them to meet their individual needs and preferences.
- People told us they did not always receive their calls at the time allocated to them, as staff were not always punctual for their visits. We saw that the provider had put measures in place to address this with an electronic call time monitoring system. We were assured that the provider had made improvements to maintain accurate call times using this method, and by the employment of a consistent staff team.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People knew how to complain and knew the process to follow if they had concerns.
- People's right to confidentiality was protected and their diversity needs were identified and

incorporated into their care plans where applicable.

Rating at last inspection:

The service was previously inspected on 22/09/16 and was rated as 'Good'.

Why we inspected:

This was a planned comprehensive inspection in line with our inspection programme.

Follow up:

We will continue to monitor all information we receive about this service. This informs our ongoing assessment of their risk profile and ensures we are able to schedule the next inspection accordingly.

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 Requires Improvement.	Requires Improvement ●
Is the service effective? The service was Effective.	Good ●
Is the service caring? The service was Caring.	Good ●
Is the service responsive? The service was Responsive.	Good ●
Is the service well-led? The service was Well-Led.	Good ●

Agincare UK Notts County

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced comprehensive inspection, which took place on 26 March 2019 and was undertaken by one 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.

We gave the service 48 hours' notice of the inspection visit because we visited the office location of the service and needed to be sure that they would be available.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR and we considered this when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection, we spoke to 14 people who used the service, and seven relatives of people who used the service to ask about their experiences of their care.

We spoke with one care co-ordinator, a regional field care supervisor, four care workers, the regional manager, the business development manager and the registered manager.

We looked at the care records of nine people to see whether they reflected the care given and five staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, and minutes of meetings with staff and people and arrangements for managing complaints.

Is the service safe?

Our findings

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

RI: 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. Regulations may or may not have been met.

Staffing and recruitment

- People and relatives told us that staff were not always punctual for their visits. One person said, "I do feel mostly safe, my regular carer is always on time but not the others and no one tells me if they are going to be late, you never hear a word." Another person told us, "My carers are mainly on time, and I am safe with them, they are very nice people."

- A relative told us that one of the problems they had identified with the agency was the failure of two staff to arrive for 'double-up' visits for their family member. This showed that the service was not always safe to ensure people received appropriate care on time.

One person told us "I have got to know the carers and my regular carer that I have for five days is very good. But there can be a few mishaps at the weekends because I don't have my regular carer."

Another person told us, "It is like 'hit and miss', you don't know if they are coming or not. Sometimes they miss calls and I have to ring them."

- In response to similar concerns, an electronic monitoring system had been introduced. The registered manager showed us that this had resulted in a significant reduction of late and missed visits. They also told us, "We have faced challenges with recruiting good quality staff. We have reduced the care packages we accept because of this. We now take on people only if we have the capacity to provide services."

- Records we saw confirmed that there were sufficient staff employed to cover people's care needs. The registered manager showed us that they had implemented a 'patch-based' system to ensure that staff were able to meet the needs of the people using the service in future. This would also reduce travel time for staff. We were assured by this.

- Pre-employment checks such as Disclosure and Barring Service (DBS) criminal records checks, references, employment history and proof of the person's identity had been carried out as part of the recruitment process. This meant that the people who used the service were reassured staff were appropriately checked and were safe to provide care.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse. People told us they felt safe using the service. One person told us "I feel very safe with [name] that has been here for six years, she is part of the family and they have the number of the key-safe and they know what I need done."

- Staff had received training in safeguarding and knew how to identify, prevent and report abuse. Staff had access to contact details of the local authority safeguarding team and were aware of how to contact them if needed.

Using medicines safely

- Where needed, staff supported people with medicines. A relative told us, "My mother's service is

satisfactory and they are good with her medication and safety."

A member of staff told us, "I had medicine administration training. Yes, I administer medicines and record them. I feel confident doing this."

- We identified concerns with the accuracy of the medication recording charts in people's care plans. The registered manager and business development manager showed us evidence of the new recording system supported by an updated medicines management policy and procedure that has been developed to reduce avoidable errors and maintain accuracy in future. We were assured by this new process.

- Staff had guidance about people's medicines, this included their preference in how they took their medicines. A monthly medicine audit was completed to review how medicines were stored, administered and managed in people's homes and staff had access to a medicine policy that informed their practice.

Preventing and controlling infection

- Staff had received infection control training. Infection control was included in people's risk assessment.
- Staff had access to personal protective equipment, including disposable gloves, aprons and gowns. This meant people and staff were protected from the risk of cross infections

The stocks were kept at the site office and staff told us that they had no problems accessing them. This showed that the service took the risk of the spread of infections seriously.

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments which were linked to their support needs. However, some risk assessments needing updating to reflect changes in people's conditions. We asked the registered manager to ensure that the review date for care plans was clear and that they were reflective of people's current needs.

- Environmental risks, including fire and safety risks and use of equipment, were assessed and reviewed regularly.

- Contingency plans were in place to ensure that people were provided with consistent care in the event of an emergency.

Learning lessons when things go wrong

- The service kept records of incidents that had taken place. The registered manager told us that they analysed the incidents to ensure lessons were learnt and improvements were made to the service. This showed there was a culture of learning and improvement to ensure people received safe care.

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

Good: 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

- Comprehensive assessments of people's care and support needs were completed before people started using the service. The service received appropriate referrals which detailed the support needs of people. One staff member told us "The new care plans are more holistic and person centred; though they are still a work in progress with further ones to update."

Staff support: induction, training, skills and experience

- People received effective care from staff that were skilled, competent and suitably trained. People's comments included, " They are well trained and experienced and know how to use the equipment, I don't like using it but I feel confident with the care staff. They help me keep my independence so I can stay at home."
- New staff completed an induction programme before being allowed to work on their own. This included a period of shadowing a more experienced member of staff and the completion of essential training such as moving and handling, infection control and safeguarding. During their induction, staff completed an 'in-house' Diploma from 'Training Now'. This included a set of standards that care staff should abide by in their daily working life when providing care and support to people.
- Staff had completed a range of additional training relevant to their roles. The training was refreshed and updated regularly. A member of staff said, "I had a refresher [training] on medicines last week, we have regular updates; [the registered manager] always tells us when our next training is due."
- Staff told us they felt supported in their roles by the registered manager and senior staff.

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

- Where needed, staff supported people with meals. This was recorded in people's care plans.
 - People's specialist diets and nutritional preferences were catered for and people and relatives were complimentary about the meals. One person said, "The staff are well trained and kind and caring; they use gloves and treat me well. They present my meals and drinks well and always wash their hands."
- A relative told us, "Continuity of care is very good. The staff follow the care plan which has been regularly reviewed. I buy [name] their food but the carers ensure that [name] has a healthy diet and is well hydrated. The staff food preparation and handling is good. The staff monitor and maintain [names] skin, which is in good condition."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies to enable effective care and support. The registered manager told us the service regularly liaised with health professionals such as therapy teams and doctors. Detailed information regarding people's health requirements and changes in peoples' conditions was kept by staff.

One person told us "My wife is well cared for and it was the staff that discovered a potentially life-threatening condition during personal care which led to her being treated quickly and the consultant was impressed with the staff. She has continuity of care and the staff wear gloves and are well trained."

Supporting people to live healthier lives, access healthcare services and support

- People told us they had the equipment they required for their needs. Staff liaised effectively with health and social care organisations such as occupational therapists to assess and provide the equipment people needed for their care. For example, we saw information documented between the service and a health professional, to assess some new equipment for one person's care.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Staff received training about the MCA. They knew that people had the right to make their own decisions unless they had been assessed that they did not have capacity to make certain decisions. They knew that decisions that needed to be made in people's best interest should be undertaken with the involvement people's relatives, and health and social care professionals.
- Staff told us that they asked for people's agreement before supporting them with personal care and other tasks. People confirmed that they were involved in decisions about their care. We saw that people or their family and advocates [where appropriate] had signed their agreement to receive personal care.

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

Good: □ 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

- Staff showed care, compassion and respect towards people using the service. One person told us "The team are fantastic and treat me very respectfully and communicate well with me. Preparing my food and drinks and always maintaining my privacy."

Another person said, "They really do care for my wife and know what they are doing."

- People's cultural and diversity needs had been assessed and were detailed in their care plans. This included people's needs in relation to their culture, religion and gender. Staff had received training in equality and diversity and understood their responsibility to respect diversity. People were confident the service could provide them with staff who knew them and were able to meet their individual needs.

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

- People and relatives told us staff listened to them and respected their decisions about their care.
- Records confirmed that people and their relatives were involved in meetings to discuss their views about their care. This included information within their care plan about how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- One person said, "My friends care is dignified and they cover [person] when being washed and also will close the curtains and they will let [person] know what they are doing and stay for the time they are supposed to, the regular ones."

Another person told us "I am very safe, I have a good set of carers with very good relationship with them all. I go out shopping and feel very safe with them getting me in and out of my wheelchair and in and out of the car comfortably."

- Staff described how they supported people's privacy, dignity and confidentiality. This included shutting the doors or drawing curtains when supporting people with personal care, giving choice and asking people's consent always when providing care.

Is the service responsive?

Our findings

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

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us their needs were met. One person said, "As I am diabetic they are aware of my dietary needs and always make sure I have plenty of drinks. When I go out shopping they will take a drink for me. The carers are like part of my family and my care plan is reviewed every few weeks." This person also told us that staff had recently responded to a life-threatening emergency situation, when they had arrived at their home. Staff had accessed emergency healthcare immediately, as they had found the person very unwell on arrival at their home to provide personal care.

Another person told us, "They are very good and will contact the district nurse if the tubes on my catheter are blocked and have called the GP before when I have needed it."

- Each person had a care plan developed on the basis of their assessment of needs. The plans included guidance for staff to help them understand how people liked their care to be provided. Records confirmed that people were involved, where possible, in the development of their care plan. One person told us "Continuity of care is very good. They follow the care plan which has been regularly reviewed."

- Staff told us they knew people well and had a good understanding of their family history, interests and preferences, which enabled them to engage effectively and provide person centred care.

Improving care quality in response to complaints or concerns

- People using the service and their relatives knew how to make a complaint. Records showed that the previous registered manager had not always investigated and responded to complaints in a timely manner. We saw evidence that this had now been addressed, and that the registered manager had responded to those people and their relatives as required under duty of candour.

End of life care and support

- The service was not currently providing end of life care to anyone using this service. We saw that staff had received training to provide end of life care if required.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was an open and transparent culture within the service. The registered manager was welcoming and cooperative with us throughout the inspection. The service notified CQC of all significant events.
- People generally told us they were happy with the service. One person told us, "The care is very good, no missed calls and I have all the contact numbers for the office and would recommend this company as they provide very good care for my wife."
- There was inclusive and good working atmosphere within the service. Staff told us they liked and enjoyed working at the service. One member of staff told us "I feel like a team now, and I haven't felt like that for quite a while."

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

- There was a clear management structure in place. Staff were clear about their roles and responsibilities. The registered manager told us "I have got an absolutely fantastic team."
- The registered manager and staff communicated between themselves to ensure people's needs were met. For example, staff used electronic devices and log books to share information between them.
- There were appropriate quality assurance procedures in place. These including auditing aspects of the service, such as medicines and care planning, and carrying out spot checks to ensure people were receiving care that met their needs.

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

- The provider sought feedback from people about the service. This included annual quality assurance surveys. Records showed that people gave feedback on their experience of using the service. One staff member told us, "I always imagine the people I provide care for are my parents and treat them as such."
- Staff spoke positively about the management of the service and told us it was well led. They described the registered manager and senior staff as being approachable and supportive to them.

Continuous learning and improving care

- One person told us "I rang the office as my wife and I did not like two particular carers so they stopped them calling. The new manager is slowly improving the service but we feel they need more staff. The regular staff are perfect. I think the service is good value for money and I can't speak highly enough of them."

Working in partnership with others

- The registered manager and staff team worked with health and social care professionals to provide coordinated and consistent care. The registered manager ensured that changes in people's needs were reported to those who commissioned care for people. We saw that these referrals were documented in people's care plans.