

Agincare UK Limited

Agincare UK Andover

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

About the service

Agincare Andover is a domiciliary care provider. At the time of this inspection 54 people received personal care support from the service. The service supported older people, some of who were living with dementia, within their own homes.

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.

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

People using the service told us they felt safe. There were sufficient numbers of staff to maintain the schedule of care visits to meet people's needs.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills.

People were cared for by a motivated and well-trained staff team, who always put people first. Staff had the knowledge and skills required to meet people's needs.

There were systems in place to monitor the quality and safety of the service provided. There was a system in place to allow people to express any concerns or complaints they may have.

People were treated with kindness and compassion. Staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times.

Medication administration records (MAR) confirmed people had received their medicines as prescribed.

Staff were responsive to people's needs which were detailed in people's care plans. Care plans provided comprehensive information which helped ensure people received personalised care.

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.

Staff felt supported by the provider and registered manager and could visit the office to discuss any concerns.

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

Rating at last inspection

The last rating for this service was requires improvement (published 14 November 2018).

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Agincare UK Andover

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

Our inspection was completed by one 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.

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 24 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.

Inspection activity started on 15 November 2019 and ended on 19 November. We visited the office location on 15 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, care coordinator and care workers.

We reviewed a range of records. This included five 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. We spoke with four social care professionals who regularly visit the service.

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 improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All the people and their relatives we spoke with told us they felt safe when they were supported by staff. One person told us, "They're lovely. They just do everything for me. I feel very comfortable with them." Another person said, "I am very grateful to the carers. I can't stay here if I did not have the help." Another person said, "Definitely, 100%." A relative told us, "She loves them all. She trusts them totally." Another relative said, "She's fine with them. Has confidence in them."
- Staff knew how to recognise abuse and protect people from the risk of abuse and had received training to keep people safe from harm.
- Staff we spoke with told us if they had any concerns they would report them to their manager, and if no action was taken would take it higher up.
- A safeguarding and whistleblowing policy were in place to support staff.

Staffing and recruitment

- People and their relatives we spoke with all felt that there were enough staff to keep people safe.
- Most people and their relatives we spoke with told us staff were on time and if they were running late, they would call to let them know. One person told us, "Only if something happens on the road, or weather, things like that. They will let me know if they are going to be late." Another person said, "I never take much notice [of time], but they seem to be on time." One relative told us, "They give you a rough time [arrival] and they are pretty much in that time. They do, they have done in the past [let them know if going to be late]." Another relative said, "It depends how schedules run. Normally they are on time. Usually I get a phone call saying there's a problem."
- There were sufficient numbers of care staff deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their needs.
- People and their relatives told us they had regular care staff and staff stayed the required time. One person told us, "The one who used to come on a Monday has left, but I have a regular on Wednesday and Friday. I get a weekly rota. They read it to me because I have cataracts at the moment." A relative told us, "Yes, she gets the same one every week. She gets on really well with her. She likes her." Another relative said, "She loves them. She has the same ones every time and looks forward to seeing them on Monday and Wednesdays."
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, references of conduct from previous employment role and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care

and support services.

Using medicines safely

- People were happy with the support they received with their medicines and told us their independence was respected and they managed their own medicines where possible. One person told us, "They did to start with, but now I have got blister packs it's much easier." Another person said, "Yes, they keep a very strict eye on things."
- Staff had received training in the safe handling of medicines. Records showed that staff had received an assessment of their competency to administer medicines in line with best practice guidance.
- There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs) confirmed people had received their medicines as prescribed.
- There were a few gaps on the MAR charts, however people had received their medicines, but it had not been recorded on the chart. The registered manager told us this had been identified and all staff had been retrained on medicines administration and recording.

Assessing risk, safety monitoring and management

- Assessments were undertaken to identify any risks to people and to the care staff who supported them. Areas covered by these assessments included risks to the environment, food preparation and moving and handling.
- Most risk assessments set out how risks were minimised or prevented. However, for one person living with diabetes, more information was required to support staff to understand the risks involved and what signs to monitor in case the person required an emergency response. This has since been updated.
- A business continuity plan was in place and described how people would continue to receive a service despite events such as bad weather.

Preventing and controlling infection

- Staff demonstrated a good understanding of infection control procedures.
- Staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.
- People and their relatives told us staff always used PPE when carrying out personal care. One person told us, "Yes, they have got all their gear."

Learning lessons when things go wrong

- Records were maintained of accidents and incidents that had occurred. There was evidence that the provider reviewed these to ensure that appropriate action had been taken to reduce any on-going risk, and to debrief the staff involved.

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 told us they were happy with the care provided. One person told us, "They are very understanding about all sorts of things. Very humorous, and I am very fond of them." Another person said, "They do everything I ask them to do. They are brilliant. It's never too much trouble." A relative told us, "We are pleased with the care they give us. They are all exceptionally nice."
- People received care and support which met their needs. When people moved to the service, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- Care plans provided information about how people wished to receive care and support. The care plans seen were detailed and provided carers with the person's life history and their desired outcomes from the care and support. The care plans described people's needs in a range of areas including personal care and daily living activities.

Staff support: induction, training, skills and experience

- People and their relatives we spoke with felt staff were well trained. One person told us, "Yes, no two ways about it." A relative said, "Yes, I think so. Both practical and dementia." Another relative told us, "They certainly appear to be. They always ask if she wants anything else."
- People told us new staff members were accompanied by a regular staff member and shown how people liked things done. One person told us, "Sometimes a new person will be shadowing an experienced carer. No problems."
- New staff completed an induction programme before working on their own. Arrangements were in place for staff who were new to care to complete the Care Certificate. This certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people.
- Staff we spoke with felt supported in their role. Staff were supported by formal and informal supervisions. Supervisions provide an opportunity to meet with staff, provide feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.

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

- People were supported at mealtimes to access food and drink of their choice. One person told us, "If I want something for breakfast they would do it and a sandwich for the evening. They will always ask me if I want anything to eat." Another person said, "She does me a sandwich and puts it in the fridge for my tea."

They always make me a drink when they are here and always fill the jug and put water by my chair where I sit."

- Care plans contained information about specific food preferences and were suitably detailed about the support people needed with their nutritional needs.

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

- People were happy with staff and told us they supported them to access healthcare services. One person told us, "They are friendly, they are helpful and go the extra mile. There was one morning, I hadn't felt well for a couple of days, she [carer] took one look at me and called the ambulance, and I went to hospital."

- People were supported to access healthcare services. Staff told us they would always inform the office to keep them updated about any changes in people's health. If any health professional had visited staff told us they would call the office to let them know, so the next staff member was aware of the persons current health needs and any action needed.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and their relatives told us staff asked for consent before providing care. One person told us, "Yes, they do. 'What would you like me to do for you?', 'is there anything else you would like me to do?'" A relative said, "Yes, but she's expecting to get washed and changed every morning, but they always ask her."

- Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People told us they had been involved in discussions about their care planning.

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 remained the same.

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

- All the people we spoke with told us staff were caring and compassionate. One person told us, "They are not carers as such, they are friends. I know if I need help I can ask them for it and they will help me." Another person said, "They are very friendly, nice, nothing is too much trouble. They are so helpful, it's unbelievable." Other comments included, "Kind, friendly. I would miss them if I did not need them," "I am very fond of them all."
- Relatives were also full of praise on the staff caring nature. One relative told us, "Lovely. They are efficient, effective, caring. They are doing their job well." Another relative said, "Friendly, outgoing, pleasant, no problems." A third relative told us, "They are lovely with her. They cheer her up no end."
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. Where people were assigned regular care workers, they had been able to develop positive relationships with them. One staff member told us, "I would be happy for any member of my family to receive care from Agincare as I feel we have a great team who are very trustworthy and caring."

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

- People said care staff consulted them about their care and how it was provided. One person told us, "Brilliant. Will do everything I want. If I ask, they will do it for me."
- Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. Staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why.

Respecting and promoting people's privacy, dignity and independence

- All the people we spoke with told us staff treated them with respect and dignity. One person told us, "They make sure the door is shut. They ask me if I want to get dressed in the bathroom or bedroom, and they ask me what I want them to do for me in the way of privacy." Another person said, "They always make sure the bathroom door is shut. Confidentiality, they are very good in that area."
- Staff we spoke with explained how they respected people's privacy and dignity, particularly when supporting them with personal care by, for example, ensuring doors were closed and people were covered up. One staff member told us, "When providing personal care, I always make sure the bathroom door is closed, a towel covers the client's lap to ensure privacy. If a person is able to do certain tasks themselves, I allow them to do this and help where necessary. I believe in a person-centred approach and discuss with the

person how they wish to proceed and encourage them to make their own choices."

- People were encouraged to be as independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. One staff member told us, "I allow the service user to do as much as they can which promotes independence. When I provide personal care, I ensure the areas are covered up and they aren't exposed. I always respect their wishes and preferences regardless of how I feel about it."

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 remained the same.

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; End of life care and support

- People received personalised care which met their needs and was flexible. One person told us, "If I have an appointment, I tell them. They always work around it." Another person said, "They are very good at that. You just ring them up and let them know."
- Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as personal care, daily living activities, personal hygiene, meal preparation, health issues, shopping and dressing. Care plans reflected people's individual needs and were not task focussed.
- The care plans were updated regularly to ensure a true reflection of the person's current needs. The provider regularly reviewed people's care to ensure that their care plans met their needs. Reviews were a mixture of telephone reviews and home visits carried out by senior staff. Records seen showed positive responses about the care provided. One person told us, "Yes, we are on a review basis. Every six months, but I'm not sure. We have had two visits [since care began]."
- People told us they were supported to make choices for example which gender they would like to visit them, and their preferences taken into account. One person told us, "I have. I prefer a woman and that has been respected." Another person said, "I was asked. I don't mind a male coming, but it's always been women."
- When we visited the agency, nobody was receiving end of life care. Due to the type of service, the provider told us they don't normally deal with end of life care. Staff had received training on line on end of life care.

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.

- We spoke to the provider about how they ensured information was accessible for all people using the service. They told us how they ensured information was available in larger font sizes if required, so it is easier to read.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint. One person told us, "I did [make complaint]. Only once, but that was not a complaint about their job, not about the carers." They told us it was resolved satisfactorily. A relative said, "Phone the office. I did complain a couple of years ago and was

happy with the outcome. The carer was not sent back again."

- The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. This was included in information provided to people when they started to receive a service.

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

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

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

- People and their relatives we spoke with told us they were happy with the service and the care provided. One person told us, "Very helpful, kind, nothing is too much trouble for them to do." Another person said, "They are very good, no complaints." Other comments included, "I can't think of any problems. They are quite on the ball, quite good," "I have never had any problems with the service."
- People we spoke with told us they would recommend the service. One person told us, "I would indeed. In fact, I gave the name and address of Agincare to one of the ladies in here. I advised her to try Agincare." A relative told us, "I am quite happy with them, particularly now we have the two regulars because they know what the situation is."
- Social Care professionals we spoke with felt the service was well led and managed well. One social care professional told us, "Agincare have been without a manager for many months and the admin lady stepped up to oversee the day to day running of this company obviously being supported by the area manager. Since that time practice has improved greatly, and they have become a reliable, safe and caring service."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People and their relatives felt the service was managed well. One person told us, "[managers name] is exceptionally nice, and [deputy manager] she is also exceptionally nice."
- Staff were positive about the support they received from the registered manager and management within the service. They told us this helped them to perform their role effectively. One staff member told us, "I feel fully confident in the staff in the office. They are all lovely and I have no problems speaking to any of them." Another staff member said, "I enjoy working for Agincare and feel it is a good place to work. I enjoy providing care to our clients and meeting and talking to the people."
- There were a number of systems and processes in place for monitoring the quality of care. These included: direct observations, medicines observations, and staff supervisions and appraisals. People's views and comments were collated, considered and used to develop the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from people or their families through the use of a quality assurance survey

questionnaire. This was sent out every year seeking their views. The results from the latest survey showed the branch had scored 96 % making it in the top three branches out of twenty-two. Any suggested improvements were followed up and an action plan produced.

- The registered manager held regular meetings with the staff to discuss any concerns. These informed staff of any updates on people's health and training opportunities. Records of meeting minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly.
- Staff were also invited to take part in a telephone survey to ensure they were happy in their role and felt supported. The latest results showed staff were happy in their job role.
- The service worked in partnership with the local authority and local district nursing team. All the health professionals were very positive about the service provided and the staff.

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 provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.