Agincare UK Limited

Agincare UK Christchurch

Inspection report

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Date of inspection visit:
04 August 2016
10 August 2016

Date of publication:
19 August 2016

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

We inspected this service on the 4 and 10 August 2016 and the inspection was announced. When we last inspected in February 2014 we found that the service did not have appropriate arrangements always in place in relation to the recording and handling of medicines. Planning of people's visit schedules did not always take account of their views and preferences with regards to continuity and visit times. People were not being kept informed of changes to their visits. Records relating to contact with people who used the service and their representatives by telephone were not appropriately maintained. We asked the provider to take actions and at this inspection we found that improvements had been made.

The service provides personal care to older people living in their own homes. At the time of our inspection there were 153 people receiving a service from the agency. The service has a 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.

People felt safe and were supported by staff who had undertaken safeguarding training and understood how to recognise potential signs of abuse and the actions they needed to take. Staff were not aware of external agencies they could report concerns to in addition their own managers. We discussed this with the registered manager who told us they would ensure that all staff were given contact information for the local authority and CQC.

Potential risks to people had been identified and actions put in place to minimise the risk. People were involved in decisions about how risks they lived with were managed, ensuring their rights to freedom and choices. Risks had been assessed for home safety, moving and handling, skin integrity, health conditions and eating and drinking. Some people had been assessed as requiring bed rails. A risk assessment to determine a person's suitability for bed rails had not been completed. During the inspection these were being completed.

People were supported by enough staff to meet their agreed needs. Most people we spoke with told us that staff were punctual, attentive and conscientious. They told us that if a carer was likely to be late they normally received a call from the office. Staff. had been recruited safely which included obtaining an employment history, references and a criminal record check. Policies and procedures were in place to manage any unsafe practice. .

People had their medicines administered by staff who had been trained and had their competencies regularly checked by senior staff. However, some people had topical creams administered by care workers. We found that occasionally care workers had not signed to confirm whether this had been administered. Auditing and staff supervisions had improved the recording but the registered manager recognised further

improvements were required. All other medicines had been recorded appropriately.

Staff received an induction and on-going training that enabled them to effectively carry out their roles. This included safeguarding, dementia awareness, infection control and moving and handling as well as training specific to the people care staff were supporting. Opportunities were available for staff to take further training such as diplomas in health and social care and leadership training. Staff felt supported and received regular supervision which included unannounced spot checks when supporting people in their own homes.

Staff understood how to support people to make their own decisions. When people lacked mental capacity to take particular decisions any made on their behalf included people who knew them and were made in the person's best interest.

People were supported with their eating and drinking requirements by care workers who understood their needs and any associated risks. People were supported with accessing healthcare. We saw that this included GP's, district nurses and occupational therapists.

People were mainly supported by staff who knew them. Staff had a good understanding of people's interests, likes and dislikes. This meant that staff could have conversations with people about things that were important and of interest to them. Some people had health conditions that affected their communication and cognitive skills and care workers had found ways for effectively communicate with them ensuring they were involved in decisions about their care. Staff understood actions they needed to take to ensure a person's dignity and privacy was respected.

People were supported by staff who understood and were responsive to people's individual and changing care needs. Care plans provided clear information about the care a person had agreed and reviews were held at least six monthly and included the person and often family members.

A complaints process was in place and people felt it was effective. This meant that people were being listened to and actions were being taken to ensure positive outcomes for people.

People, their relatives and staff described the service as well led. Staff spoke positively about the management of the service and the teamwork and were supported in their roles. They felt able to share their views and that they would be listened too. They had a good knowledge of their roles and responsibilities and the level of decision making appropriate to their job.

The Manager had a good understanding of her responsibilities for sharing information with CQC and other regulatory agencies. Audits had been completed by the management team and had been effective in providing data about practice and service quality and driving positive change and improvements to the service.

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.

People were supported by staff who understood how to recognise signs of abuse and the actions they needed to take within their organisation. They were not aware of external agencies they could contact with concerns.

Potential risks to people had been identified and actions put in place to minimise the risk.

People were supported by enough staff to meet their care needs. Staff had been recruited safely and processes were in place to manage any unsafe practice. .

People had their medicine administered by trained staff who regularly had their competencies checked. Recording of topical creams was not always completed however all other medicines had been recorded appropriately.

Is the service effective?

Good

The service was effective.

Staff received an induction and on-going training that enabled them to effectively carry out their roles. They received supervision and had opportunities for personal development.

Staff understood how to support people to make their own decisions and worked within the principles of the mental capacity act.

People were supported appropriately with their eating and drinking requirements by care workers who understood any associated risks.

People were supported with accessing healthcare.

Is the service caring?

Good

The service was caring.

Staff had a good understanding of people's interests, likes and dislikes which enabled holistic individual care to people.

People were supported by staff that knew them and were described staff as kind and caring.

Staff were able to communicate with people who had impaired cognitive skills ensuring they were involved in decisions about their care.

People had their dignity, privacy and independence respected

Is the service responsive?

Good

The service was responsive.

People were supported by staff who understood and were responsive to people's individual and changing care needs.

Care plans were reviewed regularly with people.

A complaints process was in place and people were aware of it and felt if they needed to use it they would be listened to and actions taken.

Is the service well-led?

Good

The service was well led.

Staff spoke positively about the service, the teamwork and felt they were able to share their views and the manager would listen.

Staff had a good knowledge of their roles and responsibilities and the level of decision making appropriate to their job.

The Manager had a good understanding of their responsibilities for sharing information with CQC and other regulatory agencies.

Audits had been completed and had been effective in providing data about practice and maintaining quality standards.

An annual quality assurance survey was completed to gather views from people, their families, staff and other professionals about the service and used to further develop the service.

Agincare UK Christchurch

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.'

The inspection took place on the 4 and 10 August 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert by experience who spoke with people and their families. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of caring for older people including people living with a dementia.

Before the inspection we looked at notifications we had received about the service and information completed on questionnaires that we had sent to people, relatives and staff. We also spoke with social care commissioners to get information on their experience of the service. We looked at information on their returned 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.

During our inspection we spoke with 23 people who used the service, three relatives and the warden of a supported living project. We spoke with the registered manager, the deputy, recruitment co-ordinator, care co-ordinator and five care workers. We spoke with one community mental health nurse who had experience of the service.

We reviewed six peoples care files and discussed with care workers their accuracy. We checked four staff files, care records and medication records, management audits, staff meeting records and the results of quality assurance surveys.

Good

Is the service safe?

Our findings

When we carried out our last inspection in September 2014 we found that appropriate arrangements were not always in place in relation to the recording and handling of medicines. We asked the provider to take actions and found this had happened.

People were supported by staff that had been trained to understand and recognise signs of abuse. One care worker told us "The most common abuse is neglect, from not giving personal care to physical abuse". Another told us "If I saw something and not sure I would go to the office and explain; if it's something that I question I would always ask the office". Staff were aware that concerns could be reported in-house but were not aware of external agencies they could share information with. We discussed this with the registered manager who told us they would ensure that all staff were given contact information for the local authority and CQC. Staff felt confident in reporting concerns about poor practice to the manager and felt actions would be taken.

People told us they felt safe in their own homes and felt that the staff could be trusted. One person said "I feel as safe as can be". However one person told us sometimes they didn't feel safe as carers could forget to put the brakes on the commode which they felt was dangerous. We spoke with the deputy manager who told us that they would ensure all staff were reminded of the correct procedure.

Assessments had been completed that identified risks people experienced. When a risk had been identified actions had been put in place to minimise the risk. People were involved in decisions about how risks they lived with were managed. However we found that some people had been assessed as requiring bed rails to keep them safe from falling out of bed. A risk assessment to determine a person's suitability for bed rails had not been completed. This meant that people might be at greater risk of harm from the bed rails or less restrictive ways to keep the person safe may not have been considered. The registered manager discussed this with senior staff during our inspection. They told us staff were unsure about how to complete the risk assessment form. The registered manager told us they would get the quality assurance manager to support staff with this and when we went back on the second day this work had begun.

Risks had been assessed for home safety, moving and handling, skin integrity, health conditions and eating and drinking. We spoke with staff who had a good knowledge of the risks people lived with and their role in reducing risk. One care worker described how they supported people with their skin integrity. They said "Pressure areas we have to monitor them. Some people are in bed and when we wash them we check bottoms, heels, shoulders, elbows. We apply creams and make sure we are gentle. I had training at my induction". Risk assessments were regularly reviewed. People were involved in decisions about how risks they lived with were managed. One person had made a decision not to have prescribed creams applied to protect their skin. The assessment had recorded that the person had the capacity to understand the risk and had made the choice. This meant that people had freedom and choices in how they lived with risk.

People were supported by enough staff to meet their agreed needs. One care worker said "There are enough staff, people don't go without; it means working extra sometimes. There's never pressure to work

too many hours". We spoke with a care co-ordinator who told us they were "Always ready to go out to cover a shift or physically help a carer". Most People we spoke with told us that staff were punctual, attentive and conscientious. They told us that if a carer was likely to be late they normally received a call from the office. People and staff had access to an out of hours service. This was provided by senior staff who had a knowledge of people and staff. The on-call senior had access to records in order that they were able to respond to any emergencies or changes in a person's care needs.
People were supported by staff that had been recruited safely. Files contained details that a criminal record check had been completed and that references had been received and verified. We saw that staff files were regularly audited to ensure correct processes were being followed. Policies and procedures were in place to manage any unsafe practice and we saw that these had been followed when necessary.

People had their medicine administered by staff who had been trained and had their competencies regularly checked by senior staff. People's Medicine Administration Records (MAR) were completed by care staff. People who received support with their medicines all told us they were happy with the support. One person said "Could not be bettered". They all told us that staff recorded when they were given medicines. Some people needed to have creams administered. A body map was included for each cream showing where the cream needed to be applied on a person's body. Each person's MAR sheet was audited monthly. The audits had identified that occasionally there had been a missed signature in relation to creams. We checked two MAR sheets for June and one had three signatures missing the other had four. Other medicines had been signed for appropriately. The registered manager was aware of the issue and had been using examples of how good recording practice had been used to inform health professionals when reviewing the effectiveness of people's medicines. Examples included a person's medication times being changed to ensure a long enough time between each dose and a cream being discontinued as the person had declined having it administered for some time. It had also been a topic discussed at staff supervisions. The registered manager recognised that consistently recording creams accuratelywas an issue that needed constant monitoring by senior staff.

Staff were aware of actions that needed to be taken if an error occurred. One care worker told us "If you made a meds mistake you have to telephone the office immediately. One occasion I forgot to give meds, I phoned the office and they sent another carer straight away". This demonstrated transparency and ensured that appropriate actions had been taken to ensure peoples safety. Medicine management assessments had been completed and included information about the medicine, storage and administration. We saw that a review had highlighted that sometimes a person was not having a four hour gap before the next dose. Actions had been put in place to change the timings to ensure safe administration of the medicine.

Good

Is the service effective?

Our findings

Staff received an induction that enabled them to effectively carry out their roles. This included an introduction to the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A care worker told us "(Trainer) has been brilliant. They would always say 'Don't worry we can sort it. If you need more shadowing and don't feel able to work on your own we can sort it'. I don't feel I have been dropped in the deep end – I would say as I don't want to do anything wrong". Staff had on-going training which included safeguarding, dementia awareness, infection control and moving and handling. Training had also been undertaken that was specific to the people care staff were supporting. One person had a history of epilepsy and we saw that training had been organised for staff so that they could effectively support the person. One person told us "Some of them (care workers) are really nice, they know exactly what to do". Records were kept on a training matrix which included dates any training needed to be renewed.

Staff felt supported and received regular supervision which included unannounced spot checks when supporting people in their own homes. One care worker said "I had my probation meeting and the (supervisor) was keen to get feedback. They are open to talking things through". Another told us "I have regular supervision. I think it's well organised. It's very open communication and you can always pop into the office for a chat". Through supervision and apprisals staff had opportunities to develop their skills, knowledge and personal development. This had included some staff completing diplomas in health and social care at levels 2 and 3. The registered manager told us that some staff had begun leadership training that was relevant to their role. This had included the care co-ordinators completing a customer services and team management module.

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.

We found the service was working within the principles of the MCA. Staff understood how to support people to make their own decisions. One care worker told us "They taught us (at induction) it's about the client and what they want". We spoke with another care worker who explained how they supported a person make decisions who had difficulties with communication. They told us "I always have a conversation and get them to smile back. Ask if they would like to wash their face, they will nod their head, it's important to give them some control". We saw that people had signed forms consenting to receiving care. We read that one person lacked capacity to make decisions about their personal care. A decision had been made in their best interest and had involved their husband. The decision included information about both the risks and benefits to them and recorded the final decision.

People were supported with their eating and drinking requirements by care workers who understood their needs and any associated risks. Care plans included information about people's likes and dislikes and any

allergies. Staff were aware of the information in people's care plans including the type of drinking beaker to use, positions people needed to be in to aid swallowing and the consistency of food and drink a person needed.

People were supported with accessing healthcare. We saw that this included GP's, district nurses and occupational therapists.

Good

Is the service caring?

Our findings

People told us that staff were friendly and caring and some people considered them as friends. People were mainly supported by staff who knew them. One person told us "Some of the staff are special, they send me birthday messages". Another told us "I hold all the staff in highest esteem and look forward to them coming to see me". Another said "People who do this job are people that care. I have no complaints at all – and you can quote me". We spoke with a person who told us "The carers always talk to me about how I have been, have I slept well"?

One care worker told us "In the last couple of months 90% of the time I have visited the same people". Another said "We know the stories about our clients and we see how they were and how they are now". Staff had a good understanding of people's interests, likes and dislikes. This meant that staff could have conversations with people about things that were important and of interest to them. A care worker said "Each person likes things done in a different way and it's important to adapt my ways to support them". Another care worker explained how they had been supporting a person for a number of years and had changed their role in the service. Two other care workers had been trained by them to support the person as particular routines were extremely important to them. They told us the transition had gone smoothly and not impacted on the person's wellbeing.

Some people had health conditions that affected their communication and cognitive skills. One care worker described how they supported a person who was living with a dementia. They said "I always smile first. If I want to wash them and know they will say no I break it down. I start with easy things like 'Let's go to the bathroom', start with things they are happy with and the bit they don't like I leave to last and then it's not a problem".

People felt involved in decisions about their care. One person told us "I can't see how they can improve the service – as long as they listen to me I am happy". A relative told us "They will always listen to the family input and act upon advice given". Another person told us "They always ask me if I'm comfortable with their care". We read in one care file that the person had requested only female carers and checked the rota which confirmed this had been put in place.

Staff understood the actions they needed to take to ensure a person's dignity and privacy were respected. A relative told us "My mother is treated with dignity at all times. Her care is always paramount". One care worker told us "People can be embarrassed so I suggest they use a towel to cover themselves. I always ask them if they're happy for me to help. I close curtains and close the door if other family are in the house".

Good

Is the service responsive?

Our findings

When we carried out our last inspection in September 2014 we found that the planning of people's visit schedules did not always take account of their views and preferences with regards to continuity and visit times. People were not being kept informed of changes to their visits. We also had found that records relating to contact with people who used the service and their representatives by telephone were not appropriately maintained. We asked the provider to take action and at this inspection found this had happened.

Pre assessments had been carried out before a person began receiving support. The assessments had included the person and often their families. We saw that information at times was also obtained from other professionals such as a social worker or health professional. The information gathered had formed the initial care and support plans. We looked at four peoples care and support plans. They were individual and centred around how the person wanted to be supported. The plans provided information specific to each person and detailed descriptions of how people had agreed to be supported. A pen portrait of people's life histories enabled staff to have a more holistic knowledge of people and the life events important to them.

Plans contained information about the person's social and medical history. Descriptions of how to support a person included details of the person's level of independence. One person's care plan described how staff needed to support them from the left side as the person had right sided blindness. Another included information about a person's mental wellbeing and gave information about signs to look out for if their mood was low and the actions to take which included contacting mental health professionals. One person had a rare health condition and information was on the file for staff to refer to and aid their knowledge of issues the person was experiencing. This demonstrated that people were being supported by staff who understood and where responsive to their individual and changing needs.

Care staff had a good knowledge of how people wanted to be supported. One care worker told us "Monday each week I read the care plans for my clients. If it changes we have a duty to check book (care file), if we're stuck then telephone the office". Another said "Care plans are really helpful. You get all the information about a person and their past. You get to know if they like their bath water not too hot or not too cold".

Reviews were held at least six monthly and included the person and often family members. We saw that they led to changes to peoples care plans to reflect discussions and actions agreed at the review. One review had led to a change in a mobility plan. Furniture had been re-arranged to aid a person's mobility through a room. Reviews also reflected improvements in people's abilities. We read one review where a person's mental wellbeing had improved and this had been attributed to them spending more time in the community.

People told us they knew how to complain if they needed. One person said they had made a complaint when they were first receiving care and told us "And they saw to it. Everything is fine now". A complaints process was in place and records captured details of any complaints received. The records included details of any investigation and the outcome for people. The process included contact information of external

agencies people could contact if they felt their complaint had not been dealt with to their satisfaction. Two complaints we read had led to a referral to a social worker requesting a review of their care needs. This meant that people were being listened to and actions were being taken to ensure positive outcomes for people.

Good

Is the service well-led?

Our findings

When we last inspected the service in September 2014 we found that incidents were not always followed up appropriately to ensure risks were managed and improvements were made. We asked the provider to take action and at this inspection found improvement.

People told us that they felt the management were approachable and if there is a problem they will try to rectify any issues. One person told us "The manager is great".

Staff spoke positively about the management of the service and the teamwork. One care worker said "They (office) always help us. I feel very supported by the office". Another told us "Well organised manager, they are the best you can imagine, as a person as well. The way they treat everyone is amazing. They are never upset or nervous. Fully confident in their level of knowledge".

Staff felt they were able to share their views and they would be listened too. One care worker gave an example. They told us about a person whose visit times were not compatible with their lifestyle. Staff had a longer scheduled visit first thing and a shorter visit at lunchtime but the person enjoyed getting up late morning. They told us "We raised it in the office and the visits got swizzled around". Another care worker told us they had raised with the office that a person didn't like swallowing their tablets. They said "I talked to the office and we found a solution".

Staff had a good knowledge of their roles and responsibilities and the level of decision making appropriate to their job. There was a career pathway that was clear and included field supervisors, senior care staff and care workers. The provider also had two people in post that co-ordinated recruitment and induction training. The registered manager told us "Together they have worked wonders with recruitment. They attend work fairs, job clubs and been carrying out promotions in places like shopping centres". This had enabled the registered manager to have more time for managing other aspects of the service. Office staff attended a weekly meeting which they told us gave them an opportunity to have a catch up and keep up to date with any changes. We spoke with a care worker who told us "We get a weekly team brief and had a team building come meeting BBQ in the park this summer, its important you're a team".

The Manager had a good understanding of her responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

Audits had been completed by the management team and had been effective in providing data about practice and service quality. They had included audits of care and support, medicine administration and staff files. We saw that audits had been used to support staff learning. This had included data gathered at a medicines audit being used as positive evidence that correct recording can influence medical decisions about a person's treatment.

At the time of our inspection an annual quality assurance survey had been sent to people, their families, staff and other stakeholders to gather their views about the service. We looked at the previous year's survey and it contained areas that had been highlighted for improvement. During this inspection we saw that the actions had been completed. An example had been writing to people to remind them of the complaints process and how to communicate with the office any changes.