

Agile Carers Limited

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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

Overall summary

About the service

Agile Carers Limited is a domiciliary care agency that provides personal care to people in their own home. The service provides support to those with dementia and physical disabilities. At the time of our inspection there was one person using the service.

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

People felt safe. There were processes in place to safeguard people from abuse. Risks to people's safety were assessed and reviewed. There was guidance for staff to follow to know how to keep people safe from harm. One relative said, "The staff are observant and will always talk to us and the manager if they have any concerns about mum" Staff wore appropriate Personal Protective Equipment (PPE) such as face masks, disposable gloves and aprons. Staff understood their responsibilities and could recognise and report abuse.

People's care needs were assessed and reviewed. Staff completed training to know how to care for people effectively. 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 were kind and caring. People and relatives praised the caring and inclusive nature of the service. People's privacy, dignity and independence were respected and promoted. One relative told us, "The manager is very caring, when mum went into hospital, she was calling to get an update on her condition, and she made sure that the carers were there when she came home."

People received care that was responsive to their needs and preferences. People's communication needs were assessed and met.

The provider operated effective systems to monitor and improve the quality of the service. The registered manager responded appropriately where quality and safety were being compromised and improvements were made.

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

This service was registered with us on 22 August 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating for this service is 'Good'.

Follow Up

We will continue to monitor information we receive about this service, which will help inform when we next inspect.

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

Is the service effective?

Good ●

The service was effective

Is the service caring?

Good ●

The service was caring

Is the service responsive?

Good ●

The service was responsive

Is the service well-led?

Good ●

The service was well-led

Agile Carers Limited

Detailed findings

Background to this inspection

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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 Health and Social Care Act 2008.

Inspection team

The inspection was conducted by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 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.

What we did before the inspection

We reviewed information we had received about the service since they registered. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they

plan to make.

During the inspection

We spoke with the registered manager. We reviewed a range of records relating to the management of the service including policies and procedures. We also looked at the recruitment records for three staff and the care plans for one person. We spoke to one relative and two care workers.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and knew who to report concerns to. There were systems in place to help safeguard people from the risk of abuse. Care workers could recognise and report abuse and understood their responsibilities.
- Care workers told us they understood potential signs of abuse and felt confident to report these to the registered manager. One relative said, "I feel confident that the carers keep mum safe."
- One care worker said, "If I thought there was abuse going on, I would approach my manager and also the family member, we need to pick up on safeguarding as we are the ones that are caring for them and might be the only ones they see."
- Care workers received training in safeguarding and there was a robust safeguarding policy in place.

Assessing risk, safety monitoring and management

- People were assessed prior to starting the service to see that their needs could be met in a safe and person-centred way.
- Risk assessments covered essential areas connected to people's health and wellbeing. These plans identified potential risks to people's safety and provided guidance on the action care workers needed to take to mitigate the risk.
- A relative told us, "Mum is prone to pressure ulcers, the carers pay special attention to those areas when washing her and when they turn her, they tell us straight away if there are any red areas."
- When people's needs changed, the assessments in their care plans were updated to reflect this.

Staffing and recruitment

- Care workers were recruited safely. All necessary pre-employment checks were completed before they (care workers) started working with people.
- Care workers completed the Care Certificate which formulated part of the induction. The Care certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment.
- There were enough care workers deployed to support people. One relative told us, "Staff are punctual and if they are running late, they will let us know and tell Mum."
- The registered manager recruited people from the local area, one care worker said, "I live nearby so it's only a 15-minute walk to the service users place."

Using medicines safely

- People supported did not need help with their medication. However, care workers were trained in the administration of medication in order to be able to provide this support in the future.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and reviewed by the registered manager on a monthly basis.
- Debriefs took place following incidents to identify any improvements and support to people's wellbeing. This was recorded in the incident and accident log.
- The registered manager told us that if there was a concern there would be an investigation and an action plan put in place that would be monitored.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager carried out assessments of people's needs and preferences in relation to their care before commencing the support.
- One relative said, "Before we took the service up the registered manager came and assessed mum. She talked to mum, but we were also there. She took her time and did a thorough assessment asking mum all sorts of questions about how and what she needed support with."
- People's care plans included information about what people hoped to achieve from their care. For example, one person's care plan showed the person wanted to maintain their skin integrity.

Staff support: induction, training, skills and experience

- People felt care workers had the experience and knowledge to do the job. One person said, "Staff are well trained, and they know what they are doing. They follow procedures and keep the notes updated."
- People also said, "The staff are experienced, and you can see this in the way they work in a very professional way. I'm happy with carers, once mum is happy, I'm happy."
- There was a training plan in place. Care workers had completed all the mandatory training and had up to date certificates in their files.

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

- People who required support to eat and drink received the support they needed. Peoples' meals were prepared by family members.
- Care plans included information about people's dietary needs, for example because of related healthcare conditions and/or reduced appetite.

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

- The registered manager told us that if needed she would work closely with external professionals. Currently the family takes care of this.
- Care workers had responded appropriately during medical emergencies and when people had become unwell. One care worker said, "If there was an incident and the person needed medical help, I would call 999, I would let the family know as they live in the house as well. I would communicate also with my manager to let her know."

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 MCA 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.

- The provider had assessed people's mental capacity to consent and obtained this consent in line with the principles of the MCA.
- People and their relatives told us care staff offered choices and obtained their consent before providing 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People were looked after by care workers who knew them well; they were caring, and people's diverse needs were acknowledged and catered for.
- Care workers attended training on Equality and Diversity Awareness.

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

- People were supported by staff to be involved in all aspects of their care. Relatives were also fully involved.
- One care worker told us, "I always take on board what the person says and make sure that I support her to bring it up at review meetings."
- People and their relatives were encouraged to provide feedback to the service about the care they received. The registered manager sent out feedback forms every three months and called people. The feedback we saw during the inspection was positive.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their independence was promoted. Care workers encouraged people to do what they could for themselves.
- Relatives told us, "The carers make sure that the little things mum can do on her own she keeps doing like, holding her cup, they (care workers) go at her pace and don't rush her."
- The information in people's care plans guided care workers about how to support people to be as independent as possible. This included reference to what people were able to do for themselves and how they liked to be supported within the allocated times.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People's care plans were personalised to meet their needs.
- One care worker told us, "I have got to know the person and her likes and dislikes it's her care and she needs to be at the centre of it all the time to make her decisions."
- One relative said, "The carers include mum in everything they do checking in with her, asking her permission and making those slight adjustments where needed."
- The registered manager reviewed care plans on a regular basis involving the person and their relatives. "

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were outlined in their care plans.
- Care plans were written in easy read formats with pictures.
- One relative told us, "Staff always talk to mum nice and slowly and explain what they are about to do."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. People, relatives and care workers had access to this.
- People and relatives told us they felt confident they would be listened to if they did complain. No complaints had been received.

End of life care and support

- This service did not provide support to people at the end of their lives. The registered manager said that this is something they would like to support people within the future and is looking at training for the staff.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and care workers were passionate about supporting people and promoting a positive culture.
- The service received positive feedback from people, relatives and staff through spot checks, supervision meetings and feedback forms.
- The responses we received from relatives were positive. These included, "The manager does regular spot checks on the staff and the support they give to mum and ask us regularly for our feedback, we have no concerns at all."
- Care workers told us they felt valued and enjoyed working for the provider. Comments included, "I feel supported by the manager and like working for the company, she is always there to give us advice and to listen to us." another said, "The registered manager is honest and tells us where we need to improve and supports us to do this."
- Staff received equality and diversity training. Staff delivered care and support in a non-discriminatory way.

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 registered manager met the duty of candour.
- The registered manager told us that they would investigate when things went wrong. They would ensure that people, relatives and professionals including the local authorities and the CQC were informed and updated and that they would work to an agreed plan of action.

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

- The provider had ensured that there were systems in place to monitor and assess the care provided.
- A system of regular scheduled audits was in place, which were effective. This included a wide range of audits to help ensure the service meet its regulatory requirements. Actions were identified for any shortfalls found.
- The care workers had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs.
- There was an up to date Quality Governance and Compliance Risk Policy in place.

Continuous learning and improving care

- The registered manager had created a culture of continuous learning and improvements.
- Regular team meetings were in place and care workers had up to date training.
- Care workers told us that when improvements were made, they were always informed and supported to understand these.
- The registered manager kept up to date by looking websites related to health and social care.

Working in partnership with others

- Currently relatives liaise with the different health and social care professionals. However, the registered manager told us that they would also be able to offer support in this area.
- The registered manager is looking to become a part of a network of other registered managers where they share ideas and information about good practice.