

Agincare UK Limited

Agincare UK - Nutfield Extra Care Scheme

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 

Overall summary

The inspection was announced. We gave the provider 48 hours' notice of the inspection. We did this to ensure key staff would be available at the service. At the time of the inspection the service was providing personal care to 24 people living at Nutfield Extra Care Scheme. The service also ran a domiciliary care service and were providing personal care to 21 people within the local area.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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.

Summary of findings

At the time of the inspection the service employed, a registered manager, deputy manager, one care coordinator, senior care staff and 20 care staff.

People received care and support from care staff they felt safe with. People were safe because staff understood their role and responsibilities to keep them safe from harm. Staff were aware how to raise any safeguarding concerns. Risks were assessed and individual plans put in place to protect people from harm.

Staffing levels were sufficient to meet people's needs and protect them from harm. The service carried out pre-employment checks on staff before they worked with people to assess their suitability.

People spoke highly of the staff that provided their care and people's relatives were also complimentary of staff. Staff we spoke with demonstrated they were aware of people's individual needs and understood their preferences.

There was training and support available to staff to ensure they had the skills and knowledge they needed to support people effectively. Staff received supervision and

appraisal aimed at improving the care and support they provided. Staff understood their roles and responsibilities in supporting people to make their own choices and decisions.

People gave consent before any care was provided. Staff understood the principles of the Mental Capacity Act 2005 and gave examples of how they supported people with decisions about their care and daily lives. Where required, legal documentation was in place where others had made decisions on behalf of those people who lacked capacity to do so.

People were involved in planning their own care. They had been consulted to ensure their care records reflected their own views and opinions. Care records were reviewed with people and they had also been provided with sufficient information about the service.

People received a service that was well-led because the registered manager provided good leadership and management. Systems were in place to check on the standards within the service. These included regular audits of care records, medicine management, health and safety, infection control, staff training and supervision.

Summary of findings

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 was safe.

People were protected from avoidable harm or abuse by staff who knew and understood the principles of safeguarding and how to report abuse.

Risks to people and the service were managed safely.

Medicines were administered safely. People received the appropriate support with their medicines as required.

There were sufficient numbers of staff to meet people's needs and to keep them safe from harm.

Staff were recruited using an effective recruitment process.

Good



Is the service effective?

The service was effective.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs.

The service ensured that people received effective care that met their needs and wishes.

Staff understood the requirements of the Mental Capacity Act 2005 -legislative requirements were followed.

Good



Is the service caring?

The service was caring.

Staff provided support in a friendly, kind, professional, caring and considerate manner.

People's opinions, preferences and choices were sought and acted upon.

People's privacy and dignity were respected and promoted by staff. People spoke positively of the caring nature of staff.

People said they were involved in the planning of their care.

Good



Is the service responsive?

The service was responsive.

People's individual needs were clearly reflected in their support plan which was reviewed by staff on a regular basis with the person.

People received the care and support they needed and this was adjusted in line with any changes in their needs.

There was a complaints procedure in place and people were informed about how to make a complaint if they were dissatisfied with the service provided.

Good



Summary of findings

Is the service well-led?

The service was well-led.

People knew the management structure of the service and who to contact.

Staff felt well supported by the management team and they were asked for their views.

There were quality assurance systems to monitor the quality of the service provided.

Good



Agincare UK - Nutfield Extra Care Scheme

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 30 June and 2 July and was announced. We gave notice of our inspection to ensure key people would be at the service when we visited. The inspection team consisted of one inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We did not request the provider to complete the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give information about the service, tells us what the service does well and the improvements they plan to make.

We looked at the care records of six people, the recruitment and personnel records of five staff, training records, staff schedules and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, mental capacity, recruitment, confidentiality and complaints.

The registered manager asked people if they were willing to speak to us prior to our visit. During the inspection we visited four people at the Nutfield Extra Care Scheme. We also spoke with three people on the phone that were supported within the community by Agincare UK. We spoke to these people about the service they received and were also able to speak with their relatives. We spoke with three care staff, one senior carer, one care coordinator, the deputy manager and the registered manager.

Four health and social care professionals were contacted in order to gain their views about the service. However, only one of them provided feedback about the service.

Is the service safe?

Our findings

People using the service told us they felt safe living at Nutfield Extra Care Scheme and when they received personal care from staff. One person told us, “I feel safe having the staff in my flat caring for me. They always knock and call out my name before coming in”. Another person said, “I do trust the staff I have known them along time and haven’t a bad word to say”. Staff we spoke with explained how they ensured people were left safely before they had finished their visit. One staff member told us, “I always make sure people having walking aids near them and are comfortable”.

To help people feel more relaxed with calling for assistance the flats at Nutfield Extra Care Scheme were fitted with an emergency call system. This meant people could summon staff in an emergency. People receiving care within the community were provided with a list of contact details including the telephone number of the main office. This helped to keep people using the service safe

Staff we spoke with said they had received safeguarding training and received regular updates. They were able to give examples of what constituted abuse or neglect and who they would report concerns to. They were aware of the service’s whistleblowing policy and said they would not hesitate to report any concerns. The safeguarding policy was available for all staff to access in the office and a procedure had been produced to help support the staff in the step by step process. The telephone numbers for the local safeguarding authority were also available for staff to access. Records showed that where incidents had occurred appropriate steps had been taken to safeguard people.

People’s needs were assessed to enable the service to support people with an identified risk to their safety or wellbeing. We looked at six people’s support plans; each showed risk assessments had been completed with the involvement of the person who used the service. These included risks associated with moving and handling and medicines managements. Risk assessments were used to enable people to take risks safely, keeping and developing their independence. The risks assessments were monitored, reviewed and updated as needed.

The service had a system to manage potential risks within people’s homes. An environmental risk assessment ensured that potential risks were identified and managed. For example, fire safety risks were completed together with a risk assessment if there were any hazards at the property.

People we spoke with told us the staff were always on time and they, or their relative had regular staff teams so they knew who all the staff were and felt comfortable with their support. People told us staff stayed for the appropriate and expected length of time each time they visited. The staff we spoke with told us there were enough staff employed to care for and support everyone safely. One staff member said, “We have enough staff employed here to cover peoples call runs. Any outstanding shifts are always picked up by the staff as over time”. Another staff member said, “Senior managers are good at organising the staff rotas. I feel we are well staffed here”.

There were sufficient numbers of staff available to keep people safe. We looked at the staff rota for a four week period and noted consistent cover was always available. Staff rotas showed that enough staff were on duty to meet the required amount of support hours. They also showed there were enough staff to meet people individual needs, for example, where two staff were required to help people who needed to use a hoist. The registered manager and senior care staff tried to ensure the same staff covered the same call runs on a regular basis so consistency of care was offered. Staff told us the rota was available a month in advance, which meant if there were any shortfalls to fill these were sorted in a timely manner.

We looked at staff recruitment records and spoke with staff about their recruitment. We found recruitment practices were safe and the relevant checks were completed before staff worked in the service. A minimum of two references had been requested and checked. Disclosure and Barring Service (DBS) checks had been completed and evidence of people’s identification and medical fitness had also been obtained. A DBS check allows employers to check whether the staff had any convictions which may prevent them working with vulnerable people. The registered manager told us that they conducted interviews with candidates alongside the deputy manager. Records confirmed standard questions were used at each interview which meant that interview procedures were consistent and

Is the service safe?

ensured that candidates were of good character. Staff confirmed their recruitment to the service was robust and they did not start work until all necessary checks had been completed.

There were clear policies and procedures in the safe handling and administration of medicines. People's medicines were being managed safely. There had not been any errors involving medicines within the last 12 months. The registered manager told us about the appropriate

action they would take if a medicines error was made by staff. This included seeking medical advice on the implications to people's wellbeing, providing further training and support to staff to assess their competence and referral to the safeguarding local authority. There was accurate recording of the administration of medicines. Medicine administration records (MAR) charts were completed to show when medicine had been given or if not taken the reason why.

Is the service effective?

Our findings

People felt supported by knowledgeable and competent staff. One person told us, “The staff know what they are doing. New staff visit me with a familiar carer and are shown the ropes”. Another person told us, “The staff are very good and supportive. They all tell me they have regular training”.

All the staff we spoke with told us that they received the support they needed to carry out their roles effectively. Comments included “I feel very supported by the management team. I have regular supervision and attend staff meetings” and “I like training and I am willing to learn. I am offered plenty of support and training opportunities”. The staff we met with were all enthusiastic and demonstrated a commitment to providing an effective service.

A thorough induction programme was in place to support new staff. Staff told us they received a suitable induction when they started. This included a combination of training and shadowing shifts with experienced staff. During induction staff were trained in core skills such as moving and handling, medicines, infection control and safeguarding. There were also opportunities to attend specialist training courses such as catheter care. The induction formed part of the care staff probationary period, so the registered manager could assess staff competency and their suitability to work for the service.

Staff told us they received the training and support they needed to do their job well. They told us they had received regular supervision, annual appraisals and enough training to enable them to do their job effectively. Training records showed us that staff had received training in a variety of subjects relevant to the roles that they performed. Staff told us they have had opportunities to complete a National Qualification within care. This meant that staff received the training they needed to develop their skills and knowledge base.

All staff had training in the Mental Capacity Act 2005 (MCA) and were provided with a basic understanding of the act. They were aware that the MCA protected the rights of people who lack capacity to make decisions about their care and welfare. The service had policies and procedures in relation to the Mental Capacity Act (2005). Staff demonstrated a good understanding of how to support people who lacked capacity so that choices and decisions were made in their best interests. This included meetings to be held with the person, their family and other health and social care professionals.

Staff explained they gained people’s consent to personal care when they arrived for each visit. Staff told us they read through people’s care records before any care practices were carried out. This was to make sure they understood the support each person required and to seek their consent

People told us they were supported by staff to arrange healthcare appointments such as going to the doctors, if they needed this input. Most people we spoke with were able to manage their healthcare independently or with support from their relatives. Staff recorded the support that they provided at each visit and other relevant observations about the person’s health and wellbeing. People’s records showed us that when necessary staff had taken action to ensure that people had access to appropriate health care support for example, GP’s, community nurses and occupational therapists.

People living at Nutfield Extra Care Scheme were provided with on-site catering facilities where they could access a lunchtime meal with support from staff in the communal dining room. Some people living at the scheme or who were being supported within the community received support from staff with food preparation and the heating up of pre-packed meals within their own home. People we spoke with did not require support with eating or drinking. Staff told us if people were at risk of choking they would be referred by the GP to the Speech and Language Therapy (SALT) team for an assessment.

Is the service caring?

Our findings

People were complimentary about the care staff and the care they received from the service. They said they were cared for by staff who were professional, friendly and caring. Comments included, “The staff are so caring here. They helped care for me during a life changing illness and have helped me to build my confidence again”; “The staff are very caring and supportive. I look forward to my visits from them”. We spoke with relatives regarding the care and support their family received. One relative told us, “I am so pleased with the care provided. They care for my relative very well. They are also a great support to me”. We received the following comments from professionals, “I have not had any concerns and the care staff have always looked after and supported them very well”.

People were treated with dignity, respect and given the privacy they required during care tasks. People told us, “They always ask what I would like to wear. They always ask me first if I am ready to have a wash and get ready”, “The staff always ask me my preference of what I would like to eat and drink. I like to vary my meals and I am given a choice everyday”.

We observed staff interacting with people in a respectful manner. For example, staff knocked on the doors of people’s flats and waited to be invited in before entering. One person told us, “The staff always knock, call out my name and then say who they are. I have got used to their different voices”. Some people we spoke with that received care from staff within the community told us staff used a key safe to gain entry to their house as agreed within their care plan. A key safe is a secure method of externally storing the keys to a person’s property. People we spoke with told us the staff were respectful using this system and called out who they were on entry to their houses.

People told us that they were able to express their views and make decisions about the care they received. People felt that they were listened to and staff were able to tell us about the things people were able to do themselves which encouraged their independence. Care records we looked at confirmed people’s involvement in planning their care and outlined the way they wanted to be supported. Staff told us they gained information about how people liked to be cared for through carrying out a comprehensive initial assessment with people.

People we spoke with said enough information was provided by the agency and local authority about the service provided. This was contained within people support plan folders and outlined what they could expect from the agency, the way the support would be provided and the agency expectations of them. The registered manager told us the philosophy of the service was to ensure that people were supported to make their own decisions regarding the support they received. They told us they aimed to provide high quality of care to people that was delivered using a person centred approach.

Staff were able to tell us about the people they supported. They were able to discuss how people were cared for and their differences. It was apparent from the conversations that they knew the people well and had a good rapport with them. We observed positive interactions between staff, the registered manager and people who used the service. An example being we observed staff interacting with people in the dining area at lunch time. Staff were seen talking with people about things of interest to them.

The registered manager told us that people were supported to express their views, along with their family or representatives, and they could speak with them, the deputy manager or staff at any time. People we spoke with confirmed this during our conversations with them.

Is the service responsive?

Our findings

People were given information about the service and their aims and objectives and this was kept in the support plan file in people's homes. Information was contained about the service and included contact telephone numbers for Agincare UK and other relevant agencies, a copy of the support plan and details about the care plan review process and the complaints procedure.

People who lived at Nutfield Extra Care Scheme told us how the staff from Agincare UK organised a number of regular events with the local council and community. For example, a local walking club, friendship club, activity's club, coffee mornings and an exercise group. The registered manager met regularly with the local authority and housing manager to discuss how things were going at the scheme.

People said the care staff understood their preferences for care because they had been asked for the information before their care package started. Staff were knowledgeable of people's needs and had detailed knowledge about each person they supported. They described how they supported people to express their choices and maintain their independence by encouraging them to do as much as they could for themselves with staff support. For example, one staff member told us, "You have to read people's support plans to see what level of independence they each need. We also get to know what people can and cannot do".

People's needs were assessed and care was planned and delivered in line with their individual support plan. Care records we looked at contained assessments of people's individual needs and preferences. There were up-to-date and detailed support plans in place arising from these, showing all the tasks that were involved and outlining how

long each task would take. Additional forms such as medicine administration charts and risk assessments were also available. People confirmed that they had copies of their support plans in their homes.

We asked people if the support they received met their needs and whether any changes to their care arrangements were required. People told us they were involved in the planning and review of their care. People gave us examples of when adjustments had been made to the timing of their support visits in response to hospital appointments and when they were unwell. This included extending visit times and extra visits scheduled to meet people's needs. One person we spoke with told us how they have had to ask for extra support whilst they adapted to a life changing event. They told us the staff were "willing to help and marvellous carers".

People told us they had no complaints about the service they received. They had information in their care records which guided them on how to make a complaint to the service, the provider or other organisations. People told us, "I have no complaints about the service. I am very happy with everything and have a copy of the complaints procedure", "I would ring the office if I was unhappy. I have information within my folder. I have no complaints only lots of praise". People told us they had confidence in the management to deal with any concerns they might have.

The service has a detailed complaints policy was in place, this clearly explained the complaints process to follow. This included how to make a complaint, who to complain to, expected time scales for responses and investigations. It also provided people with contact details of the local authority and the Care Quality Commission. We were told the service had an open door policy whereby people could access them easily. The registered manager told us the service had not received any formal complaints.

Is the service well-led?

Our findings

The registered manager had clear visions and values of the service. The main aim of the service was to support people to live as independently as possible in their own homes by providing high quality, personalised care. The registered manager told us their focus for the next 12 months was to continue to develop the service working closely with the staff. They told us they planned to continue to deliver a high standard of personalised care to people.

It was apparent during our inspection that there was an open and transparent culture at the service. Everyone was comfortable speaking with us and forthcoming with information. We noted there was a very relaxed atmosphere throughout the service. Staff spoke openly and cheerfully to people living at Nutfield Extra Care Scheme. Some people chose to sit together in the communal areas and keep each other company. Staff we spoke with described the culture of the service as being like “a big family”. Staff told us they supported each other as staff and that people who used the service looked out for one another.

There were clear lines of accountability and responsibility within the various staff teams and staff knew who to report to. The registered manager worked in conjunction with the deputy manager and other office based staff such as senior care staff. Staff spoke highly of the support given to them by the management of the service. They told us the registered manager and senior staff were approachable and willing to listen. The deputy manager told us about their day to day tasks such as arranging care visits and carrying out assessments and reviews of people. They were clear about their roles and responsibilities and how their work contributed to the quality of service people received. The registered manager was responsible for a further supported living scheme within the local area. Staff confirmed the registered manager visited regularly and met with the staff. The deputy manager and senior carer told us they had daily contact with the registered manager.

We received the following comment from a professional who said, “The setting is led well, as the registered manager was accommodating of various needs and wishes of people, there was also good support provided to ensure people received the support they need”.

Newsletters used to keep people, relatives and staff engaged and informed about news and forthcoming events at the service. An example being one newsletter informed people of the carer of the month for the service. Another newsletter we looked at welcomed new staff to the service. Forthcoming events were also advertised within the newsletter.

Staff meetings were held on a two to three monthly basis with the staff team. There were records of regular team meetings and staff were able to comment and make suggestions of improvements to the service. The minutes from meetings showed a range of areas were discussed including what was working well, not working well and information about the changes and developments within the service. Staff confirmed the registered manager took their views into account in order to improve service delivery. These measures ensured the registered manager was aware of how things were going and any issues that needed to be addressed.

There was a robust quality assurance system that contained performance indicators which identified how the service performed, areas that required improvement and areas where the service performed well. The service used a range of areas to identify service quality. These included audits of staff files, care plans, risk assessments, infection control and medicine recording.

Systems were in place to monitor accidents and incidents within the service. There was a clear procedure for recording incidents and accidents. Any accidents or incidents relating to people who used the service were documented on a standardised form and actions were recorded. Incident forms were checked and audited to identify any risks, trends or what changes might be required to make improvements for people who used the service.