

Agincare UK Limited

Agincare UK Surrey

Inspection Report

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Summary of findings

Overall summary

Agincare UK (Surrey) is a domiciliary care agency providing personal care for people in their own homes. At the time of our visit the service supported 168 people. We spoke with 17 people who used the service and nine family members.

The service has a registered manager in place and they provided good leadership and support to the staff. A registered manager is a person who has registered with CQC to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. They were also involved in day to day monitoring of the standards of care and support that were provided to people that used the service. This ensured that people received care and support that met their needs, and enabled them to keep living in their own homes.

The people that we spoke with said they always got their visit from staff, but we did get varying feedback from people about staff not arriving when they were meant to. People also told us that staff could sometimes be late and they were not always contacted by the staff member or the office when this happened. This meant that people did not have their preferences and choices for support met by the service as not all staff arrived at the times they were needed. You can see what action we have asked the provider to take at the back of the full report.

People told us that they were very happy with the care and the staff that supported them. However they did not always get the information they needed at the time it was needed. For example, a number of people told us they did not know who was coming to support them, as they did not always get their rota. This meant that people did not receive appropriate information in relation to their care. You can see what action we have asked the provider to take at the back of the full report.

The service had good systems in place to keep people safe. Assessments of the risk to people from a number of foreseeable hazards had been developed and reviewed. One person told us, "Yes I feel safe as staff wear a recognisable uniform, carry ID and are always polite. They make you feel comfortable and you feel they know what they are doing."

People's needs and choices had been clearly documented in their care plans. Where people's needs changed the service acted quickly to ensure the person received the care and treatment they required. One person told us, "They notice if I am not well without me having to tell them and always ask if they can do anything to help, get the GP or whatever. Some even offer to pop back later to see if I am okay."

People who used the service and their family members that we spoke with all agreed that the people were supported by kind and caring staff. Staff were able to tell us about the people they supported, for example their personal histories and their interests. A person told us, "They come in, chatter away to me which I love and they treat me as an individual and have a joke. They take an interest in me and my family but are respectful and professional."

People told us they were involved in the planning and review of their care. Where people were unable to do this the service considered the person's capacity under the Mental Capacity Act 2005. We saw records that showed where a person's capacity to understand a decision may have changed the service had contacted the local authority to discuss having an assessment of that person. This was done to see if a best interest decision needed to be made for that person to keep them safe.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People who use the service and relatives told us that they, or their relatives, felt safe with the staff that supported them. The staff we spoke with were able to give us examples of how they protected people's dignity and treated them with respect.

The service had clear policies in place to protect people from bullying, harassment and abuse. Staff had a clear understanding of what to do if safeguarding concerns were identified.

Staff had an understanding of the Mental Capacity Act 2005, and what they were required to do if someone lacked the capacity to understand a decision that needed to be made about their life.

Detailed risk assessments were in place to ensure people were safe within their home and when they received care and support.

We saw that when the service employed new staff they followed safe recruitment practices. They had checked that staff were suitable to do the job and that they had no record of crimes that could affect their suitability to work with vulnerable adults.

Are services effective?

The people that we spoke with said they always got their visit from staff. However we did get varying feedback from people about staff not arriving when they were meant to. This meant that people did not have their preferences and choices for support met by the service as not all staff arrived at the times they were needed. This is a breach in Regulation 9. (b)(i) of the Health and Social Care Act 2008. You can see what action we have asked the provider to take at the back of the full report.

People had up to date care plans which recorded information that was important to them. These included information about their health and support needs, as well as a clear description of their hobbies, interests and what they wanted from the service. People told us that they had been involved in the planning and reviews of their care.

Where people could not make a decision for themselves we saw that advocacy services had been used. This ensured that any decision that was made was in that persons best interest.

Summary of findings

Staff understood people's health needs and acted quickly when those needs changed. Where necessary further support or equipment had been requested from the social services and other health care professionals. This ensured that the person's changing needs could be met.

The staff we spoke with were mainly very complimentary about the support they received from the registered manager and the senior managers within the organisation. We saw that regular meetings had taken place between individual staff members and their line manager, as well as team meetings. Most staff told us they felt able to discuss issues with the registered manager at these meetings, or at any time they had a concern.

There was a comprehensive training plan in place for each staff member. We saw that staff had received training to enable them to meet the individual needs of people that they supported. Some staff gave us examples of the further training they had been able to go on, although other staff told us they were still waiting to attend training courses that they felt would be useful.

Are services caring?

All of the people we spoke with were very positive about the care and support they received. People told us they felt their individual needs were met and understood by staff. They also told us that staff took time to talk with them and get to know them. Frequently used terms used to describe staff were 'gentle, kind, caring, professional, friendly and compassionate.'

The service had clear policies and guidance for staff on how to treat people with dignity and respect. Staff were able to give us examples about how they did this. They were also able to explain the importance of confidentiality, so that people's privacy was protected.

People who used the service told us that they felt they were listened to and that they mattered. We saw examples where people's opinions about the care that they received had been asked for and that the service had taken appropriate action in response to these comments. Not everyone that we spoke with could remember if they had been asked to give feedback about their care.

Are services responsive to people's needs?

People told us that although they were very happy with the care they received, they did not always get the information they needed at the time they needed it. The main issue they raised was around not receiving their staff rota. This is a document that would tell them who was coming to support them and at what time for the next

Summary of findings

week. The manager was aware of the issue, and had been looking at ways to improve. This meant that people did not receive appropriate information in relation to their care. This is a breach in Regulation 17. (2)(b) of the Health and Social Care Act 2008. You can see what action we have asked the provider to take at the back of the full report.

The service was aware of the requirements of the Mental Capacity Act 2005. Where the need for an assessment was identified, for example a deterioration of someone's mental health, we saw that the provider had contacted the local authority to arrange a capacity assessment. This was done to make sure the person was kept safe, and to ensure any decision made was in that person's best interest, following the guidelines set out in the Mental Capacity Act 2005.

People told us that they knew how to make a complaint if they were unhappy with the service. Information about how to make a complaint was available to people that used the service, for example in the service users care file that was stored at their house. We saw where complaints, accidents or incidents had happened the service had completed a detailed investigation, and action had been taken to reduce the risk of the issue from happening again. This meant that the service learnt from its mistakes and took action to reduce the risk of them happening again.

Are services well-led?

We saw that the service promoted a positive culture that was personalised. The staff we spoke with had a clear understanding of why they were there and what their roles and responsibilities were. One staff member told us, "Our main goal is to promote people's independence."

Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the service had completed a detailed investigation. This included information such as the results of the investigation and the actions that had been taken to resolve the issue.

Before a person joined the service their staff support needs had been agreed. We saw from daily support notes, and from what people told us that there were enough staff at each visit to meet the person's needs. However we did receive feedback from people that used the service and staff that some calls were late, or not at the agreed time. We did not see any indication that calls were being regularly missed.

The service had a business continuity policy in place. This made sure that each service had a plan in place to deal with foreseeable

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emergencies. This would reduce the risk of people's care being affected in the event of an emergency such as flooding, or national events that caused roads to close. We saw that this plan had been recently successfully tested due to flooding in the local area.

The provider completed a number of checks to ensure they provided a good quality service. For example the provider carried out regular audits and checks on the service. They did this by speaking with people who used the service and staff. They also checked that records had been completed correctly. Where issues had been identified action plans had been generated. These were monitored at follow up visits to ensure they had been completed.

Summary of findings

What people who use the service and those that matter to them say

We spoke with 17 people who were supported by Agincare UK Surrey. All of them were very happy with the standard of care and support they received. We asked them about what the service did best. They told us, "They are here to see I'm safe." Another person said, "They look after me. When I came out of hospital I was in a bad way. Agincare have made me feel better. They have helped me build my confidence and self-esteem. They are all wonderful." A third person said, "Staff are so good; they always do what I want. They ask me if I want to do 'anything specific' and discuss with me and do it to a high standard." Further comments from people included, "The care is great; it is the reason why I am still with them". "They're lovely. If I ask them to do something extra for me, they usually will". "I'm more than happy with the carers" and, "I look forward to their visits."

All of the people we spoke with were very happy with the standards of care and support given by the staff. One person told us, "Yes they are caring, they are lovely and I couldn't ask for more." Another person said, "I'm treated with kindness and respect." A relative told us, "I can tell they are caring by the way they work with my family member." Another family member told us, "My family member receives excellent care."

We also spoke with nine relatives. All the relatives we spoke with were very complimentary about the service.

We asked them about what the service did best. They told us, "The staff are the best thing. The carers took the trouble to get to know my family member." Another relative said, "They are really helpful and do a good job." A third relative told us, "On the whole, the carers are very good." A fourth relative said, "My family member always tells me staff are so nice and helpful. They always ask what she wants and they involve her in her care."

We asked people if they thought that there was anything that the service could improve on. The majority of people could not think of anything. However some people told us, "Carers are mostly late by half an hour, or a quarter. They're so busy though. I don't usually get informed they are running late". "They come a bit early in the morning but I don't mind, they are so busy". "We usually have a rota which tells us which care workers are coming the following week but I haven't got mine for next week". "I usually get a schedule of the carers who are coming the following week but sometimes I don't." Even with these issues people still told us that they were happy with the standard of care that they received.

Agincare UK Surrey

Detailed findings

Background to this inspection

We visited the office of Agincare UK Surrey on 23 April 2014. 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 of the Health and Social care Act 2008.

The inspection team consisted of two inspectors and an expert by experience who is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience helped us with the telephone calls to get feedback from people who used the service.

Before our inspection we had reviewed all the information we held about the service. At our last inspection in May 2013 we had not identified any problems with the service.

Over the course of the day we spent time reviewing the records of the service and speaking with staff. We also reviewed care plans and other relevant documentation to support our findings.

On the day of the inspection we spoke with four staff members, which included the registered manager, the quality assurance manager from the head office and two care staff. After the inspection we contacted 17 people that used the service and 9 relatives. In addition to this we spoke with a further nine staff.

Are services safe?

Our findings

The people we spoke with consistently told us they felt safe and that staff made them feel comfortable.

The service had a number of policies in place to ensure staff had guidance about how to respect people's rights and keep them safe from harm. This included clear systems on protecting people from abuse. There was an up to date safeguarding adults and children policy in place. The registered manager said their policy included children, as although the service did not support children, the staff could go into a house where children were present. The policy reminded staff that "All employees have a duty of care to report any concerns of abuse they have." The staff that we spoke with had a good understanding about their role and responsibility for protecting people from abuse. All the staff we spoke with were able to give examples of what abuse was and the signs that it may have happened. The policies also looked at how the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS) interacted with the safeguarding process. This ensured that the service had information on how to report suspicions of abuse to the lead agency. We saw from records that where abuse had been suspected, the service had reported these concerns to the appropriate authorities.

We saw that staff kept a record of accidents and incidents. These contained detailed information about what had happened, and the action that had been taken as a result. The registered manager explained how they reviewed the reports and looked for patterns and ways to stop them happening again. We looked at a sample of reports and saw they had been investigated and appropriate action had been taken to minimise the risk of them happening again.

The service had clear policies around the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The policies covered topics such as supporting individuals to make their own choices; unwise decisions; best interests' decisions; refusing care or treatment; and assessing lack of capacity. These policies also linked to the best practice guidance given by the Department of Health. This ensured that staff had access to the most up to date information on how to support and protect someone who lacked capacity to make a decision for themselves. One person who used the service told us, "My daughter acts as my advocate. I tell people I can't talk to you or see you without her being

here." Another person said, "I feel quite happy talking about things myself but I do have a good friend who is like a mother who acts as my advocate when needed." This showed us that people knew they could have an advocate to help them with decisions if they wished.

Staff had an understanding of the Mental Capacity Act 2005, and what they were required to do if someone lacked the capacity to understand a decision that needed to be made about their life. One staff member said, "It is about what we need to do if someone can't make a decision for themselves. I couldn't make a decision for the person, I would try to explain to them, and give them time to understand." Another staff member told us, "MCA is about someone's ability to make a decision. We offer choices and ask them what they would like." A third staff member told us, "It's about respecting their choice even if it's an unwise choice or decision." These, and the other responses we had from staff showed us that they understood their responsibilities around the Mental Capacity Act 2005. This meant that people's rights would be protected if they lacked capacity to make a decision for themselves.

We saw that there was a system in place to identify risks and protect people from harm. This system also ensured guidelines were in place to minimise the risk of harm to people. Each person's care file had a number of risk assessments completed. The assessments detailed what the activity was and the associated risk, who could be harmed and guidance for staff to take. One person who used the service told us, "They have been very good on what the hospital has said and make sure I only do what I can do. I don't feel restricted."

We looked at how the service managed its staffing arrangements to make sure people were kept safe. The registered manager explained how they were advised by social services as to whether a person required one or two staff to support them. This was also checked during the assessment that was completed with people before they joined the service. We saw from staff rotas that where a support need had been identified, two staff attended. This was confirmed by all the people and the relatives we spoke with. The registered manager explained that where possible they teamed up staff where two were required to support a person. For example in the Molesey area of Surrey there was a dedicated run to cover people that required support from two staff. A carer that drove was teamed up with a non-driving carer. They would then travel

Are services safe?

in the same car to each call. This ensured they both arrived at the same time, and that people had consistent carers each visit. One person told us, “We have the same people most of the time and they know each other and work as a team.” At the time of our visit this system had not yet been set up in all the areas that Agincare UK Surrey covered.

We asked people if they felt that the carers were sufficiently trained. One person told us, “Oh yes”. Another person said, “Carers are pretty efficient, definitely trained.” A third person said they knew staff had been trained, “Because

staff know what they are doing. They have training when they start and shadow people. They don’t come out on their own till they have done it.” Everyone we spoke with felt that staff had received a good standard of training.

The service followed safe recruitment practices when they employed new staff. We checked a number of records and found that all the required documentation required had been sought. This meant the provider had checked that people had no record of crimes that could affect their suitability to work with vulnerable adults.

Are services effective?

(for example, treatment is effective)

Our findings

We asked people if they felt their needs, preferences and choices for care and support were met by the service. The people that we spoke with said they always got their visit from staff, but we did get varying feedback from people about staff not arriving when they were meant to. The response was evenly split between those people that said that staff always arrived on time, and those that said staff were generally late or came earlier than the agreed time. One person said, "I have enough staff to meet my needs. They are always on time." Another commented, "Staff arrive on time and stay for their allotted time." A third person told us, "Carers are mostly late by half an hour, or a quarter. They're so busy though. I don't usually get informed they are running late." A fourth person said, "I am very happy with the care itself. It's just the inconsistency of the times that they turn up. Lately it's been a bit better, they haven't arrived on time, but they haven't been two hours late. I feel they have been more efficient in the past." The people that experienced late calls said it did have an impact on them as they needed staff to help get them out of bed, or they could not plan their day for example to go out or have visitors, as they could not be sure when staff would arrive. This means that not all people had their preferences and choices for support met by the service as not all staff arrived at the times they were needed. This is a breach in Regulation 9. (b)(i) of the Health and Social Care Act 2008. You can see what action we have asked the provider to take at the back of the report.

Feedback from staff was similarly split between those that felt the service had enough staff, to those that felt they were working long hours and rushing to try to get to people in the time given. One staff member told us, "I think we need more carers. We try to cover all the calls and we never leave people without a call, but it is a struggle at the moment." Another said, "I love the job but we are rushing around and the hours we have to work to cover are too much. We seem to be getting more and more staff but it still feels like we are short." A third staff member told us, "We are a bit short staffed at the moment, so we are rushing around, and are a bit late to calls over the last month. We haven't missed any calls though." This matched with what we were told by the people that use the service.

People who used the service and their relatives told us that they had been involved in the planning and review of their

care. One person said, "Yes my family and I were involved. We sat down and discussed what I would like. I was very much involved and what care I have is up to me." Another person told us, "When I first signed up a person came for an interview and discussed my needs and how I like stuff done." A relative told us, "Yes we were involved. We have also had best interests meetings. I am told of any issues and can come along to appointments if I want." Another relative told us, "It was a while ago now, but I think we were. We had a couple of visits from the manager to discuss needs, and have been involved in reviews as well."

Before Agincare UK Surrey supported people detailed assessments were completed by the registered manager, or other senior staff members. We saw that people's preferences and views on what they wanted from the service had been recorded. From the records we saw that the people who use the service and those important to them, such as relatives, had been involved in this assessment. This meant the service had a good understanding of each person's individual needs before they used the service.

We saw that people had up to date care plans which recorded information that was important to them. This included detailed information about their health and support needs. The care files we saw recorded who had been involved in the assessment, for example the person or a relative. The care plans covered a number of areas of a person's support needs. For example, health and wellbeing; eating and drinking; likes and dislikes; bathing and dressing; mobility; communication; social contact and activities; and preferred or desired outcomes they wanted from the support.

We asked people if they felt that staff understood them and their needs. One person said, "Yes. I pretty much talk at length with them; they know what I am into. I can talk to them and have a chat." Another person said, "They seem to know me and we have a good laugh." A relative told us, "They're very understanding of my family member and their care needs." Another relative said, "We have a written care plan which carers follow. We get the same carer for most of the week which is good as my family member has dementia. The carer has time to sit and chat for a while which is company for her."

Where people were not able to speak up for themselves advocacy services had been used. On one of the care plans we looked at, we saw that advocates had been recorded as

Are services effective?

(for example, treatment is effective)

being involved in a care review. The use of advocates was also covered in the organisations communication policy. This would ensure that where a person could not express an opinion or make a decision for themselves an independent person had been made available to speak on their behalf.

Staff were able to describe how they met or understood people's individual needs. For example one care worker told us, "I always ask whether I'm supporting them in the right way and gaining their opinion." Another staff member told us, "Due to having set rounds, you build relations with the service users." A person who used the service told us, "I recently had a new carer who made a point of saying he had looked at my care plan but asked me to let him know if he was doing it right." Another person told us, "They come in, chatter away to me, which I love, and they treat me as an individual and have a joke. They take an interest in me and my family but are respectful and professional." This confirmed what staff had told us.

People told us that if they felt a staff member was not compatible with them they were able to change them. One person told us, "I once phoned up and spoke with the deputy manager as I was concerned about a carer coming to support my family member. We knew this carer socially and I didn't feel it would be appropriate. The service agreed with me and that carer has not been sent to us." We also saw from records that where a person had requested a change in staff member this was agreed. This showed us that the service listened and responded to feedback from people that used the service.

We looked at how people had been supported to maintain good health and have on-going healthcare support. A relative told us, "With the help of social services and Agincare, we have increased the care package to now include a lunch call which is good." Another relative told us, "Last year my family member's health took a turn for the worse. Staff called us and the paramedics and got them to hospital quickly. They were marvellous." A third relative told us, "Staff had noticed a change and recommended we call the GP." A person that used the service told us, "They notice if I am not well without me having to tell them and always ask if they can do anything to help, get the GP or whatever. Some even offer to pop back later to see if I am okay."

We spoke with staff about how they would react if someone's health or support needs changed. One told us, "I've recently worked with one person whose health

deteriorated rapidly. I contacted the office to advise that double up care was required and longer care calls. The office responded and this was implemented very quickly." Another staff member said, "I've recently been working with one person and unfortunately their care needs increased. I contacted the office to express my concerns and immediately social services were informed and that person's package of care was increased." This showed us that staff understood people's health and support needs and ensured referrals to other service were made where a change was noticed.

We were shown an example of where a person was admitted to hospital. An occupational therapist home visit was requested to ensure the environment and equipment was safe to meet the person's needs before they were discharged. The individual's package of care was then reviewed by the service to ensure their needs could be met. This meant that when the person left hospital they would have the appropriate support in place when they returned home.

We looked at how the provider ensured people were supported by staff that had the knowledge and skill necessary to carry out their roles and responsibilities. There was an induction programme in place which gave the staff the skills to meet the needs of the people who used the service. We spoke with the registered manager who explained that all staff completed an induction before they supported people. The induction consisted of three days of training. This was followed by a period of shadowing a more experienced staff member before they supported anyone on their own. The length of time a new staff member shadowed was based on their experience, whether they felt they were ready, and a review of their performance. Information about the staff's performance was obtained from the people they had supported and the staff they shadowed. This ensured that staff were not sent out on their own to support people before they were ready.

We saw that care staff had on-going one to one meetings with a senior member of staff. These were used to discuss issues the staff member may have had and to talk about any training they may want. The registered manager explained that each person should have an appraisal, along with three one to one meetings or attendance at team meetings each year. The staff we spoke with also confirmed that they received regular support from the registered manager. One staff member told us,

Are services effective?

(for example, treatment is effective)

“Supervision is every six months with team meetings in-between and then appraisals every year.” Another said, “I had my last appraisal about a year ago; I’m due another one soon. Management are very busy but when needed they do listen.” A third said, “We get regular supervision and spot checks. Staff meetings are also held as well but I find you can only attend if you’re not working.” This ensured that staff had effective support over the year. The staff files we looked at confirmed that these meetings and appraisals had taken place.

We looked at the training that was available to staff to see if it gave them the knowledge and skills to support people. The registered manager showed us a book where they recorded the training that had been completed by each

staff member. We saw that mandatory topics completed included moving and handling; medication; safeguarding; health and safety; food hygiene; equality and diversity; and infection control. In addition to the mandatory training we saw that staff were able to develop by completing further training. We saw training request forms had been completed where staff had identified courses that they would like to go on. One staff member said “The training opportunities at Agincare are quite good, if you ask to do certain training, you will usually get put on a course. I’ve recently done training on bereavement and end of life care.” Another said “The training opportunities are extremely good here and if we want to do specific training we can.”

Are services caring?

Our findings

We looked to see if caring and positive relationships were developed with people that used the service. We asked people if they felt the service was caring. One person told us, "Yes they are caring, they are lovely and I couldn't ask for more." Another person, "I'm treated with kindness and respect." A third said, "Oh yes, very much so." A fourth said, "My carers are very compassionate. They are caring and all do what they are asked to do cheerfully." A relative told us, "I can tell they are caring by the way they work with my family member." Another relative told us, "My family member receives excellent care."

We asked people who used the service if they felt staff treated them with dignity and respect. All the people we spoke with said they were happy that staff did. One person told us, "They are lovely." Another person told us, "Oh yes most definitely they treat me with respect." A third person told us, "Absolutely I am treated with respect. The thing that keeps me with this service is the staff that come through my door, they are great people."

The staff we spoke with were able to give us examples of how they protected people's dignity and treated them with respect. For example one staff member told us, "When supporting someone with washing, it's about talking with them and explaining what you are doing." They went on to say, "I always shut doors and close curtains to ensure privacy." Another staff member told us, "Privacy and dignity is about communicating with the clients, asking them what they like. Making sure the curtains are closed and treating them how you wish to be treated yourself." A relative agreed that staff treated people with respect. They told us, "They definitely respect my family member's privacy and dignity. Even when there is only me there, they always close the door when they put her on the commode and make sure she is covered when they wash her." This showed us that staff had understood the policies and worked in a manner that showed respect to people, and protected their dignity.

We asked if people felt their individual needs were met and understood by staff. All the people we spoke with said that they were. One person told us, "They never rush me, or rush off. They come in and do what they should in the time given. Sometimes they have stayed longer as what they

were doing with me took longer than expected." A second person told us, "They always chat with me." They went on to say, "If a new carer comes they always look in my blue book and see what support I need."

We asked staff how they ensured that they knew the person they were supporting and what support they needed. All of them said the information was contained in the person's care plan. One staff member told us, "I would look in the care plan and talk with the person or their family on the first visit." Staff were able to describe the individual needs of the people they supported, and how they went about meeting those needs. People who used the service confirmed that staff did this. For example one person said, "I requested this one carer to come regularly as he gets on so well with my family member. We now have him every morning."

The staff we spoke with said that they felt the care plans were detailed enough so that they could provide good quality care. Some staff felt that the person's history section could be more detailed, for example one staff member told us, "In care plans it would be nice to know more about the person and their life history." When we reviewed the care files we noted that basic information about a person had been recorded in the personal history section, but much of this information was of a clinical nature. For example the history of the person's medical needs rather than what they had done earlier in their life. However information such as hobbies and interests had been included in other sections of the care plans.

Staff told us that on occasion when a new person joined the service, the care plan was not always available when they arrived for their first appointment. For example one staff member said, "Sometimes on the first visit for a new client the care plan won't be in the home. I phone the supervisor to find out what support is needed, and to let them know the plan is not there." Another staff member told us, "Occasionally for a new service user there will not be an Agincare care plan when I arrive. But we should have the social services referral paperwork in place so I can use that." No one that used the service that we spoke with raised any issues with the quality of care that they received.

We looked at how people's privacy and dignity were respected and promoted. The service had a confidentiality policy which was accessible to all staff as it was displayed on the wall in the office. It gave guidance on areas such as care workers not divulging information about people that

Are services caring?

used the service to others. The staff we spoke with had a clear understanding of confidentiality and privacy. One staff member told us, “If a person wants to tell me something I have to keep it to myself and not talk about it with others, unless it is about abuse, I have to report this.” Another staff member told us, “I cannot talk about the people I support in front of others. I have to keep information about people to myself, unless it is abuse, then I have to report it.” This showed us that they had understood the organisations policy on confidentiality. This meant that people could be confident that their personal details were protected by staff.

We saw that the service had a clear set of values in place. These were displayed on the wall in the office and covered in the staff induction. Staff were able to describe the values of the organisation when we asked. A relative told us, “The carers are wonderful. They have responded to her care needs as they have changed. I am happy with all they do. It is good to know that everyday someone is coming in.” This meant that staff were aware of the standard of care that was required, and the vision and goals of the organisation.

We saw that the service had procedures around personalised care planning. An autonomy and independence policy was also available. These provided guidance to staff on how to support provide people in a compassionate and dignified way. All of the people we spoke with were complimentary about the standard of care they received.

We asked people if they were ever given the opportunity to talk to staff about their care or support. One person told us, “Whenever I come and visit my loved one, I always meet with the registered manager to discuss how things are going.” Another person said, “I requested this one carer to come regularly as he gets on so well with my family member. We now have them every morning.” A third person told us, “The staff always ask me what I want them to do, and then we discuss what I have requested.” Another person said, “Yes they do listen and always ask me how I am and what I want doing. They never assume and always ask if I want a bath or just a good wash. They do practical stuff as well such as making my bed, or washing up. They always ask if I want other little things doing like emptying the bin and then check I have everything I need before they go, even though they are tight for time.” This showed us that people had the opportunity to talk to staff and staff responded in a caring way to meet that person’s request.

We also asked people if they had the opportunity to give feedback about the service they received. We had a mixed response from people about this. Some people told us that they had been asked to give feedback, whilst others were unsure or could not remember. One person told us, “Yes, they telephone me and ask how it is going.” Another person said, “I am asked to fill in a form and then send it back.” A third person told us, “I’ve not been asked for written feedback but I always give verbal feedback and the manager is so approachable.”

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We asked people if they had been given information they needed at the time they needed it. People told us the most important piece of information they felt they needed was the staff rota. This would tell them who would be providing their support each day. One person told us, "I haven't got a sheet which tells me whose coming next week, I just wait and see." Another said, "We usually have a rota which tells us which care workers are coming the following week but I haven't got mine for next week." A third person said, "I usually get a schedule of the carers who are coming the following week but sometimes I don't." A fourth person said, "The care is really good, but I never know who is coming to support me." We raised these issues with the registered manager. They told us that the rotas were produced the week before and were given to care staff to hand out at their next visit. They went on to explain that sometimes care workers forget to hand out the rotas, or staff had gone off sick after picking up the rotas from the office. They could have the rotas for 20- 40 people which would not be delivered when needed. This meant that information that was important to people was not always available. People told us they needed to know who was coming into their home, and to see if there had been any changes in the usual staff member they had. Without the rota they were unable to do this. This meant that people did not receive appropriate information in relation to their care. This is a breach in Regulation 17. (2)(b) of the Health and Social Care Act 2008. You can see what action we have asked the provider to take at the back of the full report.

We asked people if they were supported to express their views and actively involved in making decisions around their care and support. One person said, "If I go and see my surgeon, I tell the carers what they said, and then they help me do what I can. Staff write in the file when my needs change. I can move much better now, which is down to their care." Another person told us, "When a new carer comes, they read my blue book and ask me as well what help I need." A third person said, "They always ask me what I want and they involve me in my care." A fourth person told us, "Yes, my family and I are involved. We sit down and discuss what I would like. What care I have is up to me." Another person said, "When I first signed up with the

service they came for an interview and discussed my needs and how I would like things done. If I came up with a better way of doing things I would let the carer or the office know, and they would make that change for me."

The staff we spoke with explained how they involved people in making decisions about their care. One said, "I assist with people's reviews of their care plans. Reviews are every six months or sooner if things change. During the review, it's about communicating with the person and asking them how they have been finding things." Another staff member told us, "It's about respecting their choice even if it's an unwise choice or decision." A third staff member told us, "It's about listening and talking to service users."

The providers survey, completed in the summer of 2013, recorded that 98% of the people that responded gave an overall positive response when asked whether the 'care workers do the things the way we have agreed that I want them to be done.' In addition 98% also gave an overall positive response when they were asked 'I know what I can expect from the service provider and am involved in planning my care and support.' From the people we spoke with and the documents we saw, we could see that people were involved in decisions about their care and support.

We asked the registered manager how decisions were made for people that may not have the capacity to understand them. We saw that the service had a clear policy and procedure around the Mental Capacity Act 2005 (MCA). It referenced the MCA and the five principles for determining if someone has capacity to make decisions for themselves. It also covered best interest decisions and taking the least restrictive option. The registered manager gave us an example of a person who received care who made unwise lifestyle choices. The registered manager explained how they had contacted the local authority as they felt a Mental Capacity Assessment was needed regarding the person's ability to make specific decisions, for example, did they have capacity to understand the harm that could happen to them if they continued to make these lifestyle choices. This showed us that the manager understood the need to consider a person's capacity, and to ensure any decision made was in that person best interest, following the guidelines set out in the Mental Capacity Act 2005.

We looked to see if people received personalised care that was responsive to their needs.

Are services responsive to people's needs?

(for example, to feedback?)

All of the people were very happy with the standard of care provided by the service. They also told us that the care met their individual needs. However some people felt that the service could sometimes not respond quickly to their needs. One person said, "I recently rang the office staff, who are always very friendly and polite, to ask if they could come early one day as I had a hospital appointment but they could not guarantee this, so I had no option but to cancel my care for the day. They do try to be flexible but sometimes have not got the staff to do this."

We saw from the care plans we looked at that people's preferences and lifestyle choices had been recorded. For example information around interests likes and dislikes and any cultural or religious needs were recorded.

We asked how the service reacted in response to peoples changing needs. The staff we spoke with gave us examples. One told us, "I've recently worked with person whose condition deteriorated rapidly. I contacted the office to advise that two staff were required and longer care calls. The office responded and this was implemented very quickly." This showed us that people's needs were regularly reviewed and met.

We looked at how people's concerns and complaints were responded to. We asked people what they would do if they were unhappy with the service. One person told us, "I would ring Agincare and tell them. I think they would respond to what I said." Another person told us, "I would make a complaint, but I haven't needed to." A third person told us, "I would let the office know. The message seems to get dealt with quicker if I tell the carer." From the results of the last survey completed by the provider we saw that 97% of the people that responded said they knew how to make a complaint.

We asked staff about what they would do if someone was unhappy with the service. One staff member said, "I will call

the office and tell them about the persons concerns. I would also try to sort it out." Another staff member said, "There is information in the persons care folder that tells them how to make a complaint. I would help them ring the office." A third staff member told us, "If a client raised any concern or wasn't happy with something, I would contact the office and advise them of the issue." This showed us that people understood how to make a complaint, and that staff would encourage people to raise any issues that they may have.

We saw that Agincare UK Surrey kept a complaints log. We saw that a clear record was kept of each complaint that had been received. We saw copies of the original complaint letters or emails had been kept, along with any replies that had been sent. The service had recorded the investigation into the complaints and identified any trends, patterns and contributory factors. From looking at the records we could see that people had been responded to in good time. For example one complaint resulted in a memo being sent to all staff to remind them of the importance of recording visits accurately. The registered manager had investigated the concern and then taken appropriate action. This showed us that the service had learnt from its mistakes and had taken action to minimise them happening again.

We saw a copy of the complaints policy. This gave information to people that used the service and staff on how to make a complaint, and how the service would respond. The policy was also included in the employee handbook. This meant that all staff would have been given a copy when they joined the service. The policy set out the timescales that the organisation would respond in, as well as contact details for outside agencies that people could contact if they were unhappy with the response. The policy encouraged people to raise any concerns that they may have.

Are services well-led?

Our findings

We asked staff if they felt there was a positive culture within the organisation. One staff member said, “I have been given the opportunity to progress within the organisation.” Another staff member said, “if I have any worries or need advice I can just ring and speak to the office.” A third staff member told us, “Our main goal is to promote people’s independence. Our values and codes of practice are on display in the office.”

We looked at what systems and records were in place that promoted a positive and open culture. We saw that Agincare UK Surrey had a clear values statement. This was displayed on the wall in the office, and was covered in the staff induction. A copy of the values policy was also contained within the employee handbook that all staff received during their induction. We saw that the values of the organisation were also discussed during staff appraisals. An appraisal is a formal one to one meeting with a manager where staff performance, goals and training needs for the coming year were discussed. This showed us that there was information available to staff about how they should work when supporting people to ensure they did this in an open and inclusive way.

Agincare UK Surrey had a whistleblowing policy. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the service’s whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns. A staff member told us, “If I have any worries or needed advice I can just ring and speak to the office.” They went on to say, “If I have concerns I would ring the manager, if I wasn’t satisfied with their response I would whistle blow.”

The service had systems in place to drive improvement and ensure senior managers were aware of the culture of the organisation. For example, audits of staff surveys were completed by a manager from another service run by Agincare UK. The results of these surveys were sent to the head office where the information was reviewed. The results were then sent to a senior operations manager who wrote a report which was presented at senior management level within the organisation. We saw that actions from the

staff survey were sent to the registered manager to act upon. The organisation regularly undertook audits on a number of aspects of the service, for example completion of care records, medication records, telephone survey results, complaints and infection prevention. We could see that there was a clear system to analyse the results found, and ensure that action was taken. Following an audit, the quality assurance manager would review the action plan to ensure that actions were completed.

We asked the registered manager about how people were given the opportunity to give feedback about the service. They explained that telephone interviews were carried out regularly, and an annual survey was also completed. We looked at the records in the office and saw that telephone questionnaires were undertaken quarterly. The registered manager reviewed the results to look for any trends or concerns. We saw that following a telephone questionnaire, one person was not happy with a carer. This care worker was then not sent back to that person. In addition to this, in June 2013 a survey on the service had been sent out to people. The last survey had 44 people return their forms. The responses were mainly positive with 93% of people saying they were satisfied with the service. This showed us that people were able to express their views about the service in a number of ways. Examples seen also showed that the service responded to those concerns or requests where they were able.

We saw the results of a recent manager survey regarding Agincare UK Surrey. This had 100% positive feedback. This showed us that the service sought the views of staff, and the results were reviewed by senior managers so they had an understanding of the issues affecting staff and people that used the service.

We looked to see if the service learnt from its mistakes, incidents and complaints. Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the service had completed a detailed investigation. This included information such as what had caused the issues and the actions that had been taken to resolve them. We saw an example where a concern had led to a safeguarding referral. A detailed investigation was carried out by the manager at the request of the safeguarding team. We saw that appropriate action had been taken by the manager. A senior manager reviewed progress on any action plans to ensure they were

Are services well-led?

completed in good time. This was documented in the regular quality assurance visits that had been carried out. This ensured that the service learned from mistakes, and minimised the chance of them happening again.

There was a clear log of all complaints, compliments, accidents and incidents kept in the office. From looking at the records we saw that these were detailed and we could clearly see at what stage of the process each was at. This meant that opportunities to improve the service would not be missed, and staff and senior managers knew what was outstanding and required a response.

We asked people if staff missed visits or arrived late. Although all of them said they always got their visit we did get varying feedback from people about staff not arriving when they were meant to. We asked the registered manager about the feedback we had received about the late calls. They said there had been a number of staff sicknesses recently that had had an impact as other carers had to cover for them. The registered manager said, "Depending when the care worker calls in, we would look at the rota to see if any care workers could pick up the entire run. If not, we could contact care workers near the service user's home to see if they could pick up the call. Most care workers have been to a service user at least once. If they had not been previously, we would provide a verbal handover of the care needs of the service user and expect them to read the care plan." They went on to say, "In an emergency, office workers can also act as care workers."

The registered manager also told us how they tried to plan the rotas for staff. They said, "We try to organise the rotas so that care calls are near each other. We need to consider the impact if care calls are 10 miles apart, if a carer gets caught in the traffic, this has a significant impact on the timing of the care call if the care calls are 1 mile apart."

The registered manager informed us that all missed calls were reported to Surrey County Council. We were shown an example when a care workers rota didn't show a visit and consequently one visit was missed. To rectify the situation which was caused by IT problems, the rotas are now manually checked every week. This has a knock on effect

on how quickly the rota can be sent out. The registered manager told us that late calls were not classed as missed calls, so were not reported. We also noted that the last survey sent out to people that used the service over the summer of 2013 did not ask people if staff arrived on time. This meant that the management may not be aware of the full extent of the number of late calls that are taking place. We saw that the service was in the process of recruiting new staff, so the manager was aware of the situation and had taken action to try to address it.

We asked people who used the service if they thought the service was well led. The majority responded positively. For example one person said, "It's very good, I have no complaints. I wouldn't hesitate to recommend them; it is amazing what they do." Another person said, "They do a very good job." A third person said, "I think it must be well led for the ladies to be so organised when they visit me."

The service had a registered manager in place. The majority of staff we spoke with felt that the service was well led. A staff member said, "It is well led, the manager has been very supportive." Another staff member said, "I have the support and I seek advice when I need it. We have regular manager meetings and staff meetings." This showed us that people and staff felt the manager provided good leadership.

The service had a robust business continuity plan (BCP). This included information on how to manage loss of electricity, road works, flooding, national events and road closures. Within the BCP we saw contact details for all stakeholders, staff, service users and their next of kin. The service had taken into account the needs of people within the plan. For example we saw that when snow and flooding occurred Agincare had a priority system where service users with high care needs were prioritised. The plan had been tested during the London Olympics due to road closures. The manager was also aware of future events that could affect the service. This meant that there were clear instructions for staff to follow, so that the disruption to people's care and support would be minimised.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity

Personal care

Regulation

Regulation 9. (b)(i) of the Health and Social Care Act 2008. People did not have their preferences and choices for support met by the service as not all staff arrived at the times they were needed.

Regulated activity

Personal care

Regulation

Regulation 17. (2)(b) of the Health and Social Care Act 2008. The provider did not have suitable arrangements to ensure people received appropriate information in relation to their care.