

Agincare Enable Limited

Agincare Enable Limited (Wiltshire and Swindon)

Inspection report

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07 March 2023
08 March 2023
10 March 2023

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Agincare Enable Limited (Wiltshire and Swindon) is a supported living service providing personal care for people living in their own homes. At the time of the inspection there were 28 people using the service.

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

People told us they liked the staff that worked with them, we were told they were, "Lovely" and, "Brilliant."

Staff we spoke with knew people well and understood the expectations of the provider.

People and their relatives told us they felt listened to and involved in peoples' care. They felt safe and respected.

The registered manager had put quality systems in place to ensure adequate service checks were being done.

Not all staff had received refresher training in line with the provider's policy, this was something the registered manager was addressing.

The provider was using paperwork from the previous provider and themselves, this could cause some confusion. The provider was working to ensure all paperwork was being updated to reflect the new service.

The provider was moving all recording from paper to electronic systems. This had been delayed due to internet issues so on some occasions records were on both systems.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People told us they were very happy with the support they received and said there had been improvements since the new provider had started to work with them.

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.

Right Care

People were supported by staff who knew them well. The provider was driving a change of culture which meant people were positively supported with their life choices.

Right Culture

The registered manager and service managers had set a culture of person-centred support and were leading by example. We observed staff engaging in a person-centred way with people.

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

Rating at last inspection

The last rating for the service under the previous provider was requires improvement published on 28 July 2022

Why we inspected

This inspection was prompted because we had previous concerns about risks to the service under the old provider. This inspection was planned to ensure people were being supported appropriately by the new provider.

The new provider had taken action to mitigate the risks, this has been effective.

Follow up

We will continue to monitor information we receive about the 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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

This inspection was unannounced. Inspection activity started on 7 March 2023 and ended on 14 March 2023.

We visited the location's office on 10 March 2023

What we did before the inspection

We reviewed information we had received about the service and information we held about the previous provider. We used this information to plan our inspection.

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

During the inspection we sought feedback from 17 people who use the service, 5 professionals and 3 relatives. We spoke with the registered manager, 2 service managers and 6 members of staff. We reviewed people's records including medicine files, risk assessments and care plans. We reviewed recruitment systems, staffing levels and rotas.

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, assessing risk, safety monitoring and management

- People told us they felt safe and able to report any concerns to staff and the management team, Comments from people included, "I feel very safe here." And "I know I can speak to my support worker."
- The provider had risk assessments in place to support people to take positive risks.
- All staff had received safeguarding training, but some staff needed refresher training. This was due to the different expectations of the new provider in relation to frequency of training. There was a training programme in place to rectify this.
- Staff we spoke with knew what safeguarding was and what to do if they suspected or witnessed abuse.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff to meet people's needs. The provider planned rotas in advance and used regular agency staff to ensure continuity of care.
- The provider had struggled to recruit enough staff but was using regular agency staff to cover gaps in their rotas.
- Staff were recruited in a safe way.
- The registered manager was leading a recruitment drive which had been successful in increasing the number of permanent support workers. Recruitment was an ongoing process.
- New staff had induction training. Further training continued once their induction was complete.
- Staff told us they were receiving regular supervisions and attended monthly team meetings.

Using medicines safely

- Medicines were administered safely by staff who had been trained and assessed as competent.
- We saw clear medicine records for people showing how they liked to take their medicine what time of day they should take them and if they had allergies.
- People had their medicines stored safely in their rooms to enable them to take their medicine privately.
- Some staff were due to attend refresher training; this was due to the changeover in provider and the different policy for the new provider. This training was being delivered in the coming weeks.

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 making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had introduced systems to review when things go wrong and to learn from these.
- Lessons learnt were fed back to the staff via team meetings and supervisions.

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

- The service had a positive and person-centred culture; people had choice and control about how they lived their lives.
- People were accessing the community via the local bus service or by car to meet friends, attend activities or go shopping. One person had a Motability car which staff drove when they wanted to go out. Another person had a Motability car on order and other people were thinking of getting ones for themselves.
- The registered manager told us people had weekly, "Voices To Be Heard" meetings. These are meetings for people to enable them to feed back to staff what they want to do and how their support is.
- One person told us they were in paid employment; another they were volunteering for the local church and a third that they actively participated in a hobby in the community.
- One person told us they would like to do an activity but has not had the opportunity do this yet. We shared this with the registered manager.
- Professionals told us staff were responsive to their feedback. Comments from professionals included, "I was very impressed with the management", and "The staff team have worked well together to deliver good outcomes for people"

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 told us they ensured they understood their duty of candour and apologised if things went wrong.
- Families and professionals told us they had experienced good open communication from the registered manager and the service managers.

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

- The registered manager and service managers understood their roles. Staff told us the management team was, "Really supportive."
- The registered manager had implemented a service improvement plan to monitor the quality and safety of care provision and drive improvement in the service.
- The provider was introducing a new computer system for maintaining records until this was fully working there were some records on paper and some on the computer which could lead to confusion.

- We saw paperwork which had the old provider's name on it, this included policies. The registered manager told us they were in the process of removing and replacing this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were regular meetings for people and their relatives to share updates about the direction of the service and allow opportunities for people and relatives to feedback.
- Families told us that there was a, "New sense of optimism" and everything was, "Very positive."
- Efforts had been made to engage with the local community and there were plans to open the garden as allotments for people who lived locally to use.

Continuous learning and improving care

- The registered manager had a system of recording incidents and accidents, this was used to review what had happened and to learn from incidents.

Working in partnership with others

- Professionals spoke highly of the managers. Comments included, "[The management team] Is excellent" and. "I have been really impressed with the management".
- The registered manager told us the service has been made a preferred provider for the local authority.