Agincare UK Limited

Agincare UK Chippenham

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Agincare UK Chippenham is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using Agincare UK Chippenham receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of this inspection Agincare UK Chippenham was providing a service to 53 people. This inspection took place on 11 January 2019 and was announced.

A registered manager was in place and available throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in December 2017 the service was rated as Requires Improvement for the second consecutive time. At that inspection we found three breaches of the regulations in relation to Safe care and treatment, Good governance and the Notification of other Incidents. Requirement notices were served and the service sent an action plan to demonstrate how they would meet these Regulations.

At this inspection we found the service had made the necessary improvements to no longer be in breach of these Regulations and has now received an overall rating of Good.

Where a risk to a person had been identified, an assessment was in place, however there was not always enough information recorded on managing the risk. Although there was evidence of when a care plan had been reviewed there was not always a date to know when a written update had occurred.

There were some areas of improvement needed around medicine management. We observed gaps on some people's medicine records but these had been identified by the registered manager and action taken with individual staff.

People had confidence in the staff to keep them safe. Staff understood their safeguarding responsibilities and how to report any concerns.

People told us there were sufficient staff to meet their needs. A rota was sent to people weekly which sets out which staff member will be visiting them and what time they are due.

The service followed safe recruitment practices. Staff files were organised clearly and included application forms, records of interview and appropriate references.

Staff spoke positively about the training received and the opportunity to progress if they wished. There was a clear induction checklist in place to ensure staff were signed off as competent before they started working. Records of probation periods were reviewed and documented.

We saw that some mental capacity assessments needed more detail to be recorded around how the person was given the information and how it was discussed in order to identify they lacked capacity.

People received care and support from staff who had got to know them well. The feedback obtained from people was particularly positive. Everyone confirmed that they had regular staff supporting them, who they valued.

Care plans were personalised and detailed daily routines specific to each person. There was reference to how each person communicated and information on their life history and interests.

Quality assurance systems were in place to monitor the quality of service being delivered. The registered manager completed a monthly audit overview of the service which included looking at medicines, incidents and accidents, complaints, feedback and care plans.

A new manager had registered in December 2018 and had worked for the service for seven years in different roles, prior to registering. People we spoke with told us the new registered manager was a welcome addition and they would recommend the agency to others.

People and staff and felt the communication was much improved and felt supported by the registered manager and confident to raise concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Where a risk to a person had been identified, an assessment was in place, however there was not always enough information recorded on managing the risk.

There were some areas of improvement needed around medicine management. We observed gaps on some people's medicine records.

People had confidence in the staff to keep them safe. Staff understood their safeguarding responsibilities and how to report any concerns.

People told us there were sufficient staff to meet their needs. A rota was sent to people weekly which sets out which staff member will be visiting them and what time they are due.

Is the service effective?

Good

The service is effective.

Staff spoke positively about the training received and the opportunity to progress if they wished. There was a clear induction checklist in place to ensure staff were signed off as competent before they started working.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

We saw that some mental capacity assessments needed more detail to be recorded around how the person was given the information and how it was discussed in order to identify they lacked capacity.

Is the service caring?

Good

The service is caring.

People received care and support from staff who had got to

know them well. Everyone confirmed that they had regular staff supporting them, who they valued.

People were encouraged to be involved in decisions around their care and their choices were respected by staff.

Peoples dignity was respected and their independence encouraged.

Is the service responsive?

Good

The service is responsive.

People or their relatives were involved in developing their care, support and treatment plans.

Care plans were personalised and detailed daily routines specific to each person. There was reference to how each person communicated and information on their life history and interests.

People's concerns and complaints were encouraged, investigated and responded to in good time.

Is the service well-led?

Good

The service is well-led.

Quality assurance systems were in place to monitor the quality of service being delivered.

A new manager had registered in December 2018 and had worked for the service for seven years in different roles, prior to registering. People told us the new registered manager was a welcome addition and they would recommend the agency to others.

People and staff and felt the communication was much improved and felt supported by the registered manager and confident to raise concerns.

Agincare UK Chippenham

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.

This inspection was a planned return which took place on 11 January 2019 and was announced. This meant the provider had prior notice that we would be visiting. This was because the location provides a domiciliary care service to people in their own homes, and we wanted to make sure the provider, or someone who could act on their behalf, would be available to support our inspection. The inspection team consisted of one inspector who attended the office visit and an expert-by-experience who made phone calls to people and their relatives to gain their feedback on using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the provider, in particular notifications about incidents, accidents and safeguarding matters. We spoke on the telephone with 14 people who used the service and five relatives. We spoke with the registered manager, quality lead and seven staff to gather their views about the service provided. Four health and social care professionals were contacted and we received feedback from one of them.

We also reviewed a range of records which included five people's care plans, staff training records, staff visit schedules, staff personnel files, policies and procedures, complaint files and quality monitoring reports.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in December 2017 the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not managed safely and the recording of risks, incidents and accidents had not always been appropriately managed. At this inspection we found that there were still some areas of improvement needed, but enough action had been taken to now be meeting this Regulation.

Where a risk to a person had been identified, an assessment was in place, however there was not always enough information recorded on managing the risk. For example, one person had pressure ulcers on their feet and there was a risk of infection. The assessment stated that staff should report any concerns and apply prescribed cream, but did not look any further at how this may affect the person's mobility or prevention of this. Another person was described as being unsteady on their feet but there was no information recorded on how they could be supported and this risk reduced. One risk assessment for a pressure mattress, did not include information on checking it was on the correct setting and working, or the action to take if an issue was identified.

Although there was evidence of when a care plan had been reviewed there was not always a date to know when a written update had occurred. For example, one person's care plan recorded they had experienced a recent fall but there was no date of this. The care plan had been completed in February 2018 and it was unknown if it was around that date or more recently. Another person had an entry that stated they had received surgery for a broken wrist but there was no date of when this had occurred. The care plan had been written in 2016 and updated in June 2018. We raised this with the registered manager to address.

The service had identified if some people needed support around maintaining their mental health needs and their care plan would reflect this. We saw that staff sometimes recorded one person as being depressed or feeling down on a regular basis but there was a lack of information on what supportive methods were being offered other than giving medicines. A behaviour risk assessment was in place, but this did not contain information specific enough to the person, or details of what worked best for staff to follow. We raised this with the registered manager to address. Training in managing behaviour that challenged, was available but this was not mandatory for staff currently. The registered manager explained that if they started to identify this need from more people, then staff would be requested to undertake this training.

There were some areas of improvement needed around medicine management. There had been a high number of errors around missed signatures on the medicine administration records (MAR). During our inspection we also observed some gaps on people's MAR's from September 2018. These had however already been identified by the registered manager and action taken with individual staff. The registered manager told us annual checks were conducted of staff competency in medicines, but due to the errors, these had been moved to six monthly checks. The registered manager told us the service had seen a recent significant reduction in the number of errors.

Staff that we spoke with demonstrated different understanding about the correct action to take if a person

refused their medicine. Comments ranged from taking back to the office, taking it to the pharmacy, throwing in the bin or asking the office what they wanted done with the unwanted medicine. Staff were all clear that any event like this required recording.

Where people were prescribed medicine to take 'as required', protocols were in place to give staff extra guidance. We saw that the dosage a person was to receive was not always recorded correctly. One person's protocol stated when required instead of giving the amount of tablet s the person could be given in a period of time. Another referring to a medicated cream did not state how much should be applied, but instead recorded 'Not applicable'. Despite the lack of information in the plans, staff demonstrated a good understanding of people's needs and how to meet them safely. The registered manager said these would be reviewed.

People we spoke with told us they were happy with the support around medicines. One person commented "My carer needs to help me with my tablets, so she will put them on my hand and then give me a glass of water and once I've taken them everything is written up to show that I've had them for the morning."

People benefited from a safe service where staff understood their safeguarding responsibilities. We saw information on safeguarding and reporting concerns was displayed in the main office. Staff told us "Any safeguarding issues I would inform the manager, record the event and if nothing is done, I will take it further" and "Safeguarding means ensuring everyone is protected. Report to the manager and record it. We can inform CQC, the GP or the Police."

People had confidence in the staff to keep them safe. One person told us "One hundred percent I trust the staff. If I didn't, I'd want to speak with [registered manager name] straight away." The registered manager told us that staff received safeguarding training and it was discussed in spot checks and supervisions.

There were arrangements in place to store people's confidential information safely. Information about where people lived was shared securely and only to staff that needed to know. The service had a clear contingency plan if there was adverse weather conditions or staff sickness. This prioritised people who needed their visit, such as people without family nearby, those that needed support with medicines or were unable to access food and drinks independently.

Health and safety checklists had been completed which considered each person's home environment and the safety of staff visiting. This included considerations around uneven floors, poor lighting and any pets a person had. Medicine risk assessments had been undertaken which assessed if the person was independently managing medicines or required some support. This took into account if people were able to open medicine bottles without support and their knowledge of why they were taking their medicines.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. One relative told us their family member had been involved in an incident and staff had been quick to act commenting "I was so impressed with how [staff member] just jumped in and helped me to clean [relative] up and sort the problem out and [staff member] kept talking to [relative] and reassuring them that it was no bother whatsoever and it made a real difference to the whole situation."

People told us there were sufficient staff to meet their needs. A rota was sent to people weekly which sets out which staff member will be visiting them and what time they are due. People told us they had not experienced missed visits and on the rare occasion when staff were running late, they were contacted by the office. People told us "We have certainly not had any missed calls at all. I have to say the staff are very usually on time and it's only in an emergency where they have got held up with the previous client that we

have to wait", "A lot of the time they will stay over by a few minutes as they like to make sure I've got everything I need" and "I've never had any problems with the timekeeping and they always stay for the full amount of time."

The staffing rotas were coordinated on an electronic system which ensured people had their support from regular staff they knew. Staff felt there was enough staff to cover shifts, but the recruitment was ongoing. Staff commented "In this industry there is always struggles with staff, at the moment we are ok, there are no missed visits", "There are enough staff, there has been a harder period but it's levelled out now" and "We need more staff, but it's manageable." One staff told us there were plans in place for everyone in the office to learn each other's roles to make covering shifts easier. The office staff were all trained and already picked up care shifts if required.

The service followed safe recruitment practices. Staff files were organised clearly and included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. The registered manager told us they welcomed all kinds of applicants, commenting "Anyone can apply, there are no filters on characteristics, we would make reasonable adjustments needed for people. We ask this on the health assessment, not to rule them out, but in order to support them adequately."

Staff had access to the appropriate equipment needed to promote good infection control. One person told us staff presented themselves well and had disposable gloves and aprons when needed and would take the rubbish out for people when requested to. A few people also had support with household chores and said that staff did a good job and made sure everywhere was clean and tidy before they left. Information was available in care plans about COSHH (Control of Substances Hazardous to Health) and how to safely use these.

Good

Is the service effective?

Our findings

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. An electronic training system flagged up when training was due to expire, so this could be booked in. People described staff as "well trained, professional, caring and always willing to do extra jobs when required." At the office location there was a training room with equipment available for staff to practice on and aid learning.

Staff spoke positively about the training received and the opportunity to progress if they wished. Comments included "We do a lot of training. I have almost finished completing a higher-level qualification" and "I have had more opportunities to progress and take on more responsibility." The provider had a care career pathway in place, which recorded what attributes were needed to progress up to each senior role. The registered manager told us "We talk about this in appraisals. Agincare are really good at progressing and supporting you."

There was a clear induction checklist in place to ensure staff were signed off as competent before they started working. Records of probation periods were reviewed and documented.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Alongside supervisions spot checks were also completed, which observed staff during care visits.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. A grab sheet was available which recorded important information about a person, to be shared with other professionals in the event of an emergency. One health and social care professional told us "We know they will contact us or the relevant worker if adjustments are required, or they have concerns. It is a good partnership for sourcing care." People's relatives praised staff for their attention to people's health needs commenting "Staff will usually phone me or leave me a note if they've noticed anything about [family member] that they think I should know" and "A while ago my carer came in to find that I was having what looked like a minor stroke. I wasn't able to talk to her and because she knew that that wasn't normal, she immediately phoned the office and organized for an ambulance and she stayed with me and then also accompanied me to hospital. I couldn't have been more grateful to her for her care and attention."

Where people lacked capacity to make decisions the service had identified the support needed around this and mental capacity assessments were in place. We saw that some assessments needed more detail to be recorded around how the person was given the information and how it was discussed in order to identify they lacked capacity. For example, one assessment for decisions including medicine and care just stated 'discussed choices' but not how this was done or if it had been reviewed.

We observed clear recording around if people were able to consent to the information in their care plan. If a person was unable to sign it was detailed how they had given consent verbally and how the care plan had

been explained in a way they understood. There was also information available about who was able to make a decision on behalf of a person and who could be involved in this process.

One person's care plan stated they had a mental capacity assessment in place for their medicines being locked away, but staff were unable to find this assessment. The registered manager said this would be followed up with the social worker and ensure that any documentation around this agreement was evidenced in the care plan.

Staff were able to demonstrate understanding for supporting people who were unable to make decisions around their care. One staff told us they still included the person as much as they were able, by talking through things as they provided care and showing the different choices available.

Good

Is the service caring?

Our findings

People received care and support from staff who had got to know them well. The feedback obtained from people was particularly positive. Everyone confirmed that they had regular staff supporting them, who they valued. These staff arrived on time and stayed with them for the full amount of time. People told us "It's really key to me that I have a small number of regular staff, because at my age it is so difficult having to explain every day to a different person how I need help", "My staff never mind doing any extra jobs that I may need help with before they leave me for the rest of the day. They make sure that everything is within easy reach as well which makes my life a bit easier" and "My regular carers are both lovely, and I know I can talk to them about anything. They're like good friends."

One relative told us "It's really important that [family member] has somebody looking after her she can empathise with. Her regular carers have been with her for some time and it makes such a difference to her quality of life when she knows and trust's the carer who is looking after her."

Staff were knowledgeable about the people they supported and what was important to them. One staff told us "It's all about the person and their family, what they want, their choices, how they want to be looked after." Other staff said, "To give a little bit of help to someone who needs, it is job satisfaction" and "Our carers are dedicated and some have been here a long time and that speaks a lot for us. The people we support are fab, some you know you won't leave without a smile on your face."

New staff or staff visiting someone new would not go in without first learning about how that person liked their support. Staff would receive a briefing and be able to access the person's care plan at the office. Staff told us if they still felt uncomfortable someone would go out with them.

We observed a display in the office with comments recorded by staff. The registered manager explained that at a recent team meeting staff had been asked to write down what it meant to be a carer to them. We saw one staff had recorded "My favourite part of being a carer is making a difference." The registered manager said the provider placed values on staff taking time to talk with people during visits.

People were encouraged to be involved in decisions around their care and their choices were respected by staff. Comments included "If I don't always feel like having a shower in the morning they will ask me if I would rather have a wash instead and if I feel like waiting a few minutes then they will go and make my bed and sort my breakfast out and then they'll come back and ask if I'm ready to have a wash by which time I usually am" and "If I say to a particular carer that I don't like something done the way they're doing it, then in my experience, they've always listened to me and made sure that they don't do it again that way."

Peoples dignity was respected and their independence encouraged. One person told us "It's important to me that I can still do the little things like my food shopping for myself, so a carer comes and takes me out once a week and we go to the local shops where I can choose my own things that I want for the week ahead. It's very important to me that I can still manage to do this for myself rather than have to rely on others." Another person said "My carers know that I'm alright to wash my top half and they will let me get on with this

while they're sorting my breakfast out and then they will come and help wash and dry my legs where I do struggle to get to these days."

The service had an awareness of promoting and respecting people's human rights and diversity. An equality, diversity and inclusion policy was in place and attention was paid to tailoring care to meet individual's needs. This incorporated offering female or male only care staff, arranging visit times to suit people's other engagements and putting people in touch with support groups if they had a particular medical or health condition. The registered manager told us they had arranged a coffee morning the week following our inspection for The Alzheimer's Society to raise money. Staff were picking up and taking people within the service that could not otherwise have made it to the event.

Good

Is the service responsive?

Our findings

People or their relatives were involved in developing their care, support and treatment plans. All of the people we spoke with knew what a care plan was and where it was kept and people who were newer to the service said they had felt fully involved in putting the care plan together when they started with the agency. One person said "When [staff member] had finished her initial visit, she sent us a draft care plan to look at and we were able to alter a couple of things which weren't quite correct. It now sits in one of the folders that we have here. It is very thorough. I don't think we could have been any more involved than we were, to be honest."

Care plans were personalised and detailed daily routines specific to each person. There was reference to how each person communicated and information on their life history and interests. Staff told us even though people's preferences were stated in the care plan they would still ask people their choices, an example was given of "If the care plan states a shower is to be given and they want a wash, we follow what they want that day."

People told us they had received a review within the last 12 months and that as part of the review, the care plan was looked at and they were asked whether there was anything they were unhappy with. Quality of life questions were asked to people during reviews including how independent they felt and if the service enabled them to feel in control of their own life.

People's concerns and complaints were encouraged, investigated and responded to in good time. One complaint had been received since the new registered manager had been in post and this had been managed appropriately. People confirmed they knew how to make a complaint but had no need to do so and any minor issues were "sorted out straight away without any fuss." One person told us "I've never had anything to complain about, to be fair." We observed that there was not a record of if the complainant had been satisfied with the outcome or action taken. The registered manager said this would be recorded going forward.

People were supported to share any wishes or preferences they had for being cared for if they became ill or towards the end of their life. The registered manager said this would be also be revisited as part of the review process with people.

Good

Is the service well-led?

Our findings

At the last inspection in December 2017 the service was not meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems in place to monitor the quality of the service provided were not always effective. At this inspection we found that improvements had been made and the service was now meeting this Regulation.

Quality assurance systems were in place to monitor the quality of service being delivered. The area manager completed monitoring checks every three months. We reviewed a quality audit from November 2018 which recorded positive comments about the reorganisation of the office and actions for the registered manager to work towards were clearly identified.

The registered manager completed a monthly audit overview of the service which included looking at medicines, incidents and accidents, complaints, feedback and care plans. These are uploaded to a shared drive and accessed by senior management. The quality lead told us "The purpose of audits is to look at improvements. Senior management teams look at methods so if there is a continuous trend, what do we need to improve this."

At the last inspection in December 2017 the service was not meeting Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because the service had not submitted all notifiable events to The Care Quality Commission (CQC). At this inspection we found that improvements had been made and the service was now meeting this Regulation and submitting notifications correctly.

A new manager had registered in December 2018 and had worked for the service for seven years in different roles, prior to registering. The registered manager was available to support this inspection.

The service has a positive culture that was person-centred. People we spoke with told us the new registered manager was a welcome addition and they would recommend the agency to others. No one had any suggestions for how the service could improve, other than to carry on doing what they already were. People told us "I only have to ask to talk with [registered manager] and she'll phone me back. She's very approachable, as are all the staff in my opinion", "[registered manager] is always available and in fact, she covered for an ill carer and did my call recently, so she wanted to know if everything was alright even then" and "[registered manager] has always been very approachable and nothing is ever too much trouble."

One person told us "When we started with the agency [staff member] spent several hours with us, talking about my [family member's] care needs and she also suggested some alterations to the layout here at home and also some equipment she thought would be useful. We were very impressed with their level of professionalism." One health and social care professional commented "They are responsive and are friendly and professional and will assist if at all possible in supporting a person's requirements."

Staff praised the registered manager and told us they felt supported. Staff commented "The new manager is fantastic, she's very understanding. I feel very rewarded", "It's a supportive team, the new manager is so

much better, we have no stress now and you can come in with a smile. [Registered manager] has been in the job a long time and I have learnt a lot from her, if I have a problem I can talk to her comfortably" and "The fact that she was also a carer and knows the company helps. [Registered manager] has gone from the bottom up, so knows what it's like for everyone."

We observed the morning meeting taking place with the registered manager and office staff. They discussed any issues and how the previous day had gone. Staff felt the communication was much improved and this meeting helped address any concerns staff had quickly. Staff told us "[registered manager] is there if you need help, she does her best to answer questions, feel supported. Communication is a lot better from office", "We have daily meetings in the office. It's been very positive with [registered manager] coming in, she's very supportive and will do anything" and "It's much improved, if you have any concerns they actually act on them."

Staff had the opportunity to attend regular team meetings and we saw from the minutes that they shared concerns and were informed about events. An employee of the month scheme was in place and nominations could be accepted from other staff and people using the service. The registered manager told us "We are trying to make things more personal and show staff we care about them."

We saw that compliments and recognition for the work staff did was shared and displayed in the office. Staff spoke about what they felt the values of the service were commenting "They are trying to promote person centred care and for people able to remain at home and achieve a better life" and "We work to the values every day and we talk about them every day, kindness, listening caring."

People told us the communication from the office was good and that the phone was always picked up and usually an answer communicated to them straight away. If the office told them they will call them back, this was always done. People said ""The office have always managed to help me out so far when I've gotten an appointment come through" and "They've always been very helpful if we've needed to change times in the past."

People and staff had the opportunity to complete feedback surveys on the service. People were not always sure what happened to the feedback commenting "I've filled in a number of surveys, but I've never heard anything about what happens with the results" and "I think I last completed one shortly before Christmas. I don't know what they do with it though." We saw that a number of telephone calls were also made to people each month to check everything with their care was going well. The quality lead informed us that this service has achieved the highest level of satisfaction in the company for the service user survey last year and had received a plaque for this.

The registered manager and quality lead spoke about the improvements they had seen within the service and the impact of these on staff, commenting, "We have seen a lot of changes, more strategies, we have plans in place if things happen, staff are happier to talk to the office." The registered manager further said, "We are a lot more responsive in the branch that we were a year ago, I will always ask for help." The registered manager told us the next focus for the service was on promoting the business, sustaining changes and continual improvement.