

Agincare UK Limited

# Agincare UK Bristol

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Agincare UK Bristol is a domiciliary care agency providing care and support to people living in their own homes in Bristol and South Gloucestershire. At the time of our inspection 141 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People spoke highly of the care and support they received from care and office staff. Visits were completed at the time agreed and for the full amount of time. Care was person centred and people were asked how they wanted to be supported. Staff knew people well and ensured their care needs were met.

Staff knew how to keep people safe and free from avoidable harm. Risk assessments were in place. Staff knew what to report to the office to ensure people were safe. Policies and procedures were in place to guide staff on keeping people safe and the reporting of allegations of abuse.

The registered manager and staff had a good understanding of supporting people safely during the current pandemic. Staff felt supported and valued. There had been sufficient personal protective equipment, staff training and regular updates throughout. Regular COVID-19 testing was in place for all staff weekly and results were passed to the management team. People confirmed they felt safe during this period of time.

Staff were recruited safely. New staff were supported in their role and shadowed more experienced staff.

People, relatives and staff spoke positively about how the service was managed. There were robust systems in place to monitor the quality of the service including seeking feedback from people using the service and staff.

### Rating at last inspection

The last rating for this service was good (published June 2018).

### Why we inspected

We received concerns in relation to the management of staff absence. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. We found no evidence during

this inspection that people were at risk of harm from this concern.

The overall rating for the service remained the same good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Agincare UK Bristol on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Agincare UK Bristol

## 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service short notice of the inspection and provided an explanation as to the inspection process, and to assure ourselves effective implementation of COVID-19 guidance when visiting the office. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 2 March 2021 and ended on 4 March 2021. We visited the office location on 2 March 2021, contacted people using the service, relatives and staff on the 3 and 4 March 2021. We provided telephone and written feedback to the registered manager on the 5 March 2021.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, and the provider's representative. A further three members of staff made contact via email with their views on working for the company.

We reviewed a range of records. This included one person's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, team meeting minutes and quality assurance records. We sought feedback from two health and social care professionals.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. People told us they felt safe when receiving care from staff. People received care from staff that were familiar to them.
- Staff understood their responsibility to keep people safe and said they would have no hesitation in reporting poor practice. They were confident the registered manager would act on their concerns.
- Staff completed safeguarding training in adults and there were policies and procedures in place.

Assessing risk, safety monitoring and management

- The care plan we viewed included sufficient information and guidelines to help staff provide care in a safe and person-centred way based on their needs and the support they required. A relative said, "A member of staff spent ages with us getting to know our routines which is all captured in the file. Staff really know X (name of person) and cannot fault the care, all the girls are lovely".
- Risks had been identified and risk assessments were in place covering areas such as people's skin integrity and falls.
- Information had also been gathered on people's health conditions. Some examples included information to support people with diabetes, high blood pressure and those at risk of strokes. These assessments included what staff needed to look out for and the action to take if a person was unwell to ensure they were safe.
- Staff clearly described how they kept people safe from checking and monitoring people's wellbeing to ensuring food was in date. Staff told us because they support people on a regular basis, they had got to know them really well. A member of staff said, "I know my people and they know me, I can tell instantly if a person is unwell". Another member of staff described to us how they monitored people's skin and would contact the GP or the district nurse team where there were concerns. They said the office staff would promptly update the care plan in response to any change.
- The service had an emergency contingency plan in place to cover various events which may affect the service, for example adverse weather, reduced staffing and coronavirus. The registered manager knew who the most vulnerable people were according to their risks in the event of an emergency. For example, people living on their own with no immediate support from family, time critical care or where there may be risks in the family home.

Staffing and recruitment

- The provider completed checks on the suitability of potential staff. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services. Recruitment files were well organised.

- People were cared for by suitable numbers of staff. Staffing was planned in conjunction with local commissioners of services who prescribed the hours of support each person required, based on their individual care and support needs.
- People and staff told us staffing levels were safe and sufficient to meet people's needs. People knew who would be supporting them and when. People confirmed they had a weekly rota. People told us that visits were never missed.
- The registered manager told us that generally people received care and support from a consistent team. This was confirmed in conversations with staff and people. A relative said, "This is the best agency. We have been with them for five years and cannot fault them. We know the staff. They turn up on time and stay the full time". They said on occasions staff will stay longer stating, "The carers say it takes as long as it takes".

#### Using medicines safely

- Medicines were safely managed. Staff were trained to administer medicines, with competency assessments completed on a regular basis, including observations, to ensure people were supported safely.
- The support people needed in relation to medicines was clearly recorded. Medication administration records were checked monthly for any gaps and errors. Systems were in place to ensure medication records were updated if there were any changes to the person's prescription. Body maps were in place to clearly show where topical creams should be applied.
- A member of staff said, if they had any concerns in relation to medication administration, they would contact the office. They gave us an example where they were supporting a person with a procedure they had not done before. A senior member of staff was planning to accompany them on the visit to provide them with support and training.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. People and relatives told us staff wore the correct personal protective equipment (PPE) during visits. Staff confirmed they had access to sufficient PPE they required and had received infection control training.
- The registered manager had updated the COVID risk assessments/policy and provided regular updates to all staff as guidance changed. We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing routine testing for staff in line with government guidance and for the people they supported when showing symptoms.
- Prior to our visit we were told office staff did not wear masks whilst at their desks, only when in the communal areas of the office building. We shared with them the most recent government guidance and this was addressed with staff wearing masks when in the office.
- Systems were in place to monitor staff absence due to the virus. This included ensuring staff were not working when showing symptoms or where they had tested positive. This reduced the risks of transmission.

#### Learning lessons when things go wrong

- Systems were in place to report and record any accidents, incidents and near misses. The registered manager reviewed records frequently and actions were taken to reduce the risk of repeat incidents. Any changes required to care planning documents were implemented and communicated with staff. There had been very few accidents or incidents.



# 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.

At the last inspection this key question was rated good. At this inspection this key question has now remained the same. 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 registered manager and staff were motivated and committed to providing person-centred care. The registered manager was passionate about providing individualised care to people based on their wishes.
- People were full of praise for the staff that supported them. Comments included, "Great, no complaints", "Mum really happy, all staff have time and patience, "It's a God send, I look forward to the girls visiting me" and a relative described how staff took the time to get to know them when they first started with Agincare. They said a member of the office team visited us and a long time finding out about what we wanted and our life story. They told us, "It's been fantastic it has made it easier to accept care as the staff know him so well".
- Feedback from health care professionals was positive in respect of the person-centred approach. One professional said, "Agincare worked very well with a person and still do, they have gone above and beyond".

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 and the senior management team were clear about their responsibilities for reporting to the CQC and the regulatory requirements of their role.
- Complaints, accidents, incidents and risks were clearly identified, and action taken to keep people safe. A relative said, "They are really prompt to respond to any niggles, I have never had to complain".

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

- Quality assurance systems were in place and used effectively to monitor the service and support in place for people. Regular spot checks and care reviews were in place to ensure high standards of care were met and maintained.
- Checks were completed on visit times and continuity of staff. Staff punctuality was monitored using an electronic care monitoring system which enabled the registered manager and provider to monitor service provision in real time. An alert would be sent to the office if a visit had not been completed within a certain timeframe so this could be rectified.
- There were clear lines of responsibility and accountability within the service. Staff understood their role within the organisation and where to go to for advice and support. All the staff we spoke with had confidence in the management team and were positive about the support and encouragement they provided. People confirmed there was good communication with them from the office and calls were answered and dealt with promptly.

- There was a visible and cohesive management team at the service. The registered manager was supported by the provider's representative who visited the service regularly.
- The office co-ordinators and the registered manager would also provide care to people to ensure continuity of care. One relative said, "X (registered manager) often comes to provide care. She is really caring and makes my husband laugh. It is the best agency we have had. Everyone we spoke with confirmed there was good support from both the office staff and the registered manager.

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

- The registered manager and the field co-ordinators had regular contact with people using the service and their families for feedback about their experiences and to check if they were happy.
- Staff confirmed they had regular contact with the office staff and registered manager. Team meetings were happening virtually. A member of staff said, "Really supportive, no pressure to work but we like to volunteer and help out the people we support," and "The manager kept in touch when I was not well including doing some shopping for me".

Continuous learning and improving care

- The registered manager told us about the challenges of the pandemic. They ensured staff felt valued with regular contact including updates on guidance relating to the pandemic. There was an employee of the month award and the manager had organised local drops for PPE and often delivered this in person to staff.
- Staff performance and the quality of care they provided was regularly checked by the management team. Staff received informal coaching, regular supervision and spot checks were completed to help with continual improvements, to promote continuous improvement.
- Views of people using the service was also sought and acted upon. One relative said, "All the office staff are good. X (manager) really listens and acts promptly. Cannot fault them". Two relatives said they had raised a very minor concern and it was addressed immediately and never repeated.

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Working in partnership with others

- Professionals reported a positive relationship with the service and registered manager. Comments included, "Have always found them friendly, well-mannered and helpful. I believe they act promptly to requests and are always willing to work together".