

Agee Care Limited

Agee Care Limited

Inspection report

Unit 15, St James House
Webberley Lane
Stoke On Trent
Staffordshire
ST3 1RJ

Tel: 07514324657

Date of inspection visit:
08 February 2019

Date of publication:
05 March 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Agee Care Limited is a domiciliary care service that was providing personal care to 14 people in their own homes.

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

People's experience of using this service:

People were supported by safely recruited staff, who had the skills and knowledge to provide effective support. Staffing levels were regularly reviewed to ensure there were enough staff available to meet people's needs. Medicines were managed safely and staff followed infection control procedures.

Effective care planning and risk management was in place which guided staff to provide support that met people's needs and in line with their preferences. People were supported to have choice and control over their lives.

People were supported by caring staff who promoted choices in a way that people understood, this meant people had control and choice over their lives. Staff provided dignified care and respected people's privacy.

People were involved in the planning and review of their care. Staff used care plans to ensure they provided support in line with people's wishes. This ensured people received personalised care in line with their preferences and diverse needs.

Systems were in place to monitor the service, which ensured people's risks were mitigated and lessons were learnt when things went wrong. There was an open culture within the service. People and staff could approach the registered manager who acted on concerns raised to make improvements to the delivery of care.

The service met the characteristics of Good in all areas; more information is available in the full report below.

Rating at last inspection:

Requires Improvement (report published 14 November 2017).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At the last inspection the service

was rated requires improvement overall (in the key questions of Safe, Effective and Well Led). We found the required improvements had been made and the service has met the characteristics of Good in all areas. The overall rating is Good.

Follow up:

We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Agee Care Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. At the time of the inspection there were 14 people using the service.

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 5 days' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 8 February 2018 and ended on 13 February 2018. It included telephone calls to people and relatives to gain feedback about the service and telephone calls to staff who provided support to people. We visited the office location on 8 February 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

We used the information we held about the service to formulate our planning tool. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service.

We spoke with two people who used the service and eight relatives to gain their experiences of the service provided. We spoke with two staff and the registered manager who is also the provider.

We viewed two people's care records to confirm what people and staff had told us. We also looked at documents that showed how the service was managed which included training and induction records for staff employed at the service and records that showed how the service was monitored by the registered manager.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- At the last inspection, improvements were needed to ensure staff had sufficient guidance to reduced people's risks. At this inspection improvements had been made.
- People told us they felt safe when staff provided support. One relative said, "We feel our relative is very safe. The staff look after them well."
- People's risks had been assessed and detailed plans were in place to ensure staff had guidance to support people safely whilst promoting their independence. Staff had a good knowledge of people's risks and explained how they supported people to remain safe in their own home.

Systems and processes

- People were safeguarded from the risk of abuse because staff understood how to recognise the signs of abuse. Staff explained how they would report suspected abuse in line with the provider's policies.
- The registered manager understood their responsibilities to act on reports of suspected abuse. There had been no concerns with regards to alleged abuse but the registered manager was able to explain their actions and how to alert the local safeguarding authority.

Staffing levels

- People told us that staff arrived on time and they were informed if a visit was going to be delayed. One person said, "The staff always arrive on time. They have never let me down." Another person said, "I have had care for some time now and they [staff] have never missed a call."
- The provider had safe recruitment practices in place, which were followed to ensure people were supported by suitable staff. The provider had a system in place to monitor staffing levels to ensure people received the support they needed.

Using medicines safely

- People told us staff supported them with their medicines. One person said, "They [staff] remind me to take my medicine on time."
- Medicine Administration Records (MARs) were used to show staff had supported people with their medicines. Staff told us they were trained in the administration of medicines, which we saw documented in the training records.

Preventing and controlling infection

- Staff followed infection control guidance and ensured personal protective equipment (PPE) was used when they supported people such as; hand sanitiser, gloves and aprons. This meant people were protected from the spread of infection.

Learning lessons when things go wrong

- The registered manager had a system in place to learn when things went wrong. Issues that were raised by people, staff or other professionals were dealt with by the registered manager. These were discussed with staff to ensure improvements were made to people's care.
- The registered manager had listened to feedback received at their last inspection, which was shared with staff to ensure lessons were learnt when things went wrong.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed, planned and reviewed to ensure they received care that met their changing needs.
- Care plans had been developed with people and their relatives and contained details of people's diverse needs and preferences. This included the characteristics under the Equality Act 2010, such as age, disability and religion.

Staff skills, knowledge and experience

- People told us they felt confident staff were trained. One person said, "Staff know what they are doing and [registered manager's name] comes with them for a few times so we can get to know them."
- Staff told us they had received training to carry out their role and shadowed an experienced member of staff before they provided support to people. One staff member said, "I felt confident to support people on my own after I had visited a number of times to get to know people's support needs."
- Staff felt supported in their role and received supervision from the registered manager to ensure any issues or areas of development were discussed.

Supporting people to eat and drink enough with choice in a balanced diet

- People were happy with the way staff supported them to drink and eat sufficient amounts. One person said, "They help me with my breakfast and make sure I have drinks. I couldn't do without them."
- Staff supported people with their nutritional needs in line with their preferences. For example; one person had specific dietary needs due to their religious beliefs. Staff understood how to support this person to ensure their preferences were met.

Staff providing consistent, effective, timely care

- The staff group was small and people told us they were supported by the same staff who they knew well. This helped staff build relationships with people and ensured people received consistent care.
- An electronic system was used to pass on any immediate changes to staff about people's needs, before care plans were up dated. This meant that staff had up to date information which helped them to provide effective care.

People are supported to have healthier lives and have access to healthcare services

- People were supported to have access to healthcare professionals. For example; staff identified that one person's equipment was not effective in helping them to move. Staff informed the registered manager who made a referral to the Occupational Therapist Team. An assessment was carried out and alternative equipment that suited the person's needs was provided.
- Staff understood emergency procedures to follow if people were unwell and needed medical assistance.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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.

- At the last inspection improvements were needed to ensure support was provided in line with the MCA. At this inspection improvements had been made.
- People told us they consented to their care and records showed people's consent was gained prior to using the service.
- Where people were unable to consent to certain aspects of their care mental capacity assessments had been completed in conjunction with family member and professionals. This ensured people's care was provided in their best interests.
- Staff had a good understanding of the principles of the MCA and explained how they supported people to have choice and control of their lives.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and their relatives told us staff were kind and caring. One person said, "[staff name] is very supportive and very respectful." One relative said, "Staff speak to my relative with kindness and I find them very caring."
- Staff told us they were given enough time on their rotas to chat with people and provide support in an unrushed way. One staff member said, "One person I support is quite shy and it is really important I have enough time with them."

Supporting people to express their views and be involved in making decisions about their care

People were involved in their care and were encouraged to make choices about how they wanted their care provided. One person said, "I make my own choice about what care I have."

- Staff explained how they supported people who had limited communication to make choices. One staff member told us they look for physical signs and gestures to understand their needs and choices.
- Care plans contained individual guidance for staff to follow when supporting people to express their views.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. One person said, "The staff make me feel comfortable and ask if I am okay when they are helping me." One relative said, "My relative's carer is very sensitive and is dignified when they help them with a shower."
- People's dignity was maintained when staff provided personal care in privacy. Staff told us how they ensured they were sensitive and people were comfortable with the care provided.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs were met:

People received personalised care from a consistent staff group that knew people well. Care plans were developed with people and their relatives which ensured people received care in line with their preferences and diverse needs.

Personalised care

- People and their relatives told us they were involved in the planning of their care. One person said, "They know my routines and how I like things done. Any changes are made straight away."
- People told us they received care in line with their preferences. For example; people received their care at a time they preferred and where they had stated a preference in a male or female member of staff this had been planned for in line with their wishes.
- Staff knew people well and explained how they supported people, which matched what people told us and the details that had been recorded in their care plans.
- The registered manager was responsive to people's changing needs and staff were made aware when people's care changed.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and who they needed to contact. One person said, "I would contact the office to raise any concerns. I have [registered manager's name] mobile too and can text if I need to check anything." A relative said, "I know how to complain if necessary but everything is running very well."
- The provider had a procedure in place to investigate and act on written complaints received at the service. At the time of the inspection there had been no formal written complaints.

End of life care and support

- At the time of the inspection there was no one who needed end of life support.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- At the last inspection improvements were needed to ensure systems to monitor people's care were implemented within the service. At this inspection improvements had been made.
- Governance systems were in place to monitor service delivery and mitigate risks to people. The registered manager checked care plans, daily records and MARs to ensure people received their care as planned. However, these checks had not always been recorded to show how they made improvements to people's care. The registered manager told us they would immediately implement a method of recording their quality assurance checks.
- The registered manager carried out unannounced spot checks on staff performance. This ensured staff understood how to support people effectively.
- The registered manager had developed and sustained improvements at the service since the last inspection.
- The registered manager understood the responsibilities of their registration with us (CQC). The rating of the last inspection was on display which demonstrated an open and transparent culture.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- People, relatives and staff told us the registered manager was approachable and supportive. One person said, "We have plenty of contact with [registered manager's name]. They are always very open. Great management." One relative said, "The company was recommended to me. It is very well led and I am happy with the care we receive."
- Staff we spoke with were positive about the registered manager and the provider. One staff member said, "[Registered manager's name] is very approachable and supportive. The business manager is good too. They both provide care so they have a good understanding of what people's needs are."
- The registered manager promoted the values of the service, which the staff followed in practice. One staff member said, "The values are to ensure people are supported as an individual and we provide personalised care to help them live their lives."

Engaging and involving people using the service, the public and staff

- People told us they were asked for their feedback on the service provided. The registered manager visited

people on a regular basis to ask if they were happy with the care provided. The feedback gained was used to identify and act on areas that needed improvement.

- Staff told us they were encouraged to be involved in the service. One staff member said, "The registered manager really cares about people getting a good service and we discuss way to make things better for people. They always listen."

Continuous learning and improving care

- Staff were encouraged to have discussions about their ongoing learning and development. One member of staff said, "We have an ongoing development programme and we can request further learning if needed."
- The business manager had sought guidance about meeting regulations from a recognised organisation and their aim was to provide excellent care to people. Booklets had been sought to help the provider achieve their goals.

Working in partnership with others

- The registered manager maintained good links with professionals to ensure people received a consistent level of care and their health and wellbeing needs were met.
- The registered passed on updates in the provision of care through staff meetings and one to one conversations with staff.