

Agincare Live-in Care (North) Limited

Agincare Live-in Care

Inspection report

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Date of inspection visit:
15 June 2023

Date of publication:
21 July 2023

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

Agincare Live-in Care is a domiciliary care agency providing personal care to people living in their own homes. The service provides live-in care. At the time our inspection there were 3 people using the service.

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

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.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right support: People were supported to take their medicines as prescribed. Systems and processes were in place to protect people from the risk of abuse and relatives told us their family members were safe. People had appropriate support plans in place which contained good information for staff to enable them to support people safely. Risks to people were assessed, monitored and managed. People were supported by a consistent staff team and staff had been recruited safely. Support was provided in line with current evidence-based guidance and best practice. Where needed, people were supported to maintain a balanced diet.

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's needs were thoroughly assessed so that the right care could be provided. Staff had the right knowledge and skills to carry out their roles. Staff worked well with other agencies to support the delivery of effective care. People were treated with kindness and had positive relationships with staff. Staff supported people to be involved in decisions about their care as much as possible and took the time to get to know people before commencing their care. People were treated with dignity and respect at all times.

Right culture: There was a positive and person-centred culture. People's support plans were person-centred and reflected people as a whole, including their social histories and their likes and dislikes. The management team was approachable, open, honest, and committed to ongoing learning and improvements. Staff told us they felt appreciated and valued in their roles. Relatives told us their family members were happy with the care provided. The provider dealt with any concerns or complaints appropriately and relatives told us they felt confident to raise any issues. Robust quality assurance

procedures were in place, which meant the registered manager and provider had good oversight of the service.

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

Rating at last inspection

This service was registered with us on 18 January 2022, and this is the first inspection.

Why we inspected

This was a planned inspection to assess the standard of care delivered by the service and award a rating.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Agincare Live-in Care

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

One inspector carried out this inspection.

Service and service type

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

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

We gave the service a short notice period of the inspection 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 15 June 2023 and ended on 23 June 2023. We visited the location's office on 15 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the date it was registered. We used all 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

We spoke with 3 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, the area manager and 4 support workers.

We reviewed a range of records. This included 2 people's care records and medication records. We looked at 2 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. We looked at training data and quality assurance records.

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.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. One relative told us, "[Staff] deal with [person's] medicines completely. [Person] gets their creams every day and always gets their medicines; I have no concerns at all."
- Staff had access to the relevant and necessary information to enable them to administer people's medicines safely. Some areas of the medicine administration records, (MARs), did not contain all required information, but this information was available for staff elsewhere. The registered manager confirmed all MARs would be reviewed to ensure they contained all necessary information.
- Staff had received appropriate training and had their competency in medicine administration checked. One staff member told us, "We have had enough training and so I feel very comfortable administering medicines."

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- Systems and processes were in place to protect people from the risk of abuse. The provider had a robust and clear safeguarding policy in place.
- Staff understood their safeguarding responsibilities and knew what to do if they had any concerns. One staff member told us, "If I am concerned about anything I tell management and they make sure something is done straight away."
- Relatives told us their family members were safe. One relative told us, "[Person] is safe. We couldn't ask for nicer people."
- The registered manager dealt with any concerns swiftly and appropriately. Lessons learnt were shared with all staff and incorporated into people's support plans.

Assessing risk, safety monitoring and management; preventing and controlling infection

- Risks to people were assessed, monitored and safely managed. Risk assessments were completed and reviewed regularly and as people's needs changed. Support plans were created in response to assessed risks.
- Care plans contained good information for staff about people's medical conditions, and the impact they had on the person supported. There was clear and detailed information for staff around key risks such as nutrition, choking, catheter care and moving and handling. The registered manager used diagrams to aid staff understanding, such as highlighting parts of the body which were particularly vulnerable to pressure damage.
- Environmental risk assessments were completed to ensure staff were able to carry out their role safely.
- Staff had received training in preventing and controlling infection. Staff confirmed to us they knew what to

do and they always had access to appropriate PPE. Guidance and risk assessments were in place around the safe use of cleaning products.

Staffing and recruitment

- There were enough staff to safely support people, and people were supported by a reliable and consistent staff team. The provider had arrangements in place to ensure suitable staff cover if needed.
- Staff were recruited safely. Robust recruitment procedures were in place and appropriate pre-employment checks were carried out, including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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, choices and preferences were robustly assessed, and individual support plans were created to meet those needs. People's support plans looked at each person as a whole, including their social histories and desired outcomes.
- Care and support was provided in line with current evidence-based guidance and best practice. Recognised risk assessment tools were used and support plans followed up to date standards to support the delivery of effective care.

Staff support: induction, training, skills and experience

- Staff had the right knowledge and skills to carry out their roles.
- New staff underwent a robust induction and spent a good amount of time shadowing to ensure they were confident in meeting people's needs. One relative told us, "New staff members have a minimum 24-hour handover period which is very good."
- Staff had received appropriate training to enable them to meet people's needs. One relative told us, "[Staff] know what they are doing, and they are well trained." One staff member told us, "We have enough training and management always ask if we are happy with it or if we need any additional training."
- Staff were provided with a 'learning passport' which was a booklet designed to help staff monitor their own learning and development.
- Staff received regular supervisions and told us these were useful. One staff member told us, "[Supervisions] give us a chance to reflect and ensure ongoing improvements. The registered manager gives attention to how we are feeling, and we are listened to."

Supporting people to eat and drink enough to maintain a balanced diet

- Where required, staff supported people to eat and drink enough to maintain a balanced diet.
- Where people had specific dietary requirements, such as a modified diet, good information was available for staff, and people received the appropriate diet.
- Staff monitored fluid intake where this was needed. One relative told us, "[Staff] always put the thickener in [person's] drinks."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked well with other agencies to support the delivery of effective care.
- Staff recognised when referrals to other professionals were needed, and staff supported people to access

other services. Advice from professionals was incorporated appropriately into people's support plans.

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 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 MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA.
- Staff understood people's right to refuse care and spoke confidently about the topics of consent and capacity.
- There was no-one under the Court of Protection at the time of the inspection. Where people had created a Lasting Power of Attorney, copies of these documents were stored so staff could refer to these.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and had positive relationships with staff. One relative told us, "[Staff] are kind, thoughtful and efficient; it is just like having members of the family here."
- Relatives told us their family members were well supported and staff were compassionate. One relative told us, "We feel privileged to have such nice people living here."

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

- Staff supported people to be involved in decisions about their care as much as possible. Where appropriate, staff involved families and obtained their views and wishes.
- Staff took the time to get to know people before commencing their care. If people were being supported in a care home before returning to their own homes, staff would spend time with them in the care home setting to assess their needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times. Comments from relatives included, "Staff are very respectful and they always cover [person] up (when providing personal care)" and, "[Staff] are kind and patient, they preserve [person's] dignity and talk [person] through what they are doing."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; end of life care and support

- People's support plans were person-centred and reflected each person as a whole, taking into account their social histories and their likes and dislikes.
- The registered manager strived to match people with support staff that they liked and preferred.
- No-one was receiving end of life support at the time of the inspection. The provider had a suitable policy in place to support people at this time if appropriate.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider complied with the Accessible Information Standard.
- Care plans contained information about people's communication needs and staff understood people's needs in this area.
- If required, the provider could offer documentation and information in an easy read format, a pictorial format or in large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain relationships with friends and family members. One relative told us, "I can be with [person] at any time I want, I am never in the way."
- Depending on people's needs, staff were able to complete some activities with people. Staff comments included, "We give people a choice, we ask them what they enjoy and what they would like to do" and, "[Person] likes to listen to music and we chat and tell stories."

Improving care quality in response to complaints or concerns

- The provider dealt with any concerns or complaints appropriately. If any issues were raised, these would be investigated swiftly and responded to in good time.
- Relatives felt confident in raising any issues. One relative told us, "[The registered manager] comes to visit regularly and I could say if I had any concerns."
- Lessons learnt were communicated to staff and incorporated into people's support plans.

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 was well-led, with person-centred values, which created a positive culture.
- Staff were rewarded for their hard work and told us they felt appreciated. Staff consistently told us they felt supported and valued in their roles.
- The management team was approachable and included and empowered staff. Staff told us, "The [registered] manager is friendly and effective, she understands and knows what's going on and what we go through in our roles" and, "The [registered] manager is very visible, I can talk to her frequently and any issues are resolved."
- Relatives told us their family members were happy with the support provided. One relative told us, "Everything has been very positive, they are very helpful, [person] is very well looked after, I couldn't have hoped to have better."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care;

- Robust quality assurance procedures were in place, which enabled the registered manager and provider to assess and monitor the quality of the care provided.
- Both the provider and the registered manager had good oversight of the service. Regular and comprehensive audits were carried out. Where issues were identified, actions were put in place and completed.
- The registered manager completed spot checks and staff competency checks.
- There was a central tracker which enabled good oversight and analysis of any accidents, incidents, safeguarding concerns, and complaints.

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 provider and registered manager understood the duty of candour and applied it where necessary.
- The provider and registered manager were open and honest throughout the inspection process. They were receptive to feedback and committed to continuous learning and improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Relatives and people who used the service were involved, engaged and included in decisions and asked

for feedback. One relative told us, [The registered manager] visits monthly, I feel listened to, and I really like this level of oversight."

- Staff were kept up to date and able to have their say. One staff member told us, "We can make recommendations ourselves to the [registered] manager and these are acted on."
- Staff worked well with other professionals, making timely referrals where needed and incorporating advice into people's support plans and day to day care.