

Agincare UK Limited

Agincare UK - Woodvale Extra Care Scheme

Inspection report

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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

This inspection took place on 11th February 2016 and was announced.

Woodvale is an Extracare Scheme is situated in the northwest part of Nottingham and is registered to provide personal care. At the time of inspection 20 people were using the service, living in their own flat within the building receiving support with their personal care needs from Agincare.

The service has a registered manager. 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.

People who used the service and those supporting them knew who to report any concerns to if they felt they or others had been the victim of abuse. Risks to people's health and safety were managed and detailed plans were in place to enable staff to support people safely. Accidents and incidents were investigated. There were enough staff with the right skills and experience to meet people's needs. Staff provided people with the support they needed to ensure that they received their medicines as prescribed.

People were supported by staff who had received the appropriate training to support people effectively. Staff received supervision of their work. Staff ensured that people had sufficient to eat and drink independently. People had regular access to their GP and other health care professionals.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The provider was aware of the principles of the MCA and how this might affect the care they provided to people. Where people had the capacity they were asked to provide their consent to the care being provided.

People were supported by staff who were caring and treated them with kindness, respect and dignity. People and their relatives were involved in the planning and reviewing of their care to ensure that they received the care they wanted. People could have privacy when needed.

Care plans were written in a way that focused on people's choices and preferences. A complaints procedure was in place and people felt comfortable in making a complaint if needed.

The culture of the service was open. People were supported by staff who were clear about what was expected of them and staff had confidence that they would get the support they needed from the registered manager. People and staff were asked for their opinions about the quality of the service. The registered manager undertook audits and observed practice to ensure that the care provided met people's needs.

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.

People were supported by staff who could identify the different types of abuse and knew who to report concerns to.

Risks to people's safety were assessed and any accidents and incidents were thoroughly investigated.

People were supported by a sufficient number of staff who had been appropriately recruited.

People received the support they needed to ensure that they received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had the appropriate skills, training and experience.

People received the support they needed to ensure that they ate and drank enough.

Staff applied the principles of the Mental Capacity Act 2005 appropriately when providing care for people.

People were supported to access healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were supported by staff in a respectful, kind and caring way.

People were actively encouraged to make decisions about the care they received.

People's dignity was maintained by staff who understood the importance of this.

Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised to their preferences and adapted to take account of any changing need.

A complaints procedure was in place, people felt confident in making a complaint and felt it would be acted on.

Is the service well-led?

Good ●

The service was well-led.

There was a positive, friendly atmosphere at the home.

People were supported by a registered manager and staff who had a clear understanding of their role.

There was a process in place to check on the quality of the service.

Agincare UK - Woodvale Extra Care Scheme

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 took place on 11th February 2016 and was announced. The provider was given 48 hours' notice because the location provides care to people in their own homes; we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with five people who were using the service, two visitors, four members of the staff team, the registered manager and regional manager.

We looked at the care records of three people who used the service, as well as a range of records relating to the running of the service including two staff files, medication records and quality audits carried out at the service.

Is the service safe?

Our findings

The people we spoke with told us they felt safe when staff visited them to provide their care. One person told us, "I feel safe here – much safer than I did when I lived in my own home." Another person agreed, saying, "We are very safe here. The entry door comes through to the TV so I can see who is at the door before I let them in." We spoke with relatives who were confident that their family members were safe in their homes at Woodvale.

Staff could describe the different types of abuse which may occur and told us how they would act to protect people if they suspected anything untoward had occurred. One staff member told us, "If I was concerned that someone was at risk of harm I would speak to the manager." They were confident that the registered manager would act to protect people if concerns were raised and added, "I know I can ring CQC and report it too."

There was information in people's care plans about how to provide support people to reduce the risk of harm to themselves and others. Staff were aware of this information and could explain what they did to keep people safe. We saw that where required, information had been shared with the local authority about incidents which had occurred in Woodvale and staff had responded to any recommendations made. The registered manager described how they had consulted with the safeguarding team and received advice over a concern that they had. This ensured that people were protected from avoidable harm.

The people we spoke with were satisfied with the way in which risks to their health and safety were managed and their freedom was respected. One person told us how their support plan had been reviewed after they had sustained a fall to reduce the risk of them falling again. Another person could describe the things that they had agreed that they would do to keep their money and possessions safe.

Staff were able to tell us how they kept people safe. One staff member told us how they referred to the risk assessments in people's care planning records and added, "Things like making sure people are seated before you leave and having everything they need before their next call around them helps keep people safe." Another staff member told us how they were able to 'pop back' to check on a person between other calls if they were concerned that someone might be at risk of falling.

The care records that we looked at showed that risks to people's safety had been appropriately assessed. Plans had been put in place for staff to follow to assist them in maintaining people's safety, and we saw staff following these during our inspection. We saw that a trip hazard had been reported on the day of our inspection and while we were visiting, the maintenance provider came to make a temporary repair so that the risk was reduced until the full repair could be carried out. Regular audits of incidents and accidents were made by the regional manager to ensure that any improvements identified as needed were implemented to reduce the risks to those using the service.

People told us there were enough staff to keep them safe. One person told us, "Staff come four times a day – they are always on time." Another person said, "I think there is enough staff, there is not often a delay." Relatives we spoke to were of a similar view. One relative told us, "There is plenty of staff," another could recall, "They have only ever missed one call in all the time [my family member] has been here."

Staff also felt there was enough staff available to keep people safe and meet their needs. One staff member said, "There's enough staff, yes." Another expanded on this saying, "It gets a bit hectic if people are ill or have a fall and need more help, but you can't plan for that we have to work together to make sure everything is fine."

The registered manager told us they felt that there were sufficient staff to support those using the service at the time of our inspection. The duty rota was based around people's needs and preferences so that there were always sufficient staff available. People's needs were regularly assessed and if more support was required then this was provided immediately so that people were safe and received the support they needed while any increase in funding was agreed.

We looked at the recruitment files for two members of staff. These files had the appropriate records in place including, references, details of previous employment and proof of identity documents. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

The people we spoke with told us they got their medicines as prescribed and in a timely fashion. One person we spoke with said us, "They're keen with medication. They give me my tablets then stand with me to make sure I've taken them." Another person told us, "Staff always sign the sheet when they give medicine." We spoke with a relative who told us, "The sheet they use seem complicated to me, but it makes sure [my family member] gets their tablets."

Staff we spoke with were confident in supporting people with their medicines. One staff member told us, "I was wary of doing medicines when I started, but I had my training and they showed me how it is done. Then they watched me until I felt okay with it all." Another staff member described to us how they were regularly observed giving medicine to ensure that they were doing so safely. We observed staff administer medicines in a safe way. When people were receiving support to take their medicines, we saw that staff were patient and ensured people had the time they needed to take all of their medicines.

Each person stored their medicine in their own flat. We saw that people's medicines were stored and handled safely. People were able to use the pharmacy of their choice to obtain their medicines. The registered manager ensured that prescribing arrangements were transcribed onto a Medicine Administration Record (MAR) so that there was a consistent way of recording when people took or declined their medicines and showed that the arrangements for administering medicines were working reliably. The MARs included useful information about each person, including whether they had any allergies and the name of their GP. Staff correctly recorded the medicines they had administered to each person on their medication administration records (MARs).

Is the service effective?

Our findings

People we spoke with felt that staff were competent and provided effective care. One person told us, "The staff all know what they are doing." Relatives also felt that the staff had the knowledge and skills they needed to carry out their roles and responsibilities and said, "Staff are well informed about people's needs." Another relative told us, "Some of the staff are exceptional, others are happy to have some guidance"

Staff we spoke with told us they had good support and training. One staff member told us, "The training is good and we can always ask for help if we are unsure." Another member of staff agreed that the training was good. They explained that much of their training had been undertaken using distance learning materials but told us, "I prefer to go to training – I can ask questions if I don't understand something. Moving and handling is always a course, you can't do that from a book." Longer serving staff also told us how they provided mentor support for new staff so that they could be sure that people were supported correctly.

The registered manager described how they monitored staff training needs to ensure that staff received the training they needed. The system being used for recording this was in the process of being changed when we inspected to ensure it was effective. The staff we spoke with felt well supported. They told us they received regular supervision and an annual appraisal of their work. The records we looked at confirmed this. The registered manager ensured that they periodically undertook observation of staff practice. In turn the registered manager also told us that they felt well supported by their line manager and received regular supervision and appraisal.

People we spoke with confirmed they had agreed to the content of their care plans and staff always asked for their consent before providing care and support for them. One person said, "I told the staff what my needs were, and signed the papers." A relative confirmed this, saying, "We were involved in writing the care plan and always get asked when they are doing a review."

One staff member told us, "We always ask people before we do anything; that's important." Another staff member expanded upon this adding, "Just because they have signed their care plan doesn't mean we can just do it, we must ask each and every time we support someone." During our inspection we saw staff follow this through and asked people before they provided them with their support, for example, they called out when they entered a person's flat to make sure that the person was happy for them to enter.

We saw that people's decision making had been taken into account when writing their care plan. Records showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person's ability to consent to decisions about their care. 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. Staff had also received training which covered the Mental Capacity Act to ensure that they understood what this legislation means for the way that they support people.

People were supported to eat and drink enough to keep them healthy. One person told us, "My family bring me meals and stock the fridge. Staff heat it up when I want it." Another person described how staff ensured that they always had access to a hot drink which was important to them. They told us, "They always bring me a drink for now and one in a Thermos cup so it is still hot when I want it later." We spoke with a relative who confirmed, "Staff make sure [my family member] eats well."

We spoke with staff who told us how they ensured that people ate and drank enough, recording what had been offered in the care planning records. In addition to meals, one staff member told us, "Before I leave [the person], I always check that they have a drink and some nibbles to see them through to their next call."

A catering service was available in the communal dining room at Woodvale. This meant that people could choose to prepare their own food or buy a cooked meal. Staff explained, "Some people eat in their rooms, others come to the dining room. We make sure people eat whichever." People who used the catering service told us that the food was very nice, and there was usually a choice of meal. Some people used the meal time as a focus for their day and enjoyed the company of others in the dining room at lunchtime. Staff remained present in the dining room and adapted crockery was available for those who wished to use it.

Whilst staff were not responsible for assisting people to make healthcare appointments, they told us they would advise people if they felt it would be beneficial to book a doctor's appointment. This ensured that people had access to the healthcare professionals they needed at the right time. One person told us, "I see the doctor or the nurse whenever I need to." Another replied when asked, "Oh yes – they call the nurse in when I need to see them." Relatives we spoke to were confident that people had access to any support they needed to maintain their health telling us, "If staff have any concerns they always call the doctor."

Staff described how they would respond if they felt someone needed to see their doctor or dentist and an appointment had not been made for them. They told us that the registered manager would ensure that an appointment was made so that people were able to access the advice and support they needed to maintain good health. For example we were told by one staff member how they suspected someone had problems with their teeth and arrangements were made for them to see a dentist. The care plans we looked at confirmed that people received regular input from visiting healthcare professionals, such as their GP and district nurse, on a regular basis. Staff noted any advice given by healthcare professionals and where changes to a person's care were required, these were put into place. Staff were aware of the guidance that had been provided and this was implemented within people's care plans.

Is the service caring?

Our findings

People told us that staff were caring and they had formed positive relationships with them. One person told us, "The staff are so good to us all." Another person said, "They have got to know me, and I know them too." Relatives we spoke to agreed. One relative told us, "Staff treat [my family member] with compassion." Another relative told us they visited frequently and said, "There are always cheery voices around – no cross words in the corridors. That's important for people."

Staff explained to us how they had formed positive and caring relationships with people saying, "We get to know people as we pop in and out over the years and understand their likes and preferences." They continued, telling us, "I need to see each person smile and keep going until I have got there." Another staff member reflected, "You know you have done a good job when people smile and say thank you." Staff explained to us how they responded by working flexibly if a person showed any signs of distress or discomfort. For example, popping back to the person between later calls to make sure that they are okay.

We saw warm and friendly interaction between people and staff during our inspection. Staff told us it was important for people to feel at home at Woodvale. Some people liked to sit in the communal lounge each day and where this was the case, they were supported to do so. During our inspection, people were made aware of who the inspectors were and why they were there by the staff that were supporting them. When providing support to people staff were attentive and supportive, speaking with people in a way that made them feel like they mattered.

People were supported to make day to day choices relating to how their care was provided. One person told us, "The staff always ask me what I want them to do, they never just come in and get on with it." Another person confirmed this saying, "They know what they have got to do, but always check with me first." A relative we spoke with told us, "I can speak to the person who allocates the staff if things need to move – they are easy to contact." Another relative told us how they were involved in decision making and were confident that they were kept informed, telling us, "The staff always tell me what is happening."

Staff understood the importance of encouraging people to express their views and make decisions about their care and support on an hour by hour basis. One staff member told us, "However good the care plan is it is not like knowing people – you have always got to ask." Another staff member added, "It's not just asking, knowing people's mood and how they look at you when you ask often says a lot." Where a person no longer communicated using speech, a system of gentle hand squeezes was used so that the person was able to continue to make choices.

The registered manager explained to us how they involved the person in agreeing how they wished to be supported and also in any subsequent reviews. The details within the care plans we looked at stated how people were to be supported to have choice and maximise their independence. We saw that people's care plans were reviewed regularly and incorporated any changes a person may want.

People were provided with information about how to access an advocacy service; however no-one was

using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People were treated in a dignified and respectful manner by staff. One person said, "They always knock at the door before they come in and then call out "hello" as they open the door." Another person told us, "I found it embarrassing to be cared for at first, but staff made it easy for me." A relative we spoke to said, "[My family member] has lived here for several years – I've always been very happy with the way the staff treat them – and the way they treat us too!" Another relative reflected, "Some people like a laugh and a joke, other people want a bit more respect and the staff know which is which."

Staff explained to us how they promoted people's dignity and respect. They told us that dignity was not just about what they did, like ensuring that curtains were closed before providing personal care so that people could not see in, but also about speaking respectfully and making sure that people felt good about themselves. One staff member told us, "I will guide the person through what I am doing and give them reassurance." Another person told us how one person felt self-conscious when they were eating. Staff supported them to eat in a discreet area of the dining room and observed from a distance to ensure that they were safe.

Each person kept their care planning records in their own flat, located where they wished so that it was available to staff. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully. Personal details for people which were held in the office were kept in files which were stored securely in a cabinet so that they could only be accessed by those who needed them. This protected people's personal details.

People were able to receive visitors at Woodvale at any time and we saw people receive visitors during our inspection. There were also communal areas available should people wish to use them to join others living within the scheme for some company.

Is the service responsive?

Our findings

People felt that they received the care and support they required and that it was responsive to their needs. One person liked to be able to watch the wildlife from their room, and told us, "The staff will put out some food for the birds and squirrels – I do love watching them." A relative explained to us how the service responded to their family members changing needs telling us how the support provided could increase or decrease as their family member needed so they always get the support they need.

Staff understood the importance of the service being personalised to each person. One staff member told us, "The routines may all be very similar, but the approach and conversation with each person will be different." Another staff member explained their role in promoting this at Woodvale, saying, "I mentor new carers when they start and make sure that they can communicate with everyone they will be supporting."

We observed that staff were responsive to people's needs and requests for help. The emergency call bell in each person's flat was monitored by a call centre who relayed information to the staff. People and staff told us that this system worked well and staff responded quickly if someone pressed the call bells were pressed in their flat.

Information about people's care needs was provided to staff in care plans as well as during the shift handover and written in communication books. Staff told us that they had the time to read people's care plans and were kept informed where there had been changes. It was evident that staff had an understanding of people's care needs and how they had changed over time.

People felt able to raise concerns and complaints and told us they knew how to do so. One person said, "I've never had the need to complain, but would speak to [the registered manager] if I did." Another person added, "I am sure [the registered manager] would listen if I had to complain – if not I'd ring Citizens advice." Relatives we spoke to were also confident that they could raise a concern. One relative told us, "[The registered manager] always listens if I need to speak to them." People had access to the complaints procedure which was displayed in a prominent place and also given to people when they started using the service.

Staff were confident that they could speak up if they needed to and that their concerns would be listened to. One staff member told us, "There is always someone in the office we can speak to during the day if we need to." Another staff member was confident that the registered manager would act on their concern saying, "[The registered manager] will always act if you speak with them."

We reviewed the records of the complaints received since our last inspection. The complaints had been investigated within the timescales stated in the complaints procedure and communication had been maintained with the complainant throughout the process. The complaints had been resolved to the satisfaction of the complainant and appropriate responses were sent. Outcomes of the complaints were well documented and this included any lessons that had been learned to improve future practice. Regular audits of complaints were made by the regional manager to ensure that any improvements identified were

implemented.

Is the service well-led?

Our findings

People benefitted from the positive and open culture at Woodvale. We heard that people felt comfortable and confident to speak up if they had any concerns with the staff that were supporting them. One person told us, "I can speak to the head of care (registered manager) about anything." A relative we spoke with said, "[The registered manager] is approachable and efficient."

Staff spoke highly of the registered manager and the team leaders, telling us they felt they were well supported and that there was an open and transparent culture at Woodvale. Staff said they were comfortable raising concerns or saying if they had made a mistake. They told us that they felt that there was strong teamwork and everyone pulled together to resolve problems.

Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. Staff we spoke to during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with those using the service was very good.

Staff had confidence in the leadership of the service. One staff member told us, "There is good management here – [the registered manager] is always there for advice." Another staff member was emphatic, "Any question or queries – the management are there for you 100 per cent."

The conditions of registration with CQC were met. The service had a registered manager who had a good understanding of their responsibilities, of the climate in which the service functioned and how they needed to respond to ensure that the needs of those using the service were met. Staff commented that the registered manager was visible in the service and knew who to speak with locally if they were not on site. There was good delegation of tasks between management at the service with each person knowing what was required of them, and staff knowing who was responsible for what. The registered manager was supported by a regional manager who made regular visits to monitor the service. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received required notifications in a timely way.

The quality of the service people received was regularly assessed and monitored. People felt assured of this and told us, "The manager checks that staff are doing my care right every so often." The regional manager showed us the series of audits and checks that they undertake which helped to ensure a high quality service was maintained. This covered areas such as accident and incidents, safeguarding and complaints to ensure that the service complied with legislative requirements and promoted best practice. They also spoke with people to check that they were happy with the service that they were receiving.

People's care planning records and other records relevant to the running of the service were well maintained and the registered manager had appropriate systems in place that ensured they continued to be. Where any areas of improvement within the documentation had been identified this had been addressed.

People were encouraged to give feedback on the quality of the service provided. The views of those using the service were sought through regular surveys and meetings. This information was used to inform the planning of the service that was provided.

Clear communication structures were in place within the service. There were regular staff meetings which gave the registered manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group.