

Agincare UK Limited

# Agincare UK Poole

## 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

### About the service

Agincare UK Poole is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection 76 people were receiving care and support from the service.

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

People felt safe and well supported. Care was well planned, and responsive to people's individual needs. Staff knew people well and understood and respected their choices and preferences.

The service supported people to access healthcare services and were encouraged to be involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people.

Staff supported people to take medicines safely. Risks to people were assessed and regularly reviewed. Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

People and relatives told us they could confidently raise any concerns, and these were addressed appropriately.

There were sufficient numbers of trained, experienced staff to meet people's needs. Safe recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed. Staff received induction and on-going training and support that enabled them to carry out their roles positively and effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People, and where appropriate their relatives, were involved in decisions about their care.

Governance systems and oversight of the service ensured any issues were identified, and actions taken to address any shortfalls.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 26 April 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### 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 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 UK Poole

## 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 team consisted of 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. Their area of expertise was with older people.

#### Service and service type

Agincare UK Poole is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means 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 48 hours' notice of the inspection visit. We needed to be sure that people were informed that we would be contacting them by telephone, and we needed a manager to be available to facilitate this inspection.

Inspection activity started on 9 October 2019 and ended on 15 October 2019. We visited the office location on 9 October 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to help us plan the inspection.

#### During the inspection

During the inspection we spoke with eight people and four relatives or friends. We also spoke with the registered manager. We reviewed a range of records including five care plans and medicines records, five staff files, staff rotas and training records and other information about the management of the service. This included quality assurance records and audits, medicines records and maintenance of equipment.

#### After the inspection

We requested further information from the registered manager to validate evidence found, which was provided promptly. This including seeking staff opinions by telephone for their view of the service.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff fully understood their role in protecting people from abuse and had received appropriate training on safeguarding adults and children.
- The registered manager had a good knowledge of safeguarding and understood how to raise concerns with the local authority if this became necessary.

Assessing risk, safety monitoring and management

- People told us they felt safe and well cared for. Comments made included, "Definitely, because they are such nice people and make me feel good," and "Yes, because they put me at ease." A relative said "Yes, because we get to know the girls."
- Assessments were carried out to identify any risks to people and to the staff supporting them. This included environmental risks in people's homes and any risks in relation to people's care and support needs.
- Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. Staff understood the actions they needed to take to minimise the risk of avoidable harm.
- There was a contingency plan in place in case of events that effected the service running safely, such as staff sickness, problems with the office or adverse weather.

Staffing and recruitment

- Recruitment practices were safe. The relevant checks had been completed before staff worked with people in their homes.
- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs.
- The service had introduced an incentive for existing staff who had 'referred a friend' that had been recruited and completed their probationary period.
- There were differences of opinion as to whether staff arrived on time and whether people had regular carers. Comments made included, "Not always but usually due to traffic," and "Mostly on time." Some people stated they didn't get regular staff, especially at the weekends. The rota system showed continuity of staff during the week. One person said they had "The same eight same carers during the week." The registered manager said changes to the rota was needed to cover for sickness, and that this was being monitored.
- Rotas showed suitable times for travelling between visits was included. Staff confirmed they were able to request additional travel time if this was not sufficient.

### Using medicines safely

- People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely. One person said, "Carers put my medication in a pot, give it to me and record what they have done in the file."
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.

### Preventing and controlling infection

- People were protected from the risk of infection because staff were trained in infection control.
- Staff told us they were supplied with personal protective equipment for use to prevent the spread of infections, and were clear on their responsibilities with regards to infection prevention and control.

### Learning lessons when things go wrong

- Accidents, incidents and complaints were recorded and reviewed for themes that might suggest further action was required.
- Accidents and incidents were seen as an opportunity to reflect on practice and continually improve outcomes for people.
- Lessons learned were shared with staff through team meetings or supervision as appropriate.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 care needs, and choices were assessed before the service started to provide any care or support and were then regularly reviewed.
- Assessments had been completed in line with current legislation, standards and good practice guidance and the information was used to create person centred care and support plans.

Staff support: induction, training, skills and experience

- People told us their needs were met by staff with the right skills, experience and attitude for their roles. Comments received included, "Of course they do, most definitely," and "Yes, I think they do." A relative said, "I think so, obviously I am not present but they seem very good."
- Staff told us they received training that was, "Regular and relevant." An ongoing programme for updates and refresher training was in place.
- Staff were knowledgeable about their roles and how to provide the correct support to meet people's needs.
- Staff completed a comprehensive induction and did not work unsupervised until they and the management team were confident they could do so.
- Staff said they felt well supported by their manager and told us they had regular supervision meetings which allowed them to discuss their performance, concerns or training and development needs.

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

- People were supported by staff who understood their food and drink needs and preferences. People and relatives told us staff provided support where necessary.
- Care plans reflected the support the person needed to eat and drink.
- Staff had received training in how to support people with eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care

- Collaborative working with other agencies, such as GPs and district nurses, had ensured effective care and improved people's quality of life.
- Staff spoke knowledgeably about people's health needs and records showed they had been proactive in seeking guidance and support from health professionals.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when they needed this. This included support from

GP's and community nurses..

- People told us this was done in a timely way and records showed that instructions from healthcare professionals were carried out.

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.

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.

- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.
- People had signed their care records to show that they consented to the care and support they were being provided with.
- Training records showed staff had undertaken training in relation to the MCA.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and staff spoke highly about how caring and supportive the service was. Comments made included, "They [staff] are all lovely to me," and "They [staff] are almost like family to me." One relative said staff were, "Very patient with mum." People and relatives described the staff as being, "Very kind, caring and brilliant."
- Staff understood and respected people's lifestyle choices. When we discussed with staff the people they supported, they demonstrated an open, non-judgemental attitude that respected people's diversity.
- Staff had developed positive relationships with people and spoke about people in ways that demonstrated they cared for them.

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

- Everyone we spoke with felt included in how their care and support was planned and delivered. They confirmed they had opportunities to have their opinions heard.
- If people needed independent support with making decisions, the registered manager had information available about advocacy services.
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment, these were recorded in their care plans.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with confirmed staff were respectful of their privacy, dignity and independence. Comments made included, "Carers are always polite and sensitive to my needs," And, "There is always a two way respect."
- There was a designated Dignity Champion who ensured staff were aware and up to date with policies regarding Dignity, respect and Equality which was also discussed during staff meetings.
- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this.
- Regular spot checks on staff considered how they respected and promoted dignity, such as closing curtains when providing personal care.
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People said staff provided them with the care and support they required; they told us they felt well cared for. One person said, "Carers all know how I like things to be done."
- The staff team were knowledgeable about people's personal history, which enabled them to have meaningful conversations. All staff confirmed that care plans and other records contained sufficient detail to enable them to meet people's care needs.
- Care plans were personalised and detailed clearly how the person wanted their needs and preferences met. Each person's plan was regularly reviewed and updated to reflect their changing needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and detailed in their care plans. This set out the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them.
- Documents could be adapted to suit people's needs, such as larger 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

- People were encouraged to pursue interests and participate in the local community, where this formed part of their contract with the service.
- The registered manager explained how people and staff were invited to attend fundraising and seasonal celebrations and events such as Remembrance Day and Christmas tea parties.

Improving care quality in response to complaints or concerns

- Everyone we spoke with knew how to make a complaint and the service had a complaint policy and procedure in place.
- The service had a record of complaints which showed the registered manager had acknowledged and resolved issues to people's satisfaction.

#### End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection.
- People's assessments and care plans reflected their preferences for end of life care.
- Staff said they had received training in end of life care, which would be refreshed if someone using the service was nearing the end of their life.

# 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 as good. At this inspection this key question has 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

- People, relatives and staff expressed confidence that the service was well run, and had improved in the past few months. Staff said this was due to the registered manager and the changes they had implemented to the staff structure, roles and responsibilities.
- Staff spoke positively about teamwork. The service had introduced an award for outstanding care worker of the month. Staff described how this made them feel appreciated and valued.
- People and staff told us the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions.

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 promoted the ethos of openness and learning from mistakes. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- The registered manager showed us accident and incident reporting processes that included prompts for appropriate reporting to other agencies such as safeguarding and the health and safety executive.

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

- The registered manager explained how any shortfalls in staff performance was being monitored. Records showed disciplinary action was taken where appropriate. Staff said this made them feel confident that action would be taken.
- The registered provider continually monitored the quality of the service provided to people. Surveys were sent to people as well as discussions with people during reviews and unannounced spot checks on staff. This meant they were continually checking to ensure that people received the best possible care and support.
- Records of staff meetings, quality assurance and audits showed that when issues were identified, these were shared appropriately and action was taken to address any shortfalls.
- Spot checks were carried out to ensure staff were following their training and meeting people's needs. A member of staff told us, "We are regularly monitored to see if we are following policy and care plans. Feedback is always helpful."
- Legal requirements, such as notifying CQC of significant incidents, were met.

- There were plans in place for unexpected events, this included a Brexit contingency plan.

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

- People were encouraged to express their views and suggestions about the service via face to face meetings with staff, surveys and reviews of their care. This information was used to improve the service and to highlight good practice or care.
- Quality assurance surveys were sent out to people annually. An analysis of responses and a report showed high rates of satisfaction. Some people had written extra comments and the report addressed these and included actions plans if necessary.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.

Continuous learning and improving care

- There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained.
- There was evidence of learning from incidents. Investigations took place and appropriate changes were implemented.

Working in partnership with others

- The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.
- The registered manager attended local provider events.