Agincare Live-in Care (South West) Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Good

Summary of findings

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

About the service
Agincare Live-in Care (South West) is a domiciliary care agency providing personal care. At the time of our inspection, they were delivering care to 120 people through live-in arrangements and 101 people through rapid response.

People's experience of using this service and what we found
People told us they were very happy with the service they received. Each person benefited from a regular staff member who knew them well. People told us they had developed positive, caring relationships with their regular staff. Comments included, "My carer is wonderful. If I think of something she does it, I can't be happier we get on so well" and "They are excellent, brilliant in fact, so kind, nice and caring."

People felt safe and comfortable when staff were in their home. People were kept safe as potential risks had been assessed and managed. People told us they were happy with the support they received with their medicines. People's medicines support needs were documented in care plans. We have made recommendations about the management of some medicines. Staff recruitment practices were safe. Staff understood their responsibilities in relation to infection control.

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. Staff had a good understanding of the Mental Capacity Act 2005.

People received a personalised service to meet their specific needs, preferences and wishes. People were involved in making decisions about their care and supported to maintain their independence. Care plans were personalised, very detailed and up to date. This meant staff had the information they needed to deliver appropriate care.

People benefited from a provider who placed an emphasis on delivering a high-quality service. People told us the service was well managed. Staff were passionate, highly motivated and proud to work with the service. People, relatives and staff were encouraged to share their views about the service to make improvements. Regular checks were made to monitor the quality and safety of service provided.

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

Rating at last inspection – The last rating for this service was Good (published 24 September 2019).

Why we inspected
This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Agincare Live-in Care (South West) on our website at www.cqc.org.uk.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Is the service caring?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Agincare Live-in Care (South West)

Detailed findings

Background to this inspection

The inspection
As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 9 November 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

Inspection team
This inspection was carried out by one inspector, one medicines inspector, CQC support services, and one 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 homes.

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 a short period notice of the inspection as we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 9 November and ended on 13 November 2020.

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. We used all of this information to plan our inspection.

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

During the inspection
We spoke with 36 people who used the service and relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, care co-ordinator, field care supervisor and care workers. We received feedback from one healthcare professional.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three 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.

Good

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

- People and their relatives told us they always felt safe and comfortable when staff were with them in their home. Comments included "I feel very safe indeed with having my carers here" and "Very safe, very well looked after."
- Staff had completed safeguarding adults training. They knew how to protect people and report concerns about people's safety.
- Staff told us they felt confident the registered manager would respond and take appropriate action if they raised any concerns. The provider worked with the local authority safeguarding team to ensure people remained safe.

Assessing risk, safety monitoring and management

- Detailed risk assessments had been completed for each person which considered personal care, risk of falls and the environment in which care was to be provided. People told us, "It gives me a sense of safety and security them being here for me as I do need help to get about and they assist me safely to do that so I don't have any accidents" and "They support me well, help and guide me safely on and off my two hoists."
- Records gave staff guidance on how to reduce risks and were up to date.
- The service had contingency plans in place to ensure people's care would continue in the event of an emergency.

Staffing and recruitment

- Staffing levels had been planned and organised in a way that met people's needs and kept them safe. There were enough staff available to support people in their own homes.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check, had been carried out before staff were employed. This made sure they were suitable to work with people.

Using medicines safely

- People told us they were happy with the support they received with their medicines. People's medicines support needs were documented in care plans. These were reviewed and updated appropriately.
- Staff were trained to support people to take their medicines safely. Managers assessed staff competence annually and provided supervision if needed.
- The service had a medicines policy that reflected national guidance. Staff prepared handwritten medicines administration record (MAR) charts and signed when the person had taken their medicines.
- Staff completed medicines risk assessments for people. However, these did not always include fire risks associated with the use of emollients (creams).

● Guidance was in place for medicines prescribed on a 'when required' (PRN) basis. However, these did not always include detail about how the medicine should be given or what quantity to give if the dose prescribed was variable, for example one or two tablets.
● Staff were proactive to report medicines errors and learnings were shared with staff.
● The service had good links with healthcare professionals for medicines advice if needed, including support for people at the end of their life.

We recommend the service should ensure people and care staff are aware of the fire risks associated with the use of emollients.

We recommend the service should ensure that guidance for people's 'when required' medicines includes additional information so that staff can administer the medicine safely and effectively.

Preventing and controlling infection
● People and their relatives confirmed staff followed good infection control practice in their homes. They said they felt safe and staff wore PPE appropriately. Comments included, "Covid precautions are all fine, very caring in the way they clean and keep things sterilised and always wear protective things as required" and "I have been fully briefed about Covid and all precautions are taken here with washing hands and wearing masks and gloves."
● Staff had completed infection control training and additional training specifically relating to COVID-19. Staff understood their responsibilities in relation to this.

Learning lessons when things go wrong
● Where an incident had occurred, the service reflected on whether it could have been prevented. The management team met with staff and discussed the service's policies and procedures to minimise the risk of re-occurrence.

Inspected but not rated

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. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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.

- The registered manager had a good understanding of the MCA. No one using the service at the time of our inspection had any restrictions placed on their liberty.
- Where people had capacity to make their decisions about their care and support, care plans were signed to show consent. One person commented, "I can make decisions and my carer always listens and takes on board my wishes and won't do anything without my consent."
- Where people did not have capacity to make decisions, mental capacity assessments had been carried out.
- When best interests decisions were needed, the service had involved, relatives, representatives and healthcare professionals appropriately.

Inspected but not rated

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. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- People told us staff were really caring. Comments included, "My carer is wonderful. If I think of something she does it, I couldn't be happier we get on so well" and "They are excellent, brilliant in fact, so kind, nice and caring." A healthcare professional told us, "The live-in carers I have worked with are friendly, professional and have successfully built good relationships with the clients they care for."
- People benefited from a regular care worker and a relief care worker when the regular care worker took a break. People knew their regular staff well and told us they always had time together to talk about interests. Comments included, "We always have a chat and see what I want to do during the day to keep my interests going" and "We talk about anything and everything." Relatives said, "They bring a lot of life into mum's life" and "They treat dad with such respect, he smiles when they come and go".
- During the Covid-19 pandemic, staff had made daily phone calls to every person to check they were alright and provide reassurance where needed. When people needed food or medicines, a staff member had collected and delivered these.
- Staff had completed equality and diversity training. They told us how they provided support to meet the diverse needs of people using the service including those related to disability, gender, and age.

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

- People had control over their lives and were fully involved in making decisions about how they wanted to be cared for and by which staff. Comments included, "I discuss my plan and needs with them and any changes are recorded. I have a copy here all up to date" and "I have full input into that (care plan) and have it here and all in order."
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support from the initial assessment through to regular care reviews and surveys.

Inspected but not rated

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. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were matched to the people they supported. People were sent a profile so they could learn about the staff member's background, skills and experience, and interests. People could then decide whether they were happy for the staff member to support them.
- Staff worked with people to put together a care plan that was person centred. People's care plans were very detailed. They gave clear information about the support people needed to meet their physical, emotional, and social needs.
- Staff knew people well and were able to quickly identify people's changing needs. A relative said, "Her carer is razor sharp in getting any medical attention if she so needs it and let me know immediately." When there were changes, care plans were updated in a timely way, so staff knew what to do. A healthcare professional told us, "Carers seem to meet client's needs without issue and are proactive at problem solving."

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.

- Staff assessed people's information and communication needs. These needs were identified, recorded and highlighted in care plans. People's needs were shared appropriately with others.
- People's communication needs were met. The service was able to provide information in different formats. During Covid-19, the service had provided see-through masks for staff who supported people living with dementia. The registered manager told us this had been successful.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death. People's wishes were discussed with them, and their families where appropriate.
- There was a specialist team of staff who had specific skills and knowledge to support people and their families, at the end of their life.
- Staff worked with professionals and stored appropriate medicines to ensure people remained pain free.

Good

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 told us the service was well managed. Comments included, "I am entirely happy with the care and all aspects as to how it is run" and "I have a good relationship with them they are very approachable, communicate very well and do the best they can no major concerns".
- People told us they would feel able to raise any concerns. Where concerns had been raised, people told us these had been dealt with quickly.
- Staff were passionate, highly motivated and proud to work with the service. Comments included, "We have an excellent manager. She's very supportive inside and outside of work. She helps you to realise your potential and pushes us to try things" and "The team are extremely passionate about what we do." The registered manager told us "I'm very proud of the team."

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 was aware of their responsibilities to provide CQC with important information and had done so in a timely way.
- The provider understood the duty of candour in respect to being open and honest with people and relatives.

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

- Effective quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. This included checks and observations to assess staff competency and audits.
- The registered manager was supported by field care supervisors and care staff. Each staff member knew their responsibilities and there were clear lines of accountability.
- A variety of regular calls were held between the operations director, registered manager, field care supervisors and care staff to ensure the ongoing effectiveness and quality of the service. Regular bulletins were sent to staff containing updates and guidance.

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

- People and their relatives were asked to share their views about the service through regular home visits,

telephone discussions and questionnaires. The latest feedback showed high levels of satisfaction with the care delivered and how the service was managed.

● We provided feedback from one person who mentioned she doesn't get asked for feedback at the end of a placement and feels this would be useful. The service asks for feedback during a placement. When we raised this with the registered manager they told us they would take this on as learning and ask for feedback at the end of the placement.

● Staff told us they felt able to contribute their thoughts and experiences on the service. When compliments were received, these were shared with individual staff at their supervision and at staff meetings to share good practice.

Continuous learning and improving care; Working in partnership with others

● The management team were committed to improving care where possible. They kept up-to-date with national developments in the care sector. The registered manager told us they planned to introduce electronic medicine administration records.

● The service was taking part in a Trust project to deliver end of life care in Devon. A healthcare professional had provided feedback, "Very accommodating and will always bend over backwards to support clients."

● A staff member was nominated for 'Best Team Leader' in the Great British Care Awards. This related to the work they had carried out in relation to the end of life care project.