

Agincare Live-in Care (South West) Limited

# Agincare Live-in Care (South West)

## Inspection report

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19 July 2019

23 July 2019

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23 September 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Agincare Live-in Care (South West), referred to as Agincare in this report, is a home care agency providing personal care to 98 people through live-in arrangements at the time of our inspection. Agincare also provided 34 people with rapid response personal care at the time of our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service had undergone a restructure the year prior to our inspection. This had resulted in teams being more localised and had led to some significant improvements. People, relatives and staff spoke highly of the improvements made and the new registered manager at the service.

People spoke highly of the service they received from Agincare. People made comments including; "I am happy with the service I get" and "I am satisfied with the way they are looking after me. I have a live-in carer and have no complaints. Everything I need and want."

The service had strong person-centred values and placed people at the heart of their work. People had access to staff who knew them well and achieved positive outcomes and strong relationships. People's care plans contained personalised information which detailed how they wanted their care to be delivered. Staff knew people well and expressed care and affection for them when speaking with us.

People were supported by kind and caring staff who worked hard to promote their independence and sense of wellbeing. People told us they enjoyed the company of staff with comments including; "We've always had nice girls here (Staff). The one at the moment is perfect, she's wonderful, "I get on really well with the carer, they become your friend" and "We're like a family, he takes me out a lot, I've been very happy."

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

Risks to people's health, safety and wellbeing were assessed and management plans were put in place to ensure these were reduced as much as possible. During the inspection we identified some shortfalls in the systems for overseeing, recording and auditing medicine stocks. However, immediate action was taken to improve on these systems and people told us they were confident staff were competent when managing their medicines.

People were fully involved in their care and their wishes respected. People's views were sought and their consent was always gained before any care took place. 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.

There was strong leadership at the service and people, relatives and staff spoke highly of the registered manager. There was a positive culture at the service and staff felt their voices were listened to.

Agincare's management team was passionate about improving the service and had plans for future projects to benefit people. There were quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

We have made a recommendation about the systems for monitoring medicine stocks.

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 requires improvement (published 14 April 2018). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating and enforcement action to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

## 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 (South West)

## **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 Care Act 2014.

### Inspection team

The inspection team consisted of one adult social care inspector and one assistant inspector on site. Two assistant inspectors conducted telephone calls to people to discuss their experiences of the service.

### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because of the nature of the 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 10 July 2019 and ended on 23 July 2019. We visited the office location on 10 July 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection-

We spoke with 12 people who used the service and six relatives about their experience of the care provided. We spoke with 20 members of staff including the managing director, the registered manager, 11 care staff and seven office staff. We also received feedback from three external healthcare professionals.

We reviewed a range of records. This included five care records for people receiving live-in care and three care records for people receiving rapid response care. We reviewed multiple medicine records, looked at four staff files in relation to recruitment and supervision. We also reviewed a number of other records relating to the management of the service, such as accidents and incidents, audits, company policies, complaints and staff training.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Under the previous legal entity, at the last inspection this key question was rated as requires improvement. At this inspection, under the new legal entity, this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- The service was managed in a way that protected people from abuse. People made comments including; "I feel safe yes!" and "I do feel safe, especially with (Name of carer), she is very knowledgeable about strokes and blood pressure." Relatives made comments including; "The carers who have looked after Mum are very conscious of safety with things like up and down stairs and take care to minimise risk."
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. We saw evidence of the staff and management having done this in the past to ensure people were safe.
- Recruitment practices were safe and included pre-employment checks to ensure staff were suitable to work in a care setting before starting work.
- There were enough staff to ensure people had access to care that met their needs and protected them from risks.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action had been taken to minimise these. For example, specific risk assessments had been created to instruct staff on how to minimise people's risks of developing pressure ulcers.
- We identified that where people had been diagnosed with diabetes further details were required within their care plans and risk assessments in order to ensure staff were provided with comprehensive guidance. The registered manager confirmed that immediate action was taken to update these plans following our inspection visit.
- Staff knew people's needs well and knew how to keep them safe. Staff were knowledgeable about identifying risks to people and knew to raise this with the registered manager and healthcare professionals where needed. One person said; "(My carer) understands my diabetes, he is very careful and if he has any problems especially the insulin then he calls the diabetic nurse. He checks you see, I feel safe and couldn't be happier."
- Where necessary, specialist advice from healthcare professionals was sought and incorporated into people's risk assessments.
- People were fully involved in their own risk management. Plans to minimise risks had been drawn up with their input and agreement wherever possible.

Using medicines safely

- We identified that the systems in place to oversee the management of medicines were not thorough. This was due to stock balances not being carried forward or being reviewed during spot checks and audits. This could pose risks to people due staff and management being unable to ensure people's medicine stocks were accurate and that people had received their medicines as prescribed.

- People and relatives were confident medicines were administered safely. Comments included; "No concerns regarding medication, they have a good system in place, tick it off once it's given, I feel very safe with them doing it", "Yes (my carer) does meds regularly and she is very much on the ball and is very sure about what she is giving me" and "Yes they help me with my medication, I order from the doctor and it gets sent to me from the pharmacist, the carer gives it to me. I've never had any issues, no."

- Only staff who had been trained in the safe management of medicines administered medicines to people. Staff undertook regular competency checks, tests and spot checks. One member of staff said, "I am responsible for ensuring that any care worker who is placed with a client with medication by specialised technique, has completed the appropriate training and has the evidence logged in the correct places."

- Where possible people were encouraged to self-medicate or participate in their medicine management.

We recommend the provider consider current guidance on the systems for management of medicine stocks and the recording of stocks carried over and take action to update their practice accordingly.

#### Preventing and controlling infection

- Staff were trained in the prevention and control of infection and had access to appropriate protective equipment when performing care tasks.

- People and relatives did not have any concerns with regards to staff following good infection control practices.

#### Learning lessons when things go wrong

- Where incidents had occurred, action had been taken immediately to minimise the risks of any reoccurrence. For example, where an incident had occurred involving one person's eating, staff had involved external professionals and had created a specific plan to follow to ensure the risks were minimised. This was done with the person's involvement and agreement.

- External healthcare professionals were complimentary about the service's willingness to learn from incidents. One commented, "I believe the team who deliver the service are caring and responsible – they have no hesitation in escalating/feeding back issues that arise and will work to implement appropriate solutions. On the occasions where issues have arisen they are keen to demonstrate learning and implement solutions that mitigate such an occurrence recurring."



# 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.

Under the previous legal entity, at the last inspection this key question was rated as requires improvement. At this inspection, under the new legal entity, this key question has now improved to 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;  
Supporting people to live healthier lives, access healthcare services and support

- People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs.
- People spoke highly of the care they received and made comments including; "I am happy with the service I get" and "I am satisfied with the way they are looking after me. I have a live-in carer and have no complaints. Everything I need and want."
- People's needs were regularly reviewed and where changes had occurred their care plans were updated. For example, when a person's mobility needs changed their care plan had been updated to reflect this and staff knew how best to support them.
- People had been involved in the planning and reviewing of their care wherever possible and people's wishes were respected. One person commented, "I think they're very good and they keep in contact with me as well as the girls they send so I feel as though I'm involved."
- Best practice was sought and communicated to staff to ensure people's care was of high quality.
- People were supported to see external healthcare services such as GPs, district nurses and dentists as required.
- The staff and management at Agincare were focused on achieving best outcomes for people and improving their independence. Comments from staff included; "Our care workers and the supporting team make a huge difference to a client's quality of life and enable them to remain safe and cared for in their own homes and communities, which is largely where they want to be."

Staff support: induction, training, skills and experience

- Staff undertook a thorough induction to the organisation. There was a comprehensive training programme to ensure staff had the necessary skills to meet people's individual needs.
- Staff knew people and their needs well and were skilled in caring for people. People told us they had confidence the staff were skilled in supporting them. Comments included; "(My carer) is very knowledgeable, I have had a stroke and she's always been with me to take my blood pressure which I really appreciate", "Yes, the two I've had have been (very) good they seem to know everything" and "I would say they do have enough training yes."
- Staff had the opportunity to discuss their training and development needs at regular supervision and yearly appraisals.

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

- Where people needed help with cooking and eating this was provided.
- Where people had specific needs and preferences relating to food this was provided. For example, where people required a diabetic diet.

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

- Agincare worked effectively with other agencies in order to provide the best possible care to people. One healthcare professional said, "Communication is robust and responsive – they have integrated well within all the discharge teams offering a blended approach to support safe and timely discharge."

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.

- We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions was evidenced. Where people had legally authorised decision makers this was also clear from the records.
- Staff and the registered manager had a good knowledge of the MCA framework.
- People told us staff always asked for consent and explained what they were doing when supporting them. Some people told us staff occasionally took too much control in the running of their home but stated that when this was reported to the office it was resolved. One relative said, "The carers are generally very good and manage to keep a balance between helping and allowing the recipient to be as independent as possible."

# 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.

Under the previous legal entity, at the last inspection this key question was rated as requires improvement. At this inspection, under the new legal entity, this key question has now improved to 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 supported by staff who knew their needs, personalities, likes and dislikes well. The service took care to assign a member of care staff who was matched to each person using information about their interests and character. Comments from staff included; "I feel our values have massively improved (since the last inspection); I have time to ensure that clients have a well-matched care worker that best suit their preferences and needs" and "I feel that the great care matching also shows the deeper understanding our team have of their clients and care worker work force. Getting to know our clients and care workers on a more personal level helps to create a culture of more person-centred care."
- People told us they enjoyed the company of staff with comments including; "We've always had nice girls here. The one at the moment is perfect, she's wonderful, "I get on really well with the carer, they become your friend" and "We're like a family, he takes me out a lot, I've been very happy."
- People and relatives told us staff were always kind and respectful.
- Staff and the registered manager were passionate about people's happiness and wellbeing. Staff made comments including; "Our job is always to make sure the care is Person-Centred and go above and beyond to give the client what they need" and "One of our clients truly makes me feel wonderful because she always says how her care worker has opened a world of opportunities to her and she can live her life to the full. The work we do is incredible and all of our hard work and efficiency goes into making our clients happy and being able to live their lives in comfort. Our care workers not only provide care but provide companionship to our clients which I feel is really important for their well-being."
- Care plans included information about people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths and belief systems, and people protected under the characteristics of the Equality Act were not discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

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

- People were fully involved in creating and reviewing their care plans.
- People's views were sought, listened to and used to plan their care and improve the service. One person said, "They did send me one carer I didn't like, I called the office and they sorted it straight away, sent someone else to replace them. They are good and I feel I can talk to them."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected.
- People's independence was encouraged and promoted. Care plans highlighted what people could do for themselves and how staff should assist with this.

## Is the service responsive?

### Our findings

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

Under the previous legal entity, at the last inspection this key question was rated as requires improvement. At this inspection, under the new legal entity, this key question has now improved to 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

- People received care and support in a way that was flexible and responsive to their needs. Agincare supplied people with live-in carers to meet their needs but also provided a rapid response service to meet the needs of people coming out of hospital. A member of staff said, "We work with NHS Commissioners to provide a hospital bridging service to support clients back to their home safely whilst they rehabilitate and thus improve the through flow of patients and the connection between the NHS and social care." This service had received high praise from external professionals and people who received it.
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. Care plans were regularly reviewed with people and their relatives to ensure they remained current and provided accurate information about how to meet people's needs.
- Where people's preferences included a set routine this was recorded for staff to follow to ensure people had the personalised support they needed.
- The service was responsive to people's changing needs. One relative said, "The carers have been very good at helping when asked. When Mum came out of hospital earlier this year Agincare were very good at providing night care for a period of three weeks in addition to the ongoing day care."

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 identified and guidance for staff was provided to ensure they could understand people and be understood. The service was able to provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard.
- Agincare had thorough processes in place to ensure staff recruited to care for people had a good level of understanding and communication in the English language.

Improving care quality in response to complaints or concerns

- People and their relatives felt comfortable raising complaints and most were confident these would be listened to and acted on. Comments included; "I have a number for the area manager. They will be able to

help me" and "All the staff with whom I have communicated have been responsive and understanding."

- Systems were in place to address any concerns raised. We looked at copies of responses to concerns and saw the service had acted to address any concerns. Learning took place as a result to avoid any repetition.

#### End of life care and support

- People's care wishes at the end of their lives were recorded in their care files wherever possible.

- Staff had received training on how best to support people at the end of their lives.

- The service offered a specialised end of life service. One member of senior staff had received additional training and provided support to people at this time. One member of staff said, "We deliver a high standard of palliative/End of Life care to client's who wish to die at home with our assessor (name of staff member) offering an extra level of in-depth support."

# 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.

Under the previous legal entity, at the last inspection this key question was rated as requires improvement. At this inspection, under the new legal entity, this key question has now improved to 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

- People, relatives and external healthcare professionals spoke highly of Agincare and the quality of the service they provided. Comments included; "Agincare is very good", "I have no complaints at all. I'm very happy" and "I have been very impressed with the support given by Agincare Live-In Care - South West."
- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. All staff told us how 'passionate' they were about providing a high quality and personalised service to people, and that people were at the heart of the service.
- Each staff member we spoke with told us how positive they felt working for an organisation that shared their personal values about delivering high quality personalised care. Staff were highly motivated and very proud to work for Agincare. Comments from staff included; "Agincare Live-in Care South West has taught me to value our customers and fellow employees, achieve our goals and aspirations, learn and encourage a culture of knowledge, expertise and accountability, understand our business, our customers and fellow employees and excel in everything we do. These are our company values and I stand by them to make our team succeed", "The service we provide is an excellent service, every day I come to work knowing how much of difference we are providing to people's lives" and "I am so proud to be part of the south West team. We have team to be proud of, a team that works together to provide the best service for our clients and care worker to be proud of."
- People, staff and relatives told us they would recommend Agincare to others. Comments included; "I would recommend our service to anyone going forward."

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 service informed relatives of any concerns, such as if an accident had happened, and fulfilled their duty of candour.
- The registered manager was aware of their responsibilities to provide CQC with important information.

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

- Agincare had a registered manager in post. The registered manager oversaw the running of the service and undertook audits to monitor the safety and quality of the care provided.
- Staff spoke exceptionally highly of the registered manager and spoke about how supported, appreciated and included they felt. Comments included; "I can honestly say (registered manager) is the best manager I have worked for in my career and this team is the best group of people", "The South West team are led by an incredible leader (name of registered manager), who motivates and inspires us to succeed. (Name of registered manager) is supportive and always ensures we are happy in our jobs. She always has the clients' best interest at heart and is passionate about care which for me, is exactly what a good leader needs to be" and "I would like to make a special mention of my manager, her support at work has been incredible. She sees the potential in each person in our team and pushes them to be the best they can be. Her knowledge of our clients and care as a whole is inspiring. She has given me so much confidence and made me so valued as a member of the team, she trusts me and praises me but also I can go to her with anything I have done wrong or anything I need help with and she never judges she just shows you how to fix it."
- There were thorough quality assurance processes in place to ensure the registered manager had the information they needed to effectively monitor the service and identify areas for improvement. There was a senior management team within the organisation who were involved in the oversight of the service.
- There was a clear management structure and all staff were clear about their roles and responsibilities. The organisation had a number of different teams working independently to the operations team in order to provide clear governance. There were clear processes for staff in placements to receive regular spot checks and calls. Poor performance or issues, where highlighted, were dealt with immediately.
- An Operations Support Team undertook quarterly audits and the Operations Support Manager retained objectivity by reporting directly to the Managing Director. A Quality Lead reported on performance on quality compliance across all the provider's locations. This provided further quality oversight.

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

- Staff told us the service's management team were caring and supportive and that everyone worked well as a team. Comments included; "I have worked in Health and Social care for 14 years and I have never worked in such a supportive and caring team with high values and commitment to the highest standards of care" and "Agincare are a very good company to work for, they give me all the support I need. The training is great and always appreciate the work I do."
- The registered manager and wider management team were committed to involving people in the service. They regularly sought views from people, their relatives and external healthcare professionals.
- Regular staff meetings took place to ensure information was shared and expected standards were clear.
- Staff were kept up to date with any important changes, news, feedback and situations which may impact them, such as adverse weather conditions. This was done through the use of weekly emails and quarterly newsletters.

Continuous learning and improving care; Working in partnership with others

- Agincare was continually working towards improvements and looking for new ideas. The provider shared learning and knowledge between all their services to ensure improvements were made. For example, following our feedback in relation to medicine stocks not being recorded and reviewed the registered manager immediately made changes to the systems in place and these were shared with all other Agincare services in order to share the learning and minimise risks.
- Agincare had recently changed their recruitment style in order to improve staff retention. A Recruitment



and Retention Board had been created in order to continuously review good practice and staff turnover rates had decreased as a result.

- Members of the wider management team attended a number of local meetings and events in order to expand on their knowledge and work in partnership with other agencies.
- The Agincare Group CEO was part of the Department of Health and Social Security Social Care Taskforce (UKHCA) and was a contributor to Healthcare action groups. The Managing Director also attended conferences and the organisation's COO sat on the board of the UKHCA. Agincare was active in contributing to wider Health and Social Care Policy in order to bring about improvement.
- External professionals spoke highly of the work being carried out by Agincare and their innovation. One comment stated, "The Agency do engage with us, they regularly meet and are always keen to work with us on new and innovative services. For the last two winters they supplied a 'Winter Pressures Service' assisting service users home whilst a long term care package could be found."
- The provider had been finalists in 2017 and 2018 for the Laing-Buisson Awards for innovation in public/private partnerships.