Agincare UK Limited

Agincare UK Christchurch

Inspection report

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17 January 2019

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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

The inspection took place on 15,16 and 17 January 2019 and was announced.

The service is registered to provide personal care to people living in their own homes. At the time of our inspection the service was providing personal care to 125 people.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults and people with dementia. Not everyone using Agincare Christchurch receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Agincare Christchurch office is situated on the outskirts of Christchurch. It provides support to people living in the Bournemouth and Christchurch areas.

There was no registered manager in post at the time of inspection. However the acting manager was in the process of applying to CQC to become the 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good:

People were protected from the risks of abuse because staff understood how to report any potential concerns. People were supported by familiar, consistent staff where possible and staff knew people well and understood the risks they faced and how to manage these. Accidents and incidents were reported, recorded and learning shared with staff. People received their medication safely and this was recorded accurately to reduce likelihood of errors.

People were involved in pre-admission assessments which identified their physical, religious, emotional and mental health needs to ensure that these could be effectively met. 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 were supported to have enough to eat and drink. Staff received regular support through supervision and had access to relevant training opportunities to provide them with the correct skills and knowledge for their role.

People were supported by staff who were kind and caring. Staff were able to communicate with people in ways which were meaningful for them. Some staff did not speak English as a first language. The acting manager told us that they would speak with their manager about sourcing English courses or training for staff struggling with communication to ensure that this did not impact on people. People were offered choices about their care and treatment. They were supported with respect by staff who protected people's dignity and promoted their independence.

People's care records showed their support was reviewed regularly and was responsive to changing needs. People and relatives were aware about how to raise concerns if needed and felt that these would be listened and responded to. Any advance medical decisions were recorded and discussions around people's end of life preferences and wishes were recorded.

Feedback from people, relatives and staff was sought through surveys and monitoring phone calls. Quality assurance measures were used to identify any gaps or trends to continually improve the service people received. Staff understood their roles and responsibilities and felt supported in their roles.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Agincare UK Christchurch

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.

The inspection took place on 15, 16 and 17 January 2019 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

The inspection was carried out by an assistant inspector on day one who visited people in their own homes. One inspector visited the office location on days two and three and then made follow up telephone calls to professionals and staff. Two experts by experience made telephone calls to people who received a service on 16 and 17 January. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience in older peoples care and dementia care.

Before the inspection we reviewed all the information we held about the service. This included notifications the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority to obtain their views about the service.

We had received a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information prior to the inspection.

During the inspection we visited four people in their own homes and spoke with 24 people and three relatives on the telephone. We gathered feedback from three professionals. We also spoke with four members of staff, the acting manager and the quality lead.

We looked at a range of records during the inspection, these included seven care records. We also looked at

information relating to the management of the service including quality assurance audits, accident and incident forms, policies, risk assessments, meeting minutes and complaints. We looked at four staff files, the recruitment process, training and supervision records.

Good

Is the service safe?

Our findings

People generally felt safe with the support they received from Agincare Christchurch. Comments included, "I feel safe with the carers. Most of them are very gentle and friendly", "I feel safer because someone is checking on me" and, "I feel my [relative] is very safe. The carers seem to know what they are doing." One person explained that staff assisted them to move in their wheelchair and explained, "They have to push me because I can't manage and they are very good. They always push me nice and carefully so I feel very safe."

People did not always know who would be visiting them and this worried some people. People's comments included, "I used to (feel safe) but now I don't know who is coming, nor what time so that makes me worry", "Some of them are strangers. They are not the people on the rota" and "I don't know who is coming from day to day so most of them are strangers and that's not safe is it". Some people told us that the office called them to let them know about any changes to their rotas, but this was not the case for everyone we spoke with. This feedback had also been identified as part of a Local Authority contract monitoring visit in August 2018 and Agincare had advised that this was an ongoing process for improvement. The acting manager explained that rota's were sent out to people weekly. They were working hard to improve communication with people when staff changes needed to be made because of illness or other issues.

People were protected from the risks of abuse by staff who understood the potential signs to be aware of and how to report these. Staff explained what signs they would look for which they might be concerned about. One staff member told us they would be concerned "If they were a bit more withdrawn than usual, any physical signs such as bruises or marks or unusual pain". There was a safeguarding policy in place which included a procedure for staff to follow and a flowchart which provided guidance about when alerts would need to be raised with external bodies.

Risk assessments were in place, but some did not have guidance for staff about how to manage the specific risks people faced. For example, one person had a catheter but no specific risk assessment to outline the risks or how staff needed to manage these. The quality lead explained that they had risk assessments which could be utilised for individualised risks and that they would ensure that these were consistently completed to provide guidance for staff.

People were supported by staff who had been recruited safely, with appropriate pre-employment checks. Staff files included identification checks, application forms and interview records. Checks with the Disclosure and Barring Service (DBS) were in place before staff started in their role to identify whether staff had any criminal records which might pose a threat to people. Two recruitment files only included dates of previous employment for applicants. This meant the provider had not sourced sufficient evidence of staff conduct in previous employment to protect vulnerable people. The acting manager advised that they would ensure that they would consider ways of managing this.

People received their medicines as prescribed. The service had assessments in place which identified whether people needed support to manage their medicines. MAR (Medicine Administration Record) for people included instructions about where creams should be applied if these were prescribed. We saw that

MAR were completed and returned to the office monthly. These were then audited regularly and any gaps or issues were highlighted and followed up with staff.

People were protected from the risks of infection because staff followed infection control procedures. Staff had access to appropriate Personal Protective Equipment (PPE) and told us how they used this to prevent the spread of infection. One person explained ". The carers come and shower me. They wear gloves when they do this. They make my bed and write in a folder after they have done their jobs". We observed staff visiting the office during the inspection to collect more supplies of PPE.

Staff understood their responsibilities to raise concerns or report incidents and these were used to learn and drive improvements. Copies of blank accident and incident forms were kept in people's homes and staff understood to report any incidents to the office. We saw that accidents and incidents were regularly checked and any learning shared with staff through group memo's or individual emails.

Good

Is the service effective?

Our findings

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

People's capacity to make decisions relating to their care and treatment was considered by staff and capacity assessments were in place where needed. If decisions were made in people's best interests, these were recorded and included who had been involved in the decisions and options which had been considered.

People and those that were important to them were involved in pre-assessments before they started to receive a service from Agincare Christchurch. This information formed the basis for people's care plans and we saw that they contained detailed information about people. Examples included; any assistance needed to mobilise, access details for their home, communication needs, any allergies and details about what support they would require when staff visited. One person explained that their family had been involved in the pre assessment and said "My sister helped, my sisters daughter filled out the forms". Pre-assessments also included details about how people wished to be addressed and we observed that staff referred to people by their preferred name during the inspection.

Care plans captured people's religious and cultural needs but no-one receiving a service required any support from Agincare Christchurch to meet these at the time of inspection. One person had requested an earlier visit time to enable them to get ready to attend their local church. The acting manager was aware of this and explained that they were working to accommodate this request as soon as they had staff available at the requested time.

People received support which respected their individual choices and preferences. For example, some people had expressed a wish to be supported by female staff only. This had been respected and support planned accordingly. One person explained, "I asked for women carers and I always get women, never men, that's good" and another told us, "I prefer female carers and so far they have never let me down."

Staff received training in a range of topics the service considered essential. These included health and safety, infection control, moving and assisting and safeguarding vulnerable adults. Staff were able to express an interest in completing national qualifications in Health and social care and Agincare Head Office then selected staff to support to undertake this.

Some people receiving a service from Agincare Christchurch had Dementia. A staff member told us that they had not received dementia training but explained, "I would like dementia training – (some) coping strategies, (methods of) communication if someone is distressed". Dementia training was not on the training matrix which was sent to CQC as part of the inspection. Following a local authority monitoring visit in August

2018, the provider had advised that Dementia training would be added as a mandatory requirement. The acting manager explained that they had passed the request for Dementia training to the Head of Compliance at Agincare but that dates had not yet been set.

New staff were supported through an induction and probation period and completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff shadowed experienced staff in the community and attended induction training. One member of staff explained "I went for a two day induction in Poole. I covered essentials including moving and handling and medicines". We observed office staff supporting people who were undertaking the induction by speaking with them over the phone and discussing their progress.

Some people fedback that communication with staff was not consistently effective. Where English was not the first language of some staff, communication was sometimes more difficult. Comments from people included, "Communication is often a problem because we just can't understand each other." and "Some carers I have problems with as there has been a language barrier with them". One person fedback as part of the local authority monitoring process and explained 'They read the care plan on the whole, but there are definite language barrier problems that cause frustration'. Feedback from a relative in an Agincare annual survey sent in July 2018 explained that their family member 'sometimes struggles or does not understand the foreign accent of some carers'. The acting manager told us that they would speak with their manager about sourcing English courses or training for staff struggling with communication to ensure that this did not impact on people.

Staff were supported through regular supervision and told us that they could go into the office to discuss any concerns or issues if needed. Supervisions are a place for staff to discuss their practice, training needs and any concerns. One member of staff explained "I have [supervision] and they ask what I'd like to improve". Supervision records showed that opportunities for national qualifications were discussed and that discussions about skills and knowledge in areas relevant for people were discussed. For example, staff understanding of Mental Capacity or how to manage people's medicines safely.

Staff received competency checks to ensure that they had the correct skills and knowledge to support people. Examples included monitoring whether staff safely assisted people to move using equipment, how staff communicated with people and whether staff treated people with respect.

Technology and equipment was available that increased people's independence and safety. Examples included key safes to ensure people's homes were secure, and locked medicines storage where people had consented to these to ensure that that they received their medicines as prescribed.

People were supported to have enough to eat and drink if they required assistance with this. Care plans reflected what support people required with meals and drinks and also reflected likes and dislikes. For example, one person required their drinks to be thickened as they were at risk of choking. Staff were able to explain how they prepared drinks in the way the person required. Guidance from a health professional about how to prepare meals and drinks was included in the person's care plan.

People had 'grab sheets' in their care plans to ensure that important information about their care and treatment needs was shared if they were admitted to hospital. Details included contact details of those important to them, any assistance needed to mobilise and past medical history.

People were supported to receive prompt access to healthcare services when required. We saw that people had access to district nurses, GP's and other healthcare professionals. We saw evidence of staff reporting

any changes in people's condition to the office and that this information was promptly shared with health professionals. For example, staff had rung the office when they suspected that a person may have had an infection and a GP was requested to visit. One relative explained "If the carers are concerned about my [relative] they always speak to me and then call the office to let them know and I phone the Doctor".

Good

Is the service caring?

Our findings

People spoke positively about the staff who visited them and felt that they were kind and compassionate in their approach. Comments included, "The carers are good to me and gentle and friendly and I am very happy to have them visit me as I have no family of my own and can get lonely sometimes", "I am very impressed with the people. I have nothing but praise for them. It is all about caring" and "The carers are very friendly and do the best they can in the time they have".

People were actively involved in making choices about all aspects of their care and treatment. Staff understood how to offer people choices about their support. Examples included choices about what people wanted to wear and decisions about what they ate and drank.

People told us that they had formed relaxed, positive relationships with the regular staff who visited them. Comments from people included "I've got a certain sense of humour and my main carers are on the same wavelength so we can have a laugh when they are here", "as far as I am concerned, they are friends" and "My regular carer is the best, absolutely the best. She will do anything for me. We have a bit of banter and that makes my day. She is like a ray of sunshine for me."

Staff were respectful of people's homes and privacy. Staff were provided with details about how people wished them to enter their homes and these were also recorded in care plans. One staff member explained "I always check - is it ok if I go in there, I always ask them". They told us that they only went in to areas of people's home where they had given consent to do so. Some people preferred staff to wear shoe covers in their homes and this was respected by staff. Staff also protected people's privacy and dignity when providing intimate care. One told us "I get the towel and cover to protect their privacy".

People were encouraged to retain their independence. Care plans gave details of what people could do for themselves and staff encouraged this, providing support only where needed. A staff member told us "I encourage people to dress where they can and I help if they are a bit stuck." Some people had exercise plans in place which had been recommended by health professionals. We saw that these were included in people's care plans and their daily records evidenced that staff were supporting people as recommended. One person told us that staff encouraged them to be as independent as possible but said "in fact they(staff) usually have to say let us do it because I'm too independent sometimes".

Agincare had an equality and diversity policy in place which staff adhered to. It included details about how people receiving a service, and staff could expect to be treated to ensure that no-one was discriminated against. The acting manager explained that they had some staff who did not drive. They had ensured that they were treated equally and arranged visits for people which staff could undertake by foot, or by cycling.

People's information was stored confidentially in the Agincare office. Where information was sent to staff regarding changes to people's care needs or access details for their homes, only initials of people's names were used to ensure that their information was protected.

Good

Is the service responsive?

Our findings

Care plans reflected people's physical, mental, emotional and social needs and ensured that people were treated equally and as individuals. Details included people's histories and what was important to them. For example, one person's care plan included their previous occupation, their place of birth, favourite films and information about their preferences including what they liked to wear. This was important because it provided staff with a basis to form meaningful relationships with people. One person told us "They [staff] know me quite well. They've met most of my family and talk about my family. They know whom I'm referring to just by name now".

People were involved in person centred reviews about their care and treatment annually. Care plans showed that reviews were more frequently when there were changes to the support people needed. The acting manager explained that they attended reviews of people's care with the local authority and amended care plans regularly when people's needs changed. We saw that a person's care plan had just been reviewed. Staff had visited the person and their loved one and gone through their plan, making changes where needed to ensure that it reflected the person's current needs. Comments included "During the annual review they check the folder and my care plan and I say if anything needs changing", "My [relative] has an annual review and I am there for that".

Local Authority monitoring visits had been mainly positive, and where changes were recommended, these had been implemented or were included in planned changes. Feedback from one involved professional indicated that the service had been responsive and worked flexibly with them which they had found useful.

The service met the Accessible Information Standard for people. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The acting manager explained "we ensure that we provide people with necessary information including complaints and relevant policies, these are available in large print or easy read for people if needed". People's communication needs were outlined in their care plans, with details about support needed by staff to meet these. For example, one person's care plan explained that staff should speak clearly to the person, and not too fast to ensure that they were able to communicate effectively.

People told us that they understood how to raise any concerns or complaints. We saw that where complaints had been received, these had been acknowledged, investigated and responded to within the timescales set out in Agincare's complaints policy.

Agincare Christchurch were not supporting anyone with end of life care at the time of inspection. Discussions were held with people about their wishes and preferences around end of life and this information was captured in people's care plans. Where people had advance medical decisions, these were also on their files.

Good

Is the service well-led?

Our findings

Agincare Christchurch did not have a registered manager at the time of inspection. However, the acting manager was in the process of applying to CQC to register. 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.

We received positive feedback from people and staff about the management of Agincare Christchurch. Out of hours support was responsive when people or staff tried to call and people positively mentioned several members of the office team by name. Office staff and the acting manager also provided support for people which meant that they had formed good relationships and people were aware of who they were speaking with when they rung the office. One staff member explained, "I rung on call at the weekend and they answered straight away and were helpful." A professional felt that the service was well led and explained that the, "Manager exercised transparency and urgently responded to concerns raised".

Staff understood their roles and responsibilities and the structure of Agincare Christchurch supported this. The office team included the acting manager, care co-ordinators, field care supervisors and administration or recruitment support. Each role had a clear remit and assisted to ensure that there was oversight of the service people received.

Agincare had systems in place to ensure that staff felt values and supported. These included an employee of the month scheme and long service recognition awards. People were encouraged to vote for staff they felt were going above and beyond and reasons for nominations were shared with staff. Compliments received about staff were shared with them in supervision and also shared with the provider.

People, relatives, staff and professionals could feedback through annual surveys and regular telephone monitoring. We saw that the last surveys had been sent out in July 2018 and responses had been analysed and used to plan actions to improve service delivery. Examples included issuing reminding staff to wear their Identification Badges when visiting people, and office staff continuing to work on letting people know if there were any changes to staffing or times of visits.

Communication with staff was managed through a mixture of meetings and update emails, memos and newsletters. Meeting minutes included policy and training updates, feedback shared from people and their loved ones and reminders about actions to take if an ambulance was required for a person. Newsletters were sent out to staff and a separate one for people. These included reminders about relevant topics. For example, the winter newsletters included details of the NHS 'Keep warm, keep well' information and reminders for staff about monitoring people during the colder weather.

The acting manager received support from the area manager who visited the Christchurch branch regularly. They also attended management meetings attended by other registered managers. This was an opportunity to share good practice and discuss any changes or updates.

The acting manager told us that they were able to access support from the provider when needed.

Oversight of service delivery was maintained through quality assurance systems which monitored areas including accidents and incidents, complaints, care plans and safeguarding. Information from audits was analysed and used to form action plans to work on improvements to the service people received. The provider completed quarterly audits of the Christchurch location and this combination of oversight meant that issues were identified and actions taken where needed. Examples included memorandums to staff to ensure that they accurately recorded what a person was eating and drinking, the acting manager attending local authority safeguarding training and the office team continuing to work on ensuring short term changes to staffing were consistently communicated with people.

The manager understood the requirements of Duty of Candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They confidently told us the circumstances in which they would make notifications and referrals to external agencies.

Agincare Christchurch worked in partnership with other agencies to provide good care and treatment to people. We saw evidence of staff working with a range of other professionals and saw that advice and guidance was regularly sought from external agencies including the Local Authority and GP's.