

Agincare UK Limited

Agincare UK Ferndown

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was announced and took place on 15 November 2016. The provider was given 48 hours' notice of inspection to ensure the registered manager would be available to meet us at the provider's office and also to make arrangements for us to visit some of the people in their own homes.

The last inspection of the service was carried out on 26 September 2014. This was a follow-up inspection, to check the provider's progress against areas where we found non-compliance on our previous inspection visit. At this inspection we found improvements had taken place.

Agincare UK Ferndown is a domiciliary care agency that provides a visiting service and assistance with personal care needs. They are registered to provide personal care. At the time of this inspection they were providing personal care and support for 170 people in their own homes.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives were very complimentary about the quality of the service provided and about the management and staff team. They felt the care was exceptionally good. One person said, "They always rally around and go above and beyond. I have been supported for many years by the service and always feel well cared for".

People we spoke with felt they received support from familiar and consistent care workers. They told us they would recommend the service to other people. They confirmed care workers arrived on time and had the skills and knowledge to provide the support they needed. One person told us, "It is great care, but I am in control of how I want the care delivered. I get a weekly rota and always know who is coming to support me. If it is going to be someone different they let me know".

The provider had effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people's needs.

The office administration team planned visits to make sure staff arrived to each person at the agreed time. Staff told us they had enough time to travel and complete their duties.

The provider had a recruitment procedure that ensured the suitability of staff was checked before they began work. Staff knew how to recognise signs of abuse and all said they were confident that any issues raised would be appropriately addressed by the registered manager. People felt safe with the staff who supported them.

Staff completed an induction when they first started working at the home. They also shadowed more

experienced staff and worked through an induction booklet. This covered information about the provider, HR topics, and all aspects of caring for people and managing risks, and essential health and safety subjects such as fire, infection control and manual handling. The registered manager told us the provider had a training department which enabled staff to receive specific training to meet individual needs.

Risk assessments included risks associated with people's homes and risks to the person using the service. Staff had access to care plans and risk assessments and were aware of how to protect people from risks of harm.

Care was planned and delivered in a way that was personalised to each person. Staff monitored people's healthcare needs and, where changes in needs were identified, care was adjusted to make sure people continued to receive care which met their needs and supported their independence. Care plans gave clear information about the support people required to meet both their physical and emotional needs and had information about what was important to the person.

People received help with their medicines from staff who were trained to safely support them and who made sure they had their medicine when they needed it. The provider undertook regular competency checks on staff to ensure they followed safe practice when supporting people.

The provider had a clear vision, which was to provide a service which was influenced by the needs and wishes of the people who used it. There was a commitment to providing high quality care which was tailored to people's individual wishes. Their vision and values were communicated to staff through staff meetings, supervisions and a regular newsletter. People's views were gathered by regular monitoring visits and phone calls and by satisfaction surveys

There were systems in place to monitor the quality of the service and plan on-going improvements. The results of a satisfaction survey had been very positive and people had expressed a high level of satisfaction with the service provided. People using the service and staff felt involved and able to make suggestions or raise concerns.

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.

There were sufficient numbers of suitably experienced and trained staff to meet people's needs.

Risk assessments were carried out to make sure people received their care safely and were able to maintain their independence.

There were staff recruitment procedures which helped to reduce the risk of abuse.

Is the service effective?

Good ●

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's health care needs were met.

Is the service caring?

Good ●

The service was caring

The registered manager and staff were committed to putting people first.

People had positive relationships with staff that were based on respect and promoting people's independence.

People were treated with dignity at all times.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which was personal to them

and took account of their preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People felt comfortable to make a complaint and felt any concerns raised would be dealt with.

Is the service well-led?

Good ●

The service was well-led.

People benefitted from a staff team who were well supported and happy in their role.

The registered manager and staff team were committed to providing people with a high quality service.

There were systems in place to monitor the quality of the service provided.

Agincare UK Ferndown

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 November 2016. The service was given 48 hours' notice of our inspection in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of one inspector.

We looked at previous inspection reports and other information we held about the service before we visited. We looked at notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Agincare provides personal care to people living in the geographical area surrounding Wimborne, Ferndown and Ringwood. We visited four people in their homes. We spoke with two relatives during our home visits. We spoke with two staff members individually. We spoke with the registered manager the area manager and care supervisor/coordinators. Following the inspection we spoke over the telephone with three members of staff, and four people or their relatives. We received an email from one health professional sharing their experience of working with the service.

We looked at records which related to people's individual care and the running of the service. Records seen included six care and support plans, quality audits and action plans, four staff recruitment files and records of meetings and staff training.

Is the service safe?

Our findings

Everybody we spoke with said they or their relative felt safe with the staff that supported them. One person said, "Yes I do feel safe, I couldn't manage without them" [staff]. Another person said "They always make sure I am safe and lock the door for me before they leave".

People told us they were supported by enough staff to meet their needs. People told us they received a rota each week telling them who was supporting them and confirming the time of the support. One person said, "They are always here when they should be, never let me down". Staff told us they were happy with their rota and felt they had sufficient time to provide support for people in an unrushed manner. One member of staff said, "There are enough of us although sometime weekends can be hard if staff ring in sick". The provider had an on call system in place to support emergencies if staff were suddenly unavailable.

Risks of abuse to people were minimised because the provider had an effective recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the care provider. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Records showed that new staff had not commenced work until all checks had been received by the registered manager. One staff member said, "They got references and I did the DBS check before I could work with anybody in their home".

People were protected from harm because staff had received training in recognising and reporting abuse. Staff told us they had attended training in safeguarding vulnerable people. They also confirmed they had access to the organisation's policies on safeguarding people and whistle blowing. Staff understood how to recognise the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. Staff we spoke with had a clear understanding of the different types of abuse, what to look for and how to report it.

The provider's safeguarding policy was comprehensive and very clear providing staff with all required information and guidance on actions to be taken if they were concerned about anyone. We saw evidence that when any concerns about people's safety were raised the service worked with the local authority and multi-disciplinary teams to keep people safe. One professional told us the service had robust risk assessments in place they said, "We have a close working relationship with the service, the registered manager produces good outcomes for people using the service to keep them safe."

Care plans contained risk assessments which outlined measures which enabled care to be provided safely in people's homes. An initial assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. The risk assessments were extensive and included accessing the home, people's possible illness and behaviour and infection control. For example one care plan we viewed outlined safe working methods on supporting a person with their prescribed lotions. Body maps showed staff where key areas of possible skin breakdown were, and guidance on how to apply the lotions and how often. One person said "They [staff] all seem to know just what they are doing". Staff

informed the registered manager if people's abilities or needs changed so that risks could be re-assessed. Risk assessments in respect of assisting people with mobility recorded the number of staff required and the equipment needed to minimise risk. Staff told us they never supported anyone alone if they needed a second member of staff to support the person safely, for example when assisting a person to move.

Everybody we spoke with said they did not have any problems with late or missed calls, one person said, "They are really good and if there were any issues such as traffic they ring and let us know they will be a few minutes late." A relative said, "Sometimes the rota changes but we always seem to know the staff, so it doesn't make much difference." Office staff monitored visits throughout the day. Care workers told us if there was an emergency or they were going to be more than 30 minutes late they rang the office, who in turn contacted the client. This meant the office staff were alerted to any staff who were running late. This meant people could be reassured that they would receive the planned care at the correct time especially if the visit was time critical for medication or appointments.

Some people required assistance with their medication. One person told us, "They always ask me if I have taken my medication and if not prompt me to do so". A care worker told us, "It is not often we have to administer medication but we often give verbal prompts to people to remind them to take their medicines. Risk assessments and agreements were in place and recorded to show how and when assistance was required. Staff were trained in managing medication. The senior staff assessed care workers competency during spot checks, if they had any concerns the care worker received additional training."

Staff were able to respond to situations that required prompt responses to keep people safe. For example One member of staff told us they had once arrived to support someone who they had concerns about. They told us, "When I arrived my client did not seem quite right, their speech was different. I rang the office and they advised I called the emergency services. Our quick response meant we helped the person to get medical treatment quickly which aided their recovery".

Staff were aware of their role and responsibilities for maintaining high standards of infection control. People confirmed staff used personal protective clothing to ensure they were protected from infection. One person said, "They are really good at putting aprons on, as soon as they walk through the door." Staff told us they always had enough supplies and were issued with uniforms.

Systems were in place to record any accidents or incidents that occurred. These were reported directly to the registered manager so appropriate action could be taken. Records of action taken had been recorded on the completed forms. This showed us that the manager had systems in place to record and review information. They also took action as a result of these incidents to ensure the welfare and safety of the people who used the service.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very positive about the staff who supported them. One person told us, "They know what they are doing and are good at their jobs". They stay the agreed length of time and help me do as much for myself as I can".

At our last inspection we found failure to carry out mental capacity assessments properly meant the provider could not be sure that people who lacked capacity to consent to their own care had been correctly identified. This meant there was a risk that people were not properly protected by safeguards contained within legislation.

At this inspection we found improvements had taken place. The provider could demonstrate that appropriate best interest decision making processes had been followed, for example records showed where a person lacked capacity a best interest decision regarding the person's financial arrangements had taken place. A power of attorney was in place with clear guidance on how the person's financial transactions needed to be managed. However some records were still unclear on the process that had been followed in regards best interest decisions. For example one care plan showed the process to establish capacity was being followed at the initial point of assessment. Although the relevant professionals had been involved the recordings remained unclear who had been the decision maker. The registered manager told us additional training was being organised to ensure the process was clear and being followed at the initial point of assessment and within the review process.

We recommend that the MCA codes of practice are adhered to when assessing people's capacity and decisions are being made on behalf of people.

People only received care with their consent. Care plans contained copies of up to date consent records, which had been signed by the person receiving care or a relative if they had the relevant authority. Everybody spoken with confirmed staff always asked them first before they carried out any care and they were given choice how their care was delivered. Staff were clear about the rights of the people they supported. People told us they were able to access the information recorded about them at any time and that details recorded were relevant and accurate.

Before a service was agreed a full health and wellbeing assessment was completed. If the assessment identified a concern regarding the person's capacity to make decisions about their care then the relevant steps would be taken and professionals contacted to ensure all decisions made were in the person's best interest. Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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 which is in their best interests and legally authorised under the MCA. The Deprivation of Liberty Safeguards (DoLS) authorisation procedure does not apply to domiciliary care services. For this type of service, where a person's freedom of movement is restricted in a way that may amount to deprivation of their liberty it has to be authorised by the Court of Protection. Where the provider was providing support to someone who was subject to a Court of Protection assessment, the guidelines were clear on the correct support the person required.

People we spoke with felt they received support from familiar and consistent care workers. They told us they would recommend the service to other people. They confirmed care workers arrived on time and had the skills and knowledge to provide the support they needed. One person told us, "It is great care, but I am in control of how I want the care delivered. I get a weekly rota and always know who is coming to support me. If it going to be someone different they let me know".

People were supported by staff who had undergone an induction programme which gave them the skills to care for people effectively. New staff were introduced to clients and were not permitted to work alone until their competency had been assessed by the registered manager. One care worker told us they received a three day induction, which was followed by a probation period to ensure they were competent within their role. They said "It was in-depth but I enjoyed it".

Staff told us they received the training they needed to meet people's specific needs. This included annual updates of the organisation's statutory subjects such as, manual handling, medication, safeguarding vulnerable adults, infection control, health and safety. Records showed all staff had attended all the statutory training. The registered manager showed us the training matrix which identified when staff mandatory training needed to be renewed. They told us staff also received training for specific skills such as dementia training. One member of staff told us they had received dementia training. They said they had really begun to understand the approach to use when speaking to people with dementia following the training. They gave an example if someone was searching for a lost loved one, they would try to offer a cup of tea to stop them becoming upset but would respect the person's right to continue looking for the person.

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. The registered manager told us they completed periodic supervisions, plus two spot checks on staff annually and an annual appraisal. Records showed issues recorded had been appropriately addressed by the registered manager and provider.

People were supported to see health care professionals according to their individual needs. One professional told us links with the service were good and the staff always made contact if they were worried or felt someone needed support.

Is the service caring?

Our findings

During our visits to people's homes we observed staff were very caring and compassionate. We did not observe personal care being carried out. However we did observe all the staff were respectful and ensured the person was asked if they would prefer to talk with us alone or with staff support.

People told us they felt safe and were supported in a relaxed and unhurried manner. People had support from regular staff who know people they supported well. Staff told us they had worked for the service for many years and felt they provided a good service to people. They spoke with pride about the service and about the focus on promoting people's wellbeing. One member of staff told us, "I have done this job for many years and know we make a difference to people's lives. The support we give enables people to remain as independent as possible and stay in their own homes". Another member of staff told us, "I really enjoy the variety of people I meet. Sometimes the rota changes due to sickness or holidays but everyone I support is lovely". A third member of staff told us, "I love working with people, I always think if there was a camera in the house I would not be bothered as I know I have given the person the best care I can".

People told us staff respected their homes and privacy. One relative told us, "The staff that come are lovely. I listen when they are supporting [person's name] they always sound very respectful and ask if they are ok from what I hear". People told us staff always announced themselves on arrival and asked permission before sitting down to speak with them, or before they begin tasks to make sure they are happy for them to be completing the task.

People confirmed they felt the staff team listened to them and cared about how they were feeling. One person said, "If they don't make my bed the way I like it, I tell them. They do listen". People felt they had built up good relationships with their carers. One person told us, "They are a great bunch, no problems. I know they care about me and my well-being". Another person told us, "I have built up some really good relationships with the carers. One of the carers has a joint interest in football so will come over and watch a match with us".

There were ways for people to express their views about the service they received. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received. People and their relatives had recently completed a survey asking them to rate the service. The results of a satisfaction survey were very positive and people had expressed a high level of satisfaction with the service provided. The survey also asked how likely they would be to recommend the service to other people. People said they would be highly likely to recommend the service.

The providers kept a record of all the compliments they received. Comments included, "On behalf of my [person's name] thank you for the excellent care. The carers have been friendly, patient and professional. They are cheerful and caring but also encouraging, trying to get [person's name] to do as much for themselves as possible." "We could not have nicer carers". "They always leave me with a smile on my face".

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When

they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People were satisfied their care and support met their needs and reflected their preferences. One person said, "They are always happy to help me, and will do extra things like picking me up some shopping if I run out". A relative told us, "We couldn't manage without them, [staff] they keep us fully involved."

People's care was delivered according to their care plans based on assessments of their needs. The registered manager told us they took into account both the availability of sufficient numbers of staff and their capacity to support the person whilst assessing their needs. The assessments gave details about the assistance the person required and how and when they wished to be supported. The care coordinator told us if the person's needs changed following the initial assessment the care plan would be reviewed. On the day of the inspection, we heard one person telling the care coordinator they felt they needed more support than they had been receiving as they felt they could no longer do some tasks for themselves. The coordinator quickly organised a review of the care package with the relevant health professionals, and informed the person a review was being organised. This showed us the service was responsive to people's requests in a timely manner.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. One person told us they received an initial visit and had been able to tell the care staff, "Just how I wanted to be supported. I have a book and the carers write in it every visit. It is always true". The care coordinator carried out monitoring visits to observe care delivery and liaise with people and their families regarding any change in need. The registered manager told us in their PIR, "Their person centred approach to care ensures people are involved from the point of referral". Daily visit records showed staff had carried out the care and support in line with people's care plans. Staff told us they felt the information in the care plans regarding people's needs was good.

Staff were knowledgeable of the needs and preferences of people they cared for. All Staff spoken with were able to describe how they supported the people they visited. Staff were passionate in the way they described how they tried to make their visit the highlight of the person's day. People said staff understood their needs and looked after them in the way they wanted to be looked after. One person said, "I really look forward to them coming, they always cheer me up."

Staff responded to changes in people's needs. The registered manager told us they responded to people's diverse needs by "Ensuring we have life stories recorded to understand a person's background, their hobbies, interests and recreational needs. We do not discriminate about a person's chosen life style, culture or religious beliefs". They said they felt the profiles enabled staff to engage with people and support them to maintain contact within their local community. Each person had a 'grab sheet' The care coordinator explained these were used if people had to transfer between services, for example if they were admitted to hospital in an emergency.

The care provider operated an out of hour's service. An on call manager would be available by phone when the office was closed. They had also started opening the office on Saturdays so there was support for both

people and staff. Staff confirmed they felt very supported outside normal office hours and also at weekends by the on call service. On-call duty had access to the staff allocations and could make changes immediately if a person's care needs changed or unplanned absence of staff occurred.

People and their relatives told us that they had information about the complaints procedure. They said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. However people told us they knew it was there but had needed to use it.

Complaints and compliments received are logged and audited monthly. Telephone surveys were carried out each quarter and any concerns were acted upon. The provider's complaints management policy sets out the procedures to be followed to ensure a full investigation is carried out, including the expected timescales for responses. There had been one complaint in the last year. Records showed this was dealt with in the appropriate time scale of 28 days and had been fully resolved. The registered manager sought people's feedback and took action to address issues in a timely manner.

Is the service well-led?

Our findings

The registered manager was open and approachable. There was an open door policy at the office and throughout the inspection staff came to the office to speak with the registered manager and office staff. All the feedback we received about the service was positive and each person, without exception, told us how valuable the service was. People and their relatives considered the service was well-led and good standards of care were provided by a team of skilled and caring staff. One person said, "They always rally around and go above and beyond. I have been supported for many years and always feel well cared for".

People told us they found the service was responsive and open. Most people had little need to contact the office, but found communication was good if they did. One relative told us, "We are always able to speak with the manager or office staff if we need to."

The service had effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people's needs.

Care workers were supported by the registered manager, acting deputy manager and senior care workers/coordinators. The registered manager in turn had the regular support of the area manager and senior management team from Agincare group, which included a human resources department. The area manager told us, "I am here once a fortnight to support the registered manager, and am also available by email if needed". They told us one of the provider's operational managers provide additional support to the registered manager and completed quality assurance audits every six weeks. They said, "We work as a team and look at the quality of the service, we review and monitor in line with our policy and procedures. Any issues are highlighted and acted upon."

Systems were in place to monitor and improve the quality of care provided. These included formal sign off that care workers were trained, prepared and briefed to support the people they were assigned to. A management structure provided clear lines of responsibility and accountability. This included regular spot checks, audits of daily care logs and other records. Supervisions and training of all staff were in place to develop and monitor performance and skills

The registered manager discussed the aims and vision of the service. They told us, "Our vision is to provide good quality care. Agincare care values are to value our customers and fellow employees." Their vision and values were communicated to staff through staff meetings, supervisions and a regular newsletter and posters around the office. They told us in their PIR, "The company aims and values form part of the Care Services Guide which is available for all staff and customers who use the service. Our policy supports translation, easy read and large print versions of information about the service". This meant communication was inclusive for everyone who used the service. The registered manager told us the senior team worked well to motivate staff and nurture a caring and supportive working environment. They said did this through effective use of supervision, and clear guidance around Agincare policy and procedures, such as communication policies and by having an open and transparent culture. They said, "It is equally important

to share with staff compliments received as well as information from findings from complaints investigations and outcomes".

From our observations and discussions with people who used the service their visitors and staff, it was apparent that the provider's ethos and vision for the service had been adopted by staff. Comments included, "I feel valued and respected by the staff". "We know the company values and they are around the office to remind us". "The registered manager is good, we have a good relationship. 100% she will support you". Staff members said they felt valued and supported by the registered manager and provider. They understood what was expected of them and were aware of guidelines and procedures informing their practice. The registered manager was supported through a continuous professional development process including management training and regular meetings, with senior managers and colleagues.

As far as we are aware the service has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. The provider promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. 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.