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Agency Assistance

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 6 and 8 September 2016. We told the provider two days before our visit that we would be coming. This was because we wanted to make sure the information we needed would be available. The inspection was carried out by one adult social care inspector.

Agency Assistance provides personal care for adults of all ages. Most of the people live in shared, supported living houses in Exmouth and surrounding areas. They also provide care to people living in their individual homes. At the time of our inspection, 22 people were being supported with personal care by Agency Assistance in ten locations. This is the part of the service we inspected as it is a regulated activity. The provider also operates a care agency service which provides care workers to other providers. They also run a day centre five days a week in the local area called 'Happy Days' where people they support can attend. The provider employed 115 staff the majority of whom could work with people receiving personal care. The registered person said, "Most staff start on the agency side of the work and when we get to know them and feel they are suited they might move to work in the units."

We previously inspected the service in February 2014 and no breaches of regulations we inspected.

The provider's office is in Exmouth. When we visited there was a registered manager in post, as is required. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were supported by sufficient numbers of care workers who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed the registered manager; registered person and care workers take the time to talk with people throughout our visit at people's homes and at the day centre. People were relaxed and appeared comfortable in their company.

There were safe and robust recruitment procedures to help ensure that people received their support from care workers of suitable character to work with vulnerable adults. Care workers had received a full induction so they had the understanding and skills to support people.

Care workers relationships with people were caring and supportive. They offered care that was kind and compassionate; they respected people's privacy and dignity and maintained people's independence as much as possible.

The registered manager and care workers demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Care workers had had training about the Mental Capacity Act (2005). They understood the need to consider people's capacity to make decisions. Where there was a concern about a person's ability to make a decision, care workers described how they would work with the

person, their family and health and social care professionals to decide what was in the person's best interests.

Policies and procedures were in place to ensure people were protected from the risk of abuse and avoidable harm. Care workers had received a range of training and information including safeguarding adults and they were confident they knew how to recognise and report potential abuse. People and relatives told us they felt the service was safe.

Care workers received a range of face to face training and regular support to keep their skills up to date in order to support people appropriately. Some care workers were working towards a higher qualification in health and social care.

Care workers spoke positively about the registered provider and registered manager, the teamwork and the open culture at the service.

Care records contained risk assessments and support plans which were regularly reviewed and also updated when a new concern arose. Risk assessments took into account people's ability and focussed on how to manage the risks in a positive way. People were supported to receive their medicines safely by care workers who had been trained to administer medicines. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment they required.

The provider had a range of monitoring systems in place to ensure the service ran smoothly and to identify where improvements were needed. People were encouraged to speak out and raise concerns, complaints or suggestions.

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

People were supported to manage any risks to their health and well-being safely.

People received a reliable service from care workers they knew and trusted.

There were safe recruitment procedures to help ensure that people received their support from care workers of suitable character.

Peoples' medicines were managed safely on their behalf.

Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes.

Care workers were provided with on-going face to face training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported to access specialist healthcare professionals when needed.

People were supported with their health and dietary needs.

Is the service caring?

Good ●

The service was caring.

People valued the relationships they had with care workers and expressed satisfaction with the care they received.

People were pleased with the consistency of their care workers and felt that their care was provided in the way they wanted it to be.

People were treated with kindness and respect. Care workers built meaningful relationships with people who used the service.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before their care commenced to ensure the service could meet their needs. Support plans were regularly reviewed and updated as their needs changed.

People and relatives where appropriate were involved and consulted in assessment and planning of their care.

People and relatives were able to raise concerns or complaints. The provider had not received any complaints but had dealt with concerns promptly.

Is the service well-led?

Good ●

The service was well led.

Care workers spoke positively about how the registered person and registered manager worked well with them. The culture was open and honest and focused on people as individuals.

The provider's quality assurance systems were effective in maintaining and driving service improvements.

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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 was announced and took place on 6 and 8 September 2016. We told the provider two days before our visit that we would be coming. This was because we wanted to make sure the information we needed would be available. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. The provider had completed a Provider Information Return (PIR). This 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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

We met two people in their homes and went to the day centre called 'Happy Days' and meet four others who received personal care support from Agency Assistance. After the inspection we contacted people's relatives to ask their views. We were able to speak with three of them.

We spoke and sought feedback with 13 care workers, including the registered person, registered manager, office care workers and care workers. We looked at four care workers recruitment records, at complaints, training and quality monitoring records, such as audits and survey results. We sought feedback from health and social care professionals of the service and received a response from two of them.

Is the service safe?

Our findings

People told us they felt safe with the care provided and the care workers who supported them. One person said, "No reason not to feel safe they are very good." Relatives said, "Always seems happy to be there" and "Very happy, a great team looking after him." One care worker said, "People are safe without a shadow of a doubt. They (registered manager and registered provider) will go above and beyond even if it means doing it themselves."

Care workers demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, care workers knew how to report concerns within the organisation and externally, such as to the local authority, police and to the Care Quality Commission. Care workers had attended training in safeguarding people. They had access to the organisation's policies on safeguarding people and whistle blowing. Care workers felt confident any concerns they raised would be investigated and actions taken to keep people safe.

The registered manager had systems in place to ensure people's money was safe. Care workers checked at the beginning of each shift to ensure people's money was accurate. When they supported a person to purchase an item they were required to have a receipt and record the transaction. A member of the office staff had the role of checking people's finances were accurate and would challenge care workers if there were any discrepancies.

Care workers arrangements met people's contractual arrangements. Some people required support at all times others had allocated times. People and relatives were happy with care workers timekeeping and confirmed they had not had any missed visits. Where one person said a care worker was late arriving they had received a phone call from the office staff making them aware. The provider did not use the services of care agencies as they had a large pool of care workers they could call upon. Where there were shortfalls which could not be filled the registered person and the registered manager undertook care duties.

Risks to individuals had been assessed and documented. People's physical needs had been assessed when the service had commenced supporting them. For example, assessments had included the falls risk assessment, a nutrition risk assessment and a tissue viability risk assessment where appropriate. One person had been identified that they were at risk of not eating. Care workers were guided to encourage the person to have snack foods and also eat a balanced diet. Risk assessments had also been completed around people's every day activities. For example, risks around personal hygiene. The risk assessment identified why the person needed support and who was going to support and how. A second example was household hygiene, regarding cooking and the person's understanding that food needs to be cooked or defrosted.

A general risk assessment was also undertaken to assess risks including sexual awareness, self-harm, verbal and physical aggression. Each person had an environmental risk assessment which considered their environmental risks. For example the assessment included looking at lighting, equipment which might cause a hazard and if they had pets. Risks to people were regularly reviewed as well as when a change in

people's needs was identified.

There were effective recruitment and selection processes in place. Care workers had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The registered manager requests that all care workers complete an annual declaration to demonstrate they have no new concerns regarding their DBS. This was so they were assured care workers remained appropriate to work with people at the service.

People and care workers were able to contact the service at all times if they needed support or advice. The office was available during office hours and then calls were transferred to the on call mobile telephone which was held by senior staff. To ensure care workers were safe at unsociable hours the provider had 'a buddy call system' where care workers were required to text or call the 'on call' staff to make them aware they were alright.

People received their medicines on time and in a safe way. People were supported by care workers when taking their medicines. Medicine administration records (MAR) were written by the pharmacist supplying the medicines. The registered person said only care workers with an NVQ level three in health and social care could make changes to people's MAR records. There was a system to ensure people's medicines were given as prescribed. Care workers used a 'count back system' where they counted medicines each time they administer them and leave a running total. A senior care worker also undertook monthly spot checks to ensure MAR records were accurately completed. Where medicine errors had occurred care workers had been required to undergo further medicine training. The registered manager said they had worked with the external training provider to ensure the medicine training was bespoke for their service. This was because they wanted to ensure all care workers were following their procedures.

Care workers had clear guidance regarding a person who required emergency medicines in the event of having a seizure. There was an 'emergency medicines protocol' in place for care workers to follow. There were arrangements in place for care workers to always have the emergency medicines with them when they went out into the community so they could administer if required.

There were accident and incident reporting systems in place at the service. Care workers completed accident and incident report forms which were reviewed to see if appropriate action had been taken. The registered manager also looked to see if there were any patterns in regards to location or themes. Where they identified any concerns or reoccurrence they took action to find ways further issues could be avoided.

Is the service effective?

Our findings

People were supported by care workers, who were knowledgeable, experienced and knew people well. Care workers had undertaken training to ensure they were able to support people effectively. The mandatory training was provided by an external training company and was face to face. They confirmed the provider had a rolling program scheduled and would request additional training if required.

Care workers received training on subjects including, manual handling, infection control, fire, safeguarding vulnerable adults, challenging behaviour, dementia, medicines, first aid, health and safety and food hygiene. The training co coordinator said care workers were not able to work without having undertaken their manual handling training. This was confirmed by a new care worker who wanted to start but said they had to undertake training first. On the second day of our visit care workers were undertaking, breakaway training (training to ensure care workers have the skills necessary for safe escape from an aggressive situation where defusing and de-escalation techniques have failed and they are been physically assaulted). They said they were enjoying the training and seemed engaged and were asking the trainer lots of questions.

The provider also used specialist trainers to provide training more specific to people's individual needs. For example, epilepsy, professional boundaries and autism. Care workers said they found the training provided helped them perform their role and were positive about the training they had received. One care worker commented, "The trainer comes and is face to face, we can ask questions. I find the training very good."

Care workers completed an induction when they started work at the service, which included training. New care workers were introduced to people and shadowed an experienced care worker before being left solely to support someone. The registered person said we consider carefully matches between people and care workers; it is important to get the balance right. New care workers who started at the service without any previous experience of working in care were supported to complete the care certificate. The care certificate is a national training in best practice which was introduced in April 2015. One care worker said, "I shadowed every place I have been. I go in before and meet the person."

A designated senior care worker undertook care workers supervisions and had a program of appraisals scheduled. They said they tried to undertake supervisions every three to four months. They had a system to ensure all care workers had regular one to one supervisions and could demonstrate who had received their supervision and who was due. Records showed the supervisions reflected on the last supervision notes and any targets set. During the supervisions they also looked at sickness, timekeeping, training, any concerns regarding people's safety and welfare and care workers strengths and weaknesses. They discussed ideas how they could improve and develop and set agreed objectives for the following three months.

The registered manager was in the middle of implementing a new 'shift check sheet' which care workers had to sign on each shift. This was to confirm they had read the diary and communication book, checked people's money was correct and accurately recorded, ensured there was enough milk and bread etc. for sandwiches and hot drinks. They said this would enable them to have a clear audit trail and make care workers accountable for their actions.

Care workers felt supported; communication between them and the office staff was good and they could pop into the office at any time. One care worker said, "I used to be scared to go into the office but as soon as you walk in they are all friendly and helpful." There was good communication between care workers in people's individual homes. The registered person said everything had to be recorded in the communication book. This was because some people did not like care workers having a handover session at their homes. Therefore the communication book was really important to ensure key information was passed on.

Before people received any care and treatment they were asked for their consent and care workers acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered. The majority of care workers had received training on the Mental Capacity Act (2005) (MCA) which enabled them to feel confident when assessing the capacity of people to consent to treatment. This training was not part of the provider's mandatory training but the provider had decided that care workers should have an understanding.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care workers demonstrated an understanding of the MCA and how it applied to their practice. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. The registered manager recorded on their PIR, 'We aim to give the individuals choice. We work with family members and care managers to ensure the service users best interests are met and maintained.'

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. Care records showed evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GP and district nurses. A relative said they had confidence in the care workers to recognise changes and to arrange a GP appointment if needed.

People were happy with the support they had to eat and drink. The support people received varied depending on people's individual circumstances and contract arrangements. Care workers supported people to purchase their food and supported them with their meals to ensure they had a balanced diet. One person was pleased to tell us that they had just been out in the community and had fish and chips which they had enjoyed.

Is the service caring?

Our findings

People and their relatives felt the care workers were kind and friendly. People had consistent care workers and this was important to them. One person was very complimentary about the care workers and said they knew them well. They explained how care workers had worked with them to lose weight and had ensured they had the information they needed and had supported them throughout. Their comments included: "I don't know what I would have done without them. I would not have been here today without their support and guidance."

People were very happy in the company of care workers and were treated as individuals and as equals. People were very positive about the support they received from the service.

People were involved in making decisions about their care and support. Their opinions were sought about how best to care for them and they were listened to. They confirmed care workers cared for them in a way that respected their privacy. One person commented, "They don't make me do anything I don't want to do. They always ask me what I want."

Care workers spoke about people in a respectful manner, in a compassionate and caring way. When they spoke about their role they took pride in their job. They demonstrated empathy in their discussions with us about people and showed an understanding of the need to encourage people to be involved in their care. They explained that people being involved was important so they maintained their identity and independence.

The service tried to maintain people's independence. The registered person and registered manager said they reminded care workers of the importance of enabling people they supported and not disabling them and the importance of maintaining their independence. They gave an example where care workers were carrying people's washing downstairs when the person had the ability to undertake the task themselves. In people's support plans there were daily and weekly chores for people to undertake supported by care workers as required. These included for one person to undertake weekly:; polish bedroom, recycling and cook cakes. On a daily basis their chores included laying the table, loading and unloading the dishwasher and making their bed.

The provider had received several thank you cards. One from a person using the service said, 'Thank you for all the support, new friendships, life experiences, lessons learned and most of all the love and kindness throughout my time with Agency Assistance.' A thank you card from a relative said, 'A sincere thank you for all the help and support that you gave me...the support I received was extremely kind and helpful.'

Is the service responsive?

Our findings

People were supported to lead interesting and active lifestyles. This included being involved in the day service run by the provider. People were supported by care workers to attend local facilities such as restaurants, clubs, swimming pool and the local library. There was evidence that people enjoyed what they were doing and felt a sense of achievement.

The provider recorded in their PIR, 'Reduce social isolation and enjoy more meaningful relationships; Enjoy the activities and benefits of community living through broadening their opportunities. Maximise community integration, presence and social inclusion; Enhance quality of life.' This demonstrated the provider recognised the need to support people with meaningful activities which supported them to have a sense of purpose and achievement as well as fun. They did this by supporting people to follow their interests and take part in social activities. Care workers supported them to identify and undertake ways to progress with these. For example, one person was a keen artist and produced drawings for people. These drawings were coloured and decorated with glitter. Other people transferred the pictures onto cloth to make cushions. Another person had been doing needlecraft to make a cushion for a relative's birthday. It was very evident the person was very proud of their achievement and told us about plans for their next project.

People were helped by care workers to go on holiday. The registered person said they undertook an annual trip abroad with a group of people which was enjoyed by all. One person told us about a trip they were scheduled to go on. It was clear they had been involved with the planning and were looking forward to the trip.

The registered person said a lot of people they supported liked animals. They tried to find activities where they could have access to animals. This had included a cat cuddling group and a local theme park where there were numerous animals many which could be petted.

One person's support plan set out clearly what activities they liked to do while at home and how the care workers should support them. It said, 'Will choose what he wants to do, puzzles, read books. When (person) has chosen an activity the focus for care workers and (person) must be on spending quality time together. It is very important to support (person) to focus and concentrate.'

The registered person said they provided a bespoke service for each person they supported. They met all new people receiving personal care and assessed that their service could meet their individual needs before they started using the service. They told us about the importance of the transitional work involved to ensure people moving from other services went smoothly. This included arranging for care workers to shadow care workers in their old settings who knew their needs well. This would enable them to learn about triggers (things which may cause anxiety) for the individual and ways which worked.

Support plans had been developed with the person and their relatives and included detailed information about them. People's support plan started by identifying how the person finds it easiest to understand information. For example by being shown pictures or being spoken to. They describe what they like, what

they didn't like, and what was important to them. The support plans also contained information about their GP, dentist and other health professionals involved in their care. The records described how they were kept safe, their routines and behaviour. For example one person's daily routine is broken down into each detail. It stated, 'need support to choose clean clothes... will choose their breakfast and a drink with care workers support. At all mealtimes eat with the person supporting (person) ...encourage focusing on the task in hand.' Each person's care record contained detailed risk and needs assessments which had been used to develop support plans which supported these as well as the person's own preferences.

Support plans were reviewed annually and updated to reflect changes in people's needs if an issue arose.

The complaints procedure set out the process which would be followed by the provider and included contact details of the provider, local authority and the Care Quality Commission. There was a complaints procedure in each person's care. This ensured people were given enough information if they felt they needed to raise a concern or complaint. There had been no formal complaints made at the service by people receiving personal care. However the registered person said they dealt with grumbles on a day to day basis before they became complaints. One relative said, "If I have any concerns I can raise them... but would not be sure how they will be dealt with."

Is the service well-led?

Our findings

People were supported by a team that was well-led. The registered person and registered manager were in day to day control at the service. They were supported by a team of office care workers who dealt with day to day issues and had designated roles and responsibilities. These included, finances, training and care workers scheduling. There was also a designated senior care worker who undertook care workers supervisions and house audits. One health and social care professional did say they were not very good at delegating responsibilities, which sometimes was good and other times not so good.

Throughout our visit we saw positive interactions between people and the registered person and registered manager. It was evident that people knew them well and had nicknames they used fondly and had big smiles and lots of cuddles. Relatives gave us a mixed view about the registered provider and registered manager. One said they were approachable and would do absolutely anything for the people they supported and fight their corner. They said "Very passionate, I can ring and talk things through." Another relative said they were approachable but did not always feel they listened and took things seriously. The registered person said they had regular contact with people's relatives. They said there was sometimes disagreements because they were supporting the person and upholding their rights and this might not be in line with expectations of the relatives.

Care workers were positive about the leadership at the service. Comments included, "Happy to go to (registered person and registered manager) about anything", "Care workers are in and out of the office, nothing is ever too much trouble because they are very hands on. They are fantastic not just for the clients but the care workers as well" and "(Registered person) is the most accommodating employer. I can go to her and (registered manager) with any concerns."

Care workers said they felt supported and valued and that there was good team working and an open culture at the service. One care worker commented "We can ring anytime. If I feel stuck I ring the office. They are really good. I have not rung the office and not got an answer."

The registered manager sent letters to care workers to keep them informed of concerns and of changes and to remind them of good practice. Care workers were also sent an 'agency update' about four times a year. The registered manager said, "It is important to keep care workers in the loop about what is happening." They confirmed care workers were asked to sign that they had received the update to demonstrate they had been informed.

Stakeholders and commissioners are asked annually to complete a survey. Following their feedback, letters were written to all care workers to make them aware of issues identified and actions required. For example, punctuality, appearance and record keeping.

The registered manager said they had in the past undertaken care workers surveys but had not found these effective. They said they saw care workers face to face on a weekly basis and tried to resolve concerns quickly. Their comment was "Nip them in the bud." However when they needed to ensure care workers were

informed of concerns or poor practice had been identified, they sent letters to remind them of procedures, dress code and training updates.

Quality assurance checks were completed on a regular basis. The registered manager recorded in their PIR, 'The effectiveness of the services is assessed through the collection and compilation of outcome data, including functional assessments, behavioural observations, and surveys. Incident report data is periodically reviewed to identify issues and trends that relate to training and supervision needs, changes in policies and practices, etc.'" A senior care worker undertook monthly checks in each person's home. They said they always gained the person's consent before going into their home. They checked that paperwork was completed properly and replenished documents. They completed a checklist to check the house and garden were safe and fire risks were managed if this was part of the care workers responsibilities. They took the opportunity to speak with care workers to ask if they had any concerns. During their checks if they identified any concerns they would take action to resolve them. This might include involving the registered manager or contacting the care worker direct to discuss and put in place an action.

Care workers carried information cards when supporting people in the community. These were to be given to members of the public if they were concerned about how care workers were dealing with the person they were supporting. The registered manager told us they often received feedback from people as it was a small community.