Agincare UK Limited

Agincare UK Worthing

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 took place on the 1 September 2016 and was announced.

Agincare UK Worthing is a domiciliary care service which provides personal care to people in their own homes. The registered office is in Worthing however the service provides personal care across West Sussex including Littlehampton, Southwick, Shoreham and Worthing. At the time of our visit the service was supporting 75 older people with personal care. People had various needs, including dementia, sensory impairments and/or a physical disability.

There was a registered manager in post who was present throughout the inspection. They were registered with the Care Quality Commission in December 2013. 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 told us Agincare UK Worthng provided a safe service. Staff were able to speak about what action they would take if they had a concern or felt a person was at risk of abuse. Risks to people had been identified and assessed and information was provided to staff on how to care for people safely and mitigate any risks. The service followed safe recruitment practices and medicines were managed safely.

Staff felt confident with the support and guidance they had been given during their induction and subsequent training. Supervisions, appraisals and competency assessments were consistently carried out for all staff supporting people.

People's consent to care and treatment was considered. Staff understood the requirements under the Mental Capacity Act 2005 and about people's capacity to make decisions. Some people received support with food and drink and they made positive comments about staff and the way they met this need.

Staff spoke kindly and respectfully to people as well as involving them with the care provided. Staff had developed meaningful relationships with people they supported. Staff knew people well and had a caring approach. People were treated with dignity and respect.

Changes in people's health care needs and their support was reviewed when required. If people required input from other healthcare professionals, this was arranged.

People received personalised care. People's care had been planned and individual care plans were in place. They contained information about people's lives, including their personal histories. They provided clear guidance to staff on how to meet people's individual needs. People and their relatives were involved in reviewing care plans with the management team.

A range of quality audit processes were in place to measure the overall quality of the service provided to people. Both people and relatives views about the quality of the service were obtained informally through discussions with the registered manager, annual care reviews and through questionnaires.

People told us that they knew who to go to make a complaint and how they would do so if and when they required.

During the inspection we found the registered manager adopted a 'hands-on 'approach and was open to feedback. The registered manager and staff were enthusiastic about providing a high standard of care to people.

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 and their relatives felt the service was safe. Staff were trained to recognise the signs of potential abuse and knew what action to take.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

There were sufficient numbers of staff and the service followed safe recruitment practices.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's care needs were managed effectively by a knowledgeable staff team that were able to meet people's individual needs.

Staff received regular supervision, appraisals and training.

Staff understood how consent to care should be considered.

People received support with food and drink and made positive comments about staff and the way they met this need.

Staff supported people with their healthcare and contacted healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People were supported by kind, friendly and respectful staff.

People were able to express their views and be actively involved in making decisions about their care.

Staff knew the people they supported and had developed meaningful relationships with them.

People were complimentary about the staff and said that their privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

Care records reflected people's assessed needs.

Care plans were personalised.

The service responded to people's experiences. People knew who and how to complain to if needed.

Is the service well-led?

Good

The service was well-led.

The service had an open culture and positive culture.

Staff told us that the registered manager was supportive and approachable.

A range of audit processes were in place to measure the overall quality of the service provided.

Agincare UK Worthing

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 1 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience has experience of dementia care, domiciliary services and other care environments.

Prior to the inspection the provider 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 reviewed the Provider Information Return (PIR) and other information we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

On the day of our inspection we visited two people in their own homes and spoke to one relative. We observed how people were supported by staff and we looked at their daily files. We visited the registered office where we met with the registered manager, the care co-ordinator and the area manager. The care co-ordinator was mainly an administrative office based role supporting both people and staff. We looked at three care records, medication administration records (MAR), complaints, accidents and incidents records, surveys and other records relating to the management of the service. We read four staff records, this included staff recruitment documents, training, supervisions and appraisals. In addition after our inspection we spoke with two care workers and one senior care worker by telephone. They all supported people in their own homes. The expert-by-experience spoke with ten people and five relatives by telephone

to gain their views of the service and care they received.

Good

Is the service safe?

Our findings

People confirmed they felt safe when staff were in their homes and we observed people looked at ease with the staff who were supporting them. One person told us, "They provide an excellent service". Another person said, "Safe? Oh yes. The girls are all good they know what they are doing".

Staff had been trained to recognise the signs of potential abuse and in safeguarding adults at risk. Staff explained how they would keep people safe. They could name different types of abuse and what action they would take if they saw anything that concerned them. Staff told us they would go to the registered manager and other members of the management team with any concerns. One staff member told us, "I might talk to the person about it. I would inform the office and tell them what I had found or had been told". Another staff member described how they would keep people safe and said they would, "Report it straight to the office and fill in the correct paperwork".

In April 2016 an incident of alleged abuse was escalated to the West Sussex Safeguarding team for their review. This meant the registered manager had fulfilled their duty of care in protecting this person. However, on this occasion the registered manager failed to send a statutory notification to the Care Quality Commission to inform us about the incident of potential alleged abuse. A notification is information about important events which the service is required to send to us by law. The registered manager took immediate action and shortly after the inspection sent to us all the relevant information. We were assured and confident the registered manager had seen this as an oversight and understood their role and responsibilities in protecting people who used the service. Accidents and incidents were recorded appropriately and documents showed the action that had been taken afterwards by the staff team and the registered manager. Records showed that the relevant professionals and relatives had been contacted. Actions taken by the office and care staff helped to minimise the risk of future incidents.

Care records in people's homes and the office contained risk assessments. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Risks were managed safely for people and covered areas such as the home environment, how to support people to move safely and medicines. We found risk assessments were updated and reviewed every six months and captured any changes. Risk assessments were used by staff and monitored at the office. The risk assessments gave direction to staff to enable them to carry out their responsibilities safely. Staff told us they were easy to follow and how important they were in ensuring practices were safe.

People told us there were sufficient numbers of suitable staff to keep people safe and the records we checked reflected this. People told us the office staff were good at telephoning them when a staff member was running late and letting them know the expected arrival time. The registered manager told us Agincare UK Worthing had been experiencing recruitment difficulties, particularly during the summer period. Despite this challenge the office had deployed the staff team to ensure people's care calls were covered and their care needs were met. One person said, "They are very punctual". Another person said, "Sometimes they can be late if the road is blocked but the office will call me". One person, who was very complimentary about the

staff and the way the office communicated with them, told us that very recently on a few occasions their morning call had been later than planned. They said, "Sometimes they have to stop at the train crossing, traffic gets in their way". They added, "As a rule they are good". Their relative spoke to us about staff shortages and said, "Just recently the office have been stretched but they do try to get here on time".

Both the care co-ordinator and registered manager had delivered care through this period to support the staff team. A staff member told us, "The team are pulling together". Another member of staff said, "We never cut the calls down". We asked another staff member their views on how staff shortages were being managed and they said, "Clients are getting the care they need; we deliver on the quality of care". The registered manager told us they had not accepted new people to support whilst they were recruiting for more staff and said, "We have a recruitment 'blip', but we run a safe and steady service".

Staff recruitment practices were robust and thorough. Staff were only able to commence employment upon the office staff receiving two satisfactory references, including checks with previous employers. In addition staff held a current Disclosure and Barring Service (DBS) check. Recruitment checks helped to ensure that suitable staff were supporting people safely within their own homes.

Some people received support from staff with their medicines and told us they were happy with how this was managed. They told us the staff checked they had taken their medicines before they left the care visit. One person told us, "They always check with me that I've taken my tablets". A relative told us, "They let me know if my [named person] needs more cream from the chemist". They added, "Communication with the carers is good". The medicines recording system included information that was pertinent to each individual. The Medication Administration Record (MAR) were completed for each person who required support in this area, by the staff member who attended the visit. This showed that people received their medicines as prescribed. We were unable to observe staff administer medicines to people, however, we were able to check MAR in people's homes and at the office. Staff told us they felt confident when administering medicines and valued the training and support from the management team. One staff member described the system as, "Very clear".

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their role and responsibilities. People and relatives told us of the confidence they had in the abilities of the staff and that they knew how to meet their needs. One person told us, "Oh yes they know what they are doing alright". Another person said, "They seem to train them all the same as they all do things in the same manner". A third person said, "A new one will shadow another carer it amazes me how quickly they pick it up". We received numerous positive comments about staff skills from people and their relatives.

People received support from staff who had been taken through a thorough induction process and attended training with regular updates. All new staff attended a training venue at another of the provider's organisations to complete a three day induction. This covered all the main key topics such as safeguarding, first aid and practical moving and handling skills. This provided new staff with information which enabled them to commence their care role. The induction incorporated the Care Certificate (Skills for Care). The Care Certificate is a work based achievement aimed at staff that are new to working in the health and social care field. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment. The induction period also included shadowing shifts and competency assessments to ensure staff were ready to undertake their care duties.

Annual refresher training was provided to all staff by the office in the form of workbooks. Staff completed the workbooks and then returned them to the office to be reviewed and kept in their personal files. All staff told us they had enough training and knew they could go to the registered manager if they wanted more. One staff member told us, "Just ask if you want more". Another staff member said, "It is enough. It is kept up to date yearly". Staff described how each time a piece of new moving and handling equipment was introduced to support a person to move safely, they received training from professionals such as the internal trainer and/or an Occupational Therapist. Mostly staff complimented the training provided however one staff member told us they preferred face to face methods of training only and disliked the use of the workbooks. We discussed this with the registered manager who was happy to adjust the style of training used and would be checking further with all staff to identify their preference.

Eleven out of 26 staff had completed a National Vocational Qualification or were working towards various levels of Health and Social Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and competence to carry out their job to the required standard.

In addition to the training provided, a field care supervisor carried out unannounced 'spot check' visits on all staff. The field care supervisor was responsible for supporting staff in the community and providing a link between care staff and the office. During the spot checks the field care supervisor observed how the staff member carried out their role and responsibilities on that particular care visit. One staff member said, "[Named field care supervisor] watches what we do". They added, "It is about whether we have done everything correctly including whether we are polite to clients". In addition supervisions and appraisals were provided to the staff team by the registered manager. A system of supervision and appraisal is

important in monitoring staff skills and knowledge. Work related actions were agreed within supervisions and discussed at the next meeting. The registered manager told us they had recently found staff meetings a challenge to organise due to staff shortages. However, they had addressed this by opening up the office to all staff once a week mainly on Fridays to allow them to 'pop in' when convenient to collect their rota or other information relevant to their role. This ensured they were meeting with all staff regularly. Spot checks, supervisions and office meetings determined how additional support could be provided to staff to improve the quality of care provided to people.

People were involved in making decisions which related to their care and treatment. When we visited people's homes we saw people were offered choices by staff. Consent to care and treatment was sought in line with legislation and guidance and this was reflected in care records. 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 MCA 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. Best interest decisions made on behalf of people who lacked capacity were made by health and social care professionals, the registered manager and team and the relevant family members.

The registered manager demonstrated they understood current legislation regarding the MCA. Staff also received training on the topic and understood how consent should be considered. They told us most people they supported had capacity to make decisions about their daily care needs. One staff member described how one person was able to make decisions about day to day choices however had a relative who made financial decisions on their behalf. Another staff member said, "It's about clients and how capable they are about making decisions".

People were assessed to identify the support they required with food and drink and care records reflected this. Nutritional assessments were carried out and staff completed various documents relevant to the individual support which had been provided on each care visit. People spoke positively about the support they received from staff with their meals. We observed one person was offered choice for their breakfast. The person opted for toast. We observed the staff member offer, "One slice or two", the person responded, "Just the one". Another person told us, "I prepare my meal before they come and they will cook it for me". A third person said, "They take me shopping for my weekly food and I choose what I want to eat and they cook it for me". One relative told us, "My [named person] has pureed food ready done and they heat it up for her and feed her at lunchtime".

People felt confident that staff could manage their healthcare needs. The support provided would vary depending on a person's needs; some people or their relatives were able to book their own health appointments. Where healthcare professionals were involved in people's lives, this care was documented in their care plan. For example, we noted that GP's, psychiatrists and district nurses were involved with some people's care. Staff informed the office of any concerns and documented any changes in people's daily files which highlighted the issue to the next staff member on the next care visit. Relatives described effective communication from both the care staff and the office staff regarding all healthcare needs. One relative said, "If my [named person] is poorly, they will call me". Another relative said, "They have rung me to tell me they think a GP should be called for [named person]. On one occasion they called an ambulance". A third relative said, "They communicate well with me they will alert me".

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. Staff had a caring approach and were patient and kind. Staff smiled with people and looked approachable; their interactions were warm and personal. One person said, "They will do anything I ask of them, they post letters for me". Another person said, "My girls are so lovely. I have all different ones but I know a week in advance who is coming". A third person said, "I have a group of six to eight carers I have a good rapport with all of them we have a laugh and a joke". A fourth person said, "They go out of their way to help".

People were encouraged to be involved with the care and support they received. People and relatives told us they felt included in decisions about their care including choices about what to eat, what to wear and where they wanted to move to within their own homes. One person received their care in bed and required two staff to support them with their personal care needs. A staff member brought a shirt for the person to wear and asked whether they liked it. The person did not and said, "I would like the pink one". The staff member responded promptly and brought to him the pink shirt he had requested.

Staff described the approaches they used to ensure people remained as independent as possible. One person said, "They encourage me to wash myself as much as I can do and they help with the rest". Another person said, "They encourage me to do my exercises". One staff member said, "We have a discussion about whether they want a wash or shower or bath, some people need more encouragement so we talk first". Another member of staff said, "Throughout the call we chat to them". And added, "It is important you have high spirits". A third staff member said, "I let them do as much for themselves as possible. We don't take their independence away". They continued to tell us how some people were able to wash their own faces however might struggle with washing other areas of their bodies. Staff amended their practice to meet each individual's needs.

People told us they were given opportunities to make comments about the service and review their own care and support. People were aware of the contents of the daily files that were kept in their homes. They included contact information, their care plan and other daily monitoring forms pertinent to the individual. People were encouraged where possible to sign documents within their files which showed they were involved with the care they received. The registered manager told us they were involved in holding reviews with people and their relatives of the care being delivered and told us they encouraged people to call or email her in between those meetings if there was a need.

People were supported by staff who promoted and respected their privacy and dignity. Staff identified they were in people's own homes and were therefore sensitive with regard to people's property. Staff used the appropriate tone and pitch of voice and crouched down to a person's eye level when they were talking to them and providing personal care Staff were seen knocking on people's doors before entering and explained what they were going to do during the visit. One person said, "They will close my door when doing personal care". Another person said, "They make sure I have everything I need before they leave". A third person said, "I do so look forward to them coming". A fourth person told us, "It is more or less like a friend coming to see me".

Relatives also complimented the staff and the kindness shown to their family members. One relative said, "On my [named persons] birthday the carer bought her a small gift and the office sent her a card". Another relative told us, "My [named person] loves them all they are all so friendly and caring". A third relative said, "They sit and chat with my [named person] they know she loves jigsaws, they will discuss which ones she has done and they have even brought them in for her". A fourth person said, "They always attend to my needs whatever they are". Care plan reviews posed questions to people and their relatives. For example, 'Do you feel you are treated with dignity and respect?'. All the responses we read were positive. This demonstrated that a caring practice was embedded throughout the organisation.

Good

Is the service responsive?

Our findings

Staff knew people well and responded to their needs in a personalised way. People told us the support they received from the staff team was focused on their own requirements and adjusted accordingly. One person told us, "I think they are so good all of them". Another person said, "I have very good communication with the office". A third person said, "Sometimes the manager comes to see me". Relatives spoke positively about the support provided and one said, "I always get invited to meetings". Another said, "They (staff) are very thorough".

People told us they were involved and aware of their care records in place. Care records included a care plan, risk assessments and other information relevant to the person they had been written about. Each person had a care plan which was reviewed every six months or sooner if required. They included information provided at the point of assessment to meet people's present day needs. A care plan was held within people's own homes and a copy was also kept at the office. Care plans provided staff with step by step guidance on how to manage people's physical and/or emotional needs and captured people's personal histories. This included guidance on areas such as communication needs, mobility and medicine needs. Each care record included a 'grab sheet' this was a tool which held a profile on each person that could be used by staff in the event of a person needing hospital treatment or other health appointments. The sheets were in a different colour to other documents which meant they were easier to identify in a potential emergency. The duration of each care visit depended on the needs of an individual including whether they needed the support of one or two staff members. The length of each care visit to people's own homes and what each staff member should do within this time was clearly defined within each care record.

One person's care plan had been reviewed in April 2016 and it described how the person used to enjoy ballroom dancing and were actively involved in their church. The same care plan included a documented telephone questionnaire carried out in October 2015. The office had asked their views on the care they received and the responses were all positive. At a care plan review in April 2016 a close relative of the person had written, 'Very happy with the current care and carers'. Another person's care plan also reviewed in April 2016 provided background information on the geographical area the person was born in and how they ended up living in Sussex. The same care plan stated, '[Named person] is able to choose what she would like and when'. A third care plan reflected how staff should provide reassurance to the person with regards to their anxieties about their physical disability and how they liked to be called by their first name.

Care records also included daily records, which were completed at the end of each care visit by staff members. They included information on how a person presented during the visit, what kind of mood they were in and any other health monitoring information. Information written in daily records meant staff were prepared and able to respond to people's current needs and amend their practice accordingly. Staff knew how important the care plans were and told us how and where they would find certain information to enable them to carry out their roles and responsibilities. One member of staff said, "Yes everybody's care plan is different". Another staff member said, "It's got to be about what they need".

People told us that if they had any concerns they knew they could talk to staff on care visits or call the office.

People told us they knew they could approach the registered manager and the care co-ordinator and any problem would be resolved. Mostly people were extremely happy with their care. One person said, "I have never had to complain". Another person said, "I can't think of any fault with them". However one person told us, "I have no complaints although it would be nice to have the same carers but I am aware of who is coming and they attend to my needs very well". One person was concerned with the recent staff shortages and the pressure the office was under however they clarified this did not detract from the care she had received and said, "They (office) have to split themselves in two". There was a complaints policy in place however there were no open complaints at the time of our inspection. Complaints that were now closed showed how the issue raised at the time had been investigated by the registered manager and any outcomes were fed back to people or their relatives. One person said, "I am very happy with Agincare and have recommended them".

Good

Is the service well-led?

Our findings

People and their relatives expressed positive views of the service and the care that the registered manager and staff provided. People felt the culture was an open one and that they were listened to. During the course of the inspection pleasant exchanges were noted between staff and people. This showed trusting and relaxed relationships had been developed. One person said, "They are always so lovely in the office". Another person said, "They provide an excellent service". A third person told us, "They are more like friends in the office". A fourth person said, "They are just perfect". One relative told us, "Agincare are 100% as far as I am concerned".

Staff spoke passionately about the values of the service and explained their role and their responsibilities. One member of staff told us how much they enjoyed their job and said, "I enjoy helping people to stay in their own homes and to be independent for as long as possible". Another member of staff said, "We have good staff. It is great when we make a difference". A third staff member told us, "I love my job" and added, "We help keep the elderly in their own homes".

The registered manager demonstrated good management and leadership throughout the inspection. They discussed the needs of the people they supported as paramount and told us they tried to always make themselves available for both people and the staff team. The staff shortages we wrote about in the Safe section of the report described how the registered manager and care coordinator delivered care themselves. Staff told us they appreciated the 'hands on' approach and support from the registered manager and the office. One staff member said, "It is good they come out and do care calls". Another staff member said, "I enjoy working for them, they are always there when you need them". A third staff member told us, "I think it is well-led. They are approachable; we work well as a team". The registered manager shared memos the office had sent to all staff during recent months whilst they had experienced poor recruitment. All memos began with a 'thank you' in bold print and then a paragraph of how grateful the office was at the support care staff had shown. This showed the registered managers commitment to show her appreciation to the staff team and encourage their motivation.

A range of informal and formal audit processes were in place to measure the quality of the care delivered. The quality assurance documents showed audits had been completed monthly in areas such as care plan reviews, telephone feedback from people using the service and MARs which had been returned to the office. For example, an audit carried out in May 2016 showed 28 people using the service had completed telephone questionnaires it stated, 'clients happy with their care workers'. The telephone questionnaires were a series of questions posed to people to ascertain their level of satisfaction with the care they received from the service. The same audit highlighted a MAR which had not been completed correctly by a staff member it stated, 'blue ink used care worker spoken to black pen given'. This showed how the registered manager monitored the support provided to people and the staff team.

In addition to audits carried out by the registered manager and team, the area manager carried out quarterly compliance audits on the service to routinely check areas such as care plans and staff records. For example, in May 2016 three care plans were sampled and no issues were highlighted therefore no action was

required. People were also given the opportunity to complete an annual 'service user survey'. Shortly after the inspection the registered manager sent a summary of the 42 responses received back from people in September 2016. The overall feedback was positive. For example, 40 people strongly agreed and two people agreed with the question, 'Would you recommend a friend to us if they needed a care service?' This showed the confidence people, who responded, had in Agincare UK Worthing.

The registered manager displayed an open manner throughout the inspection and despite the challenges the service faced with recruitment, they were confident the service was providing quality care to people they supported.