

Agincare UK Limited

Agincare UK - St Andrews House Extra Care Scheme

Inspection report

Agincare UK - St Andrews House Extra Care Scheme
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Date of inspection visit:
16 February 2016

Date of publication:
20 June 2016

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 16 February 2016 and was announced.

St Andrews House is an Extracare Scheme is situated in the northwest part of Nottingham and is registered to provide personal care. At the time of inspection eleven people were using the service, living in their own flat and receiving support with their personal care needs from Agincare.

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

People who used the service and those supporting them knew who to report any concerns to if they felt they or others had been the victim of abuse. Risks to people's health and safety were managed and detailed plans were in place to enable staff to support people safely. Accidents and incidents were investigated. There were enough staff with the right skills and experience to meet people's needs. Staff provided people with the support they needed to ensure that they received their medicines as prescribed.

People were supported by staff who had received the appropriate training to support people effectively. Staff received supervision of their work. Staff ensured that people had sufficient to eat and drink independently. People had regular access to their GP and other health care professionals.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The provider was aware of the principles of the MCA and how this might affect the care they provided to people. Where people had the capacity they were asked to provide their consent to the care being provided.

People were supported by staff who were caring and treated them with kindness, respect and dignity. People and their relatives were involved in the planning and reviewing of their care to ensure that they received the care they wanted. People could have privacy when needed.

Care plans were written in a way that focused on people's choices and preferences. A complaints procedure was in place and people felt comfortable in making a complaint if needed.

The culture of the service was open. People were supported by staff who were clear about what was expected of them and staff had confidence that they would get the support they needed from the registered manager. People and staff were asked for their opinions about the quality of the service. The registered manager undertook audits and observed practice to ensure that the care provided met people's needs.

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 by staff who could identify the different types of abuse and knew who to report concerns to.

Risks to people's safety were assessed and any accidents and incidents were thoroughly investigated.

People were supported by a sufficient number of staff who had been appropriately recruited.

People received the support they needed to ensure that they received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had the appropriate skills, training and experience.

People received the support they needed to ensure that they ate and drank enough.

Staff applied the principles of the Mental Capacity Act (2005) appropriately when providing care for people.

Is the service caring?

Good ●

The service was caring.

People were supported by staff in a respectful, kind and caring way.

People were actively encouraged to make decisions about the care they received.

People's dignity was maintained by staff who understood the importance of this.

Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised to their preferences and adapted to take account of any changing need.

A complaints procedure was in place, people felt confident in making a complaint and felt it would be acted on.

Is the service well-led?

Good ●

The service was well-led.

There was a positive, friendly atmosphere at the service.

The registered manager gave clear leadership and staff had a clear understanding of their role.

There was an effective process in place to check on the quality of the service.

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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 took place on 16 February 2016 and was announced. The provider was given 48 hours' notice because the location provides care to people in their own homes; we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. During our inspection we spoke with three people who were using the service, three visitors to the service, three members of the staff team, the registered manager and regional manager.

We looked at the care records of three people who used the service, as well as a range of records relating to the running of the service including two staff files, medication records and quality audits carried out at the service.

Is the service safe?

Our findings

The people we spoke with told us they felt safe when staff visited them to provide their care. One person told us, "I feel very safe here." Another person agreed, and continued to tell us how staff kept them safe during and between their calls each day. The relatives we spoke with told us they were confident that their family members were safe when receiving care in their individual flats at St Andrews House.

Staff could describe the different types of abuse which may occur and told us how they would act to protect people if they suspected anything untoward had occurred. They were confident that the registered manager would act to protect people if concerns were raised and were also aware that they could contact the Local Authority or CQC too.

There was information in people's care plans about how to provide support to people to reduce the risk of harm to themselves and others. Staff were aware of this information and could explain what they did to keep people safe. We saw that, where required, information had been shared with the local authority about incidents which had occurred and staff had responded to any recommendations made. The registered manager described how they had consulted with the safeguarding team and received advice over a concern that they had. This ensured that people were protected from avoidable harm.

The people and relatives we spoke with were satisfied with the way in which risks to their health and safety were managed and their freedom was respected. One person told us, "I do the things I want to do and – the staff visit me four times a day to make sure that I am okay." Another person told us how staff recorded if they had a fall so that external professional support could be sought if needed. We saw how this was recorded in people's care planning records and also saw how staff had liaised with the local falls team for advice.

The staff that we spoke with made a link between maintaining people's safety and sustaining their quality of life. Staff were able to tell us how they kept people safe. One staff member told us that even though there were staff on site to support people if they had an accident, "It is important to use the risk assessments to prevent people having accidents in the first place." They gave the example of making sure people were safe before they left their flat with nothing around them that they could fall over.

The care records that we looked at showed that risks to people's safety had been appropriately assessed. Plans had been put in place for staff to follow to assist them in maintaining people's safety, and we saw staff following these during our inspection. Regular audits of incidents and accidents were made by the regional manager to ensure that any improvements identified as needed were implemented to reduce the risks to those using the service.

People told us there were enough staff to keep them safe. One person told us, "The staff are always on time." People told us how, if they used their call alarm, staff would always respond quickly. One relative confirmed to us that they thought there were always enough staff available. Another relative told us about the contingency plans that were in place to ensure that people were safe in the event that additional staffing was needed.

Staff also felt there was enough staff available to keep people safe and meet their needs. One staff member told us how fortunate that they thought they were in being able to have a full staff team. Another staff member reflected how the team worked together to provide the best support possible when people had become ill or had had an accident. During our inspection we saw staff speaking together to allocate their work adjusting their work plans to make the best use of time to accommodate people's requests and preferences that day.

The registered manager told us they too felt that there were sufficient staff to support those using the service at the time of our inspection. The duty rota was based around people's needs and preferences so that there were always sufficient staff available. People's needs were regularly assessed and if more support was required then this was provided immediately so that people were safe and received the support they needed while any increase in funding was agreed.

We looked at the recruitment files for two members of staff. These files had the appropriate records in place including, references, details of previous employment and proof of identity documents. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

The people we spoke with told us they received their medicines as prescribed and in a timely fashion. One person we spoke with said us, "The staff always make sure I have my tablets on time." Another person told us, "Staff always tell me what my tablets are for when they give them to me." We spoke with a relative who told us, "I am confident [my family member] always has their tablets when they need them."

Staff we spoke with felt competent in supporting people with their medicines. One staff member told us how supporting people with their medicines was, "A big responsibility." They told us how the information in people's care plans was helpful in understanding why people were taking their medicines. Care plans also informed staff of anything that they needed to be aware of because of the medicines people were taking. We observed staff administer medicines in a safe way. When people were receiving support to take their medicines, we saw that staff were patient and ensured people had the time they needed to take all of their medicines.

Each person stored their medicine in their own flat. We saw that people's medicines were stored and handled safely. People were able to use the pharmacy of their choice to obtain their medicines. The registered manager ensured that prescribing arrangements were transcribed onto a Medicine Administration Record (MAR) so that there was a consistent way of recording when people took or declined their medicines. This showed that the arrangements for administering medicines were working reliably. The MARs included useful information about each person, including whether they had any allergies and the name of their GP. Staff correctly recorded the medicines they had administered to each person on their medication administration records (MARs).

Is the service effective?

Our findings

People we spoke with felt that staff were competent and provided effective care. One person told us, "All of the staff know what they are doing and are good, three or four are absolutely exceptional." Relatives of those living in a flat at St Andrew's House also felt that the staff had the knowledge and skills they needed to carry out their roles and responsibilities and said, "The staff always seem to know what they are doing and care for [my family member] well." Another relative told us that they felt staff were competent and had received the training they needed to care for people well.

Staff we spoke with told us they had good support and training. One staff member told us, "I had plenty of training when I started." They explained that much of their training had been undertaken using distance learning materials but told us how they could always ask a colleague for support or ring the registered manager if ever there was anything they were unsure about. We were told by staff how training was provided promptly by the registered manager if a person's needs changed to ensure that they continued to have the skills they needed to support them well. The registered manager described how they monitored staff training needs to ensure that staff received the training they needed. The system being used for recording this was in the process of being changed when we inspected to ensure it was effective.

The staff we spoke with felt well supported. They told us they received regular supervision and an annual appraisal of their work. The records we looked at confirmed this. The registered manager ensured that they periodically undertook observation of staff practice. In turn the registered manager also told us that they felt well supported by their line manager and received regular supervision and appraisal.

People we spoke with confirmed they had agreed to the content of their care plans and staff always asked for their consent before providing care and support for them. One person said, "The staff always ask me what I want done and they do what I want them to do." Another person told us that staff never do anything without asking first.

Staff members told us how they always asked people before supporting them and saw this as important. Another staff member expanded upon this, telling us, "I know that [name] always has their tablets before lunch each day, but I always ask if I can go to the cupboard to get them – it is their home after all." During our inspection we saw staff asking people before they provided them with their support. We also saw that staff called out when they entered a person's flat to make sure that the person was happy for them to enter.

We saw that people's decision making had been taken into account when writing their care plan. Records showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person's ability to consent to decisions about their care. 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. Staff had also received training which covered the Mental Capacity Act to ensure that they understood what this legislation means for the

way that they support people.

People were supported to eat and drink enough to keep them healthy. One person told us how the staff always gave them the choice of having a meal prepared in their own flat or being supported to use the catering service that is available at St Andrews House and go to the dining room to eat with other people. They said, "I like to go and eat with the others (in the dining room), when I can - it is nice to have company while you eat." We spoke with another person who said, "They ask me what I want to eat and bring me my lunch. I eat as much of it as I want and will never go hungry."

We spoke with staff who told us how they ensured that people ate and drank enough, recording what had been offered in the care planning records. One staff member told us how they check each day if someone wants to eat in their flat, or wants to go down to buy a meal from the catering service. They explained to us how lunchtime was often the focus of a person's day, getting up and looking forward to the conversation and company of others at lunch.

Whilst staff were not responsible for assisting people to make healthcare appointments, they told us they would advise people if they felt it would be beneficial to book a doctor's appointment. This ensured that people had access to the healthcare professionals they needed at the right time. One person told us, "The staff call the doctor or the nurse whenever I need to see them and write it down in my care plan." Relatives we spoke to were confident that people had access to any support they needed to maintain their health and told us how, if staff had any concerns they always ensured that people were seen by the relevant healthcare professional.

Staff described how they would respond if they felt someone needed to see their doctor or dentist and an appointment had not been made for them. They told us that the registered manager would ensure that an appointment was made so that people were able to access the advice and support they needed to maintain good health. Staff also told us how, if a person had an appointment this would be recorded in the diary so that staff could ensure that the person was supported to be ready for their appointment on time. The care plans we looked at confirmed that people received regular input from visiting healthcare professionals, such as their GP and district nurse, on a regular basis. Staff noted any advice given by healthcare professionals and where changes to a person's care were required, these were put into place. Staff were aware of the guidance that had been provided and this was implemented within people's care plans.

Is the service caring?

Our findings

People told us that staff were caring and they had formed positive relationships with them. One person told us, "The staff care for me well – they are very careful." Another person said, "The staff know exactly what is in my care plan, and that is how I am cared for." A relative told us all the staff were 'wonderful.'

Staff explained to us how they had formed positive and caring relationships with people saying, "It is important to remember that everyone is not the same – everyone has their own personal likes and preferences." They went on to reflect how each person's flat reflected their own individuality. Another staff member told us how they would sit and talk with people. They reflected that people needed to know how they could contact their care staff if they needed assistance and were not just available when they were providing planned care.

We saw warm and friendly interaction between people and staff during our inspection. When providing support to people staff were attentive and supportive, speaking with people in a way that made them feel like they mattered. We saw that staff shared a joke with those they were supporting when this was appropriate. During our inspection, people were made aware of who the inspector was and why they were there by the staff that were supporting them. Staff told us how important it was for people to feel at home in their own flat at St Andrews House.

People were supported to make day to day choices relating to how their care was provided. We spoke with someone who showed us their care plan and was able to tell us how they had been involved in what went into it and agreeing it all. They told us, "I have said to staff let's keep my file here, (pointing to a particular shelf), then you will know where it is if you need it and I am not well." A relative we spoke with told us how they were involved in setting up their relative's care plans when they first began using the service and had been involved in reviewing it as their family member's care needs had changed.

Staff understood the importance of encouraging people to express their views and make decisions about their care and support on an hour by hour basis. One staff member told us, "It is just as important to get to know people as it is to read the care plan properly." They explained to us that if a person said they wanted to be cared for in a way that was different to how the care plan described they would speak to the registered manager to make sure that the care plan was updated.

The registered manager explained to us how they involved the person in initially agreeing how they wished to be supported and also in any subsequent reviews. The details within the care plans we looked at stated how people were to be supported to have choice and maximise their independence. We saw that people's care plans were reviewed regularly and incorporated any changes a person may want.

People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People were treated in a dignified and respectful manner by staff. One person said, "They always treat me with respect when they come to wash and dress me." Another person told us, "I never wanted to have to be cared for, but the staff treat me with respect and make it as easy as they can for me." A relative we spoke to told us how they valued the fact that their family member was always treated with dignity and respect by the staff that was caring for them.

Staff explained to us how they promoted people's dignity and respect. They told us that dignity was not just about what they did, like ensuring that curtains were closed before providing personal care so that people could not see in, but also about speaking respectfully and making sure that people felt good about themselves. One staff member told us, "It is important to remember that people have lives as well, and if I arrive to support someone and they are watching a TV program, which is nearly finished it is only respectful to pop back a few minutes later so that they can see the end of their program."

Each person kept their care planning records in their own flat, located where they wished so that it was available to staff. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully. Personal details for people which were held in the office were kept in files which were stored securely in a cabinet so that they could only be accessed by those who needed them. This protected people's personal details.

Is the service responsive?

Our findings

People felt that they received the care and support they required and that it was responsive to their needs. One person who used to enjoy playing sport told us, "The staff spoke to my family and arranged for me to have some of my trophies on display. The staff regularly talk to me about them – happy memories." We spoke with someone else who liked to be able to adjust the timing of their calls each day. They said, "The staff will come and say 'are you ready for us yet?' If I don't need them then, they come back later and check again." A relative explained to us how the service responded to their family member's changing needs telling us how the service, "Tweaked" the care they provided," whenever this was needed. Another relative told us they felt that staff had got to know those they worked with and provided people with their support in the way that the person wanted it. Staff understood the importance of the service being personalised to each person. We were told by staff how, even though people's routines may be very similar, the approach and conversation with each person will be different.

We observed that staff were responsive to people's needs and requests for help. The emergency call bell in each person's flat was monitored by a call centre who relayed information to the staff. People and staff told us that this system worked well and staff responded quickly if someone pressed the call bell in their flat.

Information about people's care needs was provided to staff in care plans as well as during the shift handover and written in communication books. Staff told us that they had the time to read people's care plans and were kept informed where there had been changes. It was evident that staff had an understanding of people's care needs and how they had changed over time.

People felt able to raise concerns and complaints and told us they knew how to do so. One person said, "If I had the need to complain, I know who the manager is and would be happy to talk to them." We spoke with a visitor who told us they had no complaints but felt confident to speak to the registered manager if they did. One relative told us, "[The registered manager] can always be contacted through the office if I need to speak to them. They always take on board what I need to say." People had access to the complaints procedure which was displayed in a prominent place and also given to people when they started using the service.

We reviewed the records of the complaints received since our last inspection. The complaints had been investigated within the timescales stated in the complaints procedure and communication had been maintained with the complainant throughout the process. The complaints had been resolved to the satisfaction of the complainant and appropriate responses were sent. Outcomes of the complaints were well documented and this included any lessons that had been learned to improve future practice. Regular audits of complaints were made by the regional manager to ensure that any improvements identified were implemented.

Is the service well-led?

Our findings

People benefitted from the positive and open culture at the service. We heard that people felt comfortable and confident to speak up if they had any concerns with the staff that were supporting them. One person told us how they could contact the registered manager if they needed to and said that they felt confident that they would be listened to if they did so. A relative we spoke with told us about strong partnership working arrangements that were in place between the registered manager and other agencies that provided support to people and how this ensured that people received the best care possible in their own flats. They were confident that any issues raised with the registered manager would be resolved, whatever they were.

Staff spoke highly of the registered manager and the team leaders, telling us they felt they were well supported and that there was an open and transparent culture at the service. Staff said they were comfortable saying if they had made a mistake or raising concerns and felt that their concerns would be listened to. One staff member told us, "If the registered manager is not here we can always ring them for advice – we will always be taken seriously." They told us that they felt that there was strong teamwork and everyone pulled together to resolve problems. Staff were confident that they could speak up if they needed to.

Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. Staff we spoke to during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with those using the service was very good.

Staff had confidence in the leadership of the service. One staff member told us, "There is good management here – [the registered manager] is always there for advice." Another staff member was emphatic, "Any question or queries – the management are there for you 100 per cent." We heard how there were two care agencies working in the building and a person may receive support from both. However, we were assured that there was good communication and team work between the two agencies and the arrangements worked well.

The conditions of registration with CQC were met. The service had a registered manager who had a good understanding of their responsibilities, of the climate in which the service functioned and how they needed to respond to ensure that the needs of those using the service were met. Staff commented that the registered manager was visible in the service and knew who to speak with locally if they were not on site. There was good delegation of tasks between management at the service with each person knowing what was required of them, and staff knowing who was responsible for what. The registered manager was supported by a regional manager who made regular visits to monitor the service. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received required notifications in a timely way.

The quality of the service people received was regularly assessed and monitored. People felt assured of this and told us, "The manager checks that staff are doing my care right every so often." The regional manager

showed us the series of audits and checks that they undertook which helped to ensure a high quality service was maintained. This covered areas such as accident and incidents, safeguarding and complaints to ensure that the service complied with legislative requirements and promoted best practice. They also spoke with people to check that they were happy with the service that they were receiving.

People's care planning records and other records relevant to the running of the service were well maintained and the registered manager had appropriate systems in place that ensured they continued to be. Where any areas of improvement within the documentation had been identified this had been addressed.

People were encouraged to give feedback on the quality of the service provided. The views of those using the service were sought through regular surveys and meetings. This information was used to inform the planning of the service that was provided.

Clear communication structures were in place within the service. There were regular staff meetings which gave the registered manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group.