

Agincare UK Limited

# Agincare UK Dorchester

## Inspection report

24 Cornwall Road  
Dorchester  
Dorset  
DT1 1RX

Tel: 01305265666  
Website: [www.agincare.com](http://www.agincare.com)

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

The last inspection of the service was carried out on 30 January 2014. No concerns were identified with the care being provided to people at that inspection.

Agincare UK (Dorchester) is a domiciliary care provider offering care and support to people living their own homes in Dorchester and surrounding areas. In addition they also provided care and support at an extra care scheme. This includes providing 24 hour on site care and support. They are registered to provide personal care. At the time of this inspection they were providing personal care and support for 92 people in their own homes.

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

People and their relatives were very complimentary about the quality of the service provided and about the management and staff team. They felt the care was exceptionally good. One person said, "The carers are happy, pleasant, chat and laugh with me".

People we spoke with felt they received support from familiar and consistent care workers. They told us they would recommend the service to other people. They confirmed care workers arrived on time and had the skills and knowledge to provide the support they needed. One person told us, "The carers know their jobs and do what I want." A relative told us, "I see them [carers] every day, and they know what they are doing and have the correct skills to support my relative".

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

The office care coordinators planned visits to make sure staff arrived to each person at the agreed time.

The provider had a recruitment procedure that ensured the suitability of staff was checked before they began work. Staff knew how to recognise signs of abuse and all said they were confident that any issues raised would be appropriately addressed by the registered manager. People felt safe with the staff who supported them. One person told us, "When they are leaving they always make sure the key is put back in

the correct place. That makes me feel safe when I'm alone.

Staff completed an induction when they first started working at the agency. They also shadowed more experienced staff and worked through an induction booklet. This covered information about the provider, human resource topics, and all aspects of caring for people and managing risks, and essential health and safety subjects such as fire, infection control and manual handling.

People had positive relationships with the care workers who supported them. Staff knew people's individual histories, likes and dislikes and things that were important to them. People's privacy and dignity was respected and information personal to them was treated in confidence.

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

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

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

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

There were systems in place to monitor the quality of the service and plan on-going improvements. People using the service and staff felt involved and able to make suggestions or raise concerns.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

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

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

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

### Is the service effective?

Good 

The service was effective.

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

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

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

### Is the service caring?

Good 

The service was caring

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

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

People were treated with dignity at all times.

### Is the service responsive?

Good 

The service was responsive.

People received care and support which was personal to them

and took account of their preferences.

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

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

**Is the service well-led?**

**Good** ●

The service was well-led.

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

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

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

# Agincare UK Dorchester

## 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 7 December 2016. The service was given 48 hours' notice of our inspection in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of one inspector.

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

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

Agincare UK (Dorchester) provides personal care to people living in their own homes in Dorchester and surrounding areas. We visited four people in their homes. We spoke with two relatives during our home visits. We spoke with four staff members and the registered manager on the day of the inspection. Following the inspection we spoke over the telephone with three members of staff, and seven people or their relatives. We received an email from one health professional sharing their experience of working with the service.

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

# Is the service safe?

## Our findings

Everybody we spoke with said they or their relative felt safe with the staff that supported them. One person said, "I feel safe, the carers make sure I am safe". Another person said, "When they are leaving they always make sure the key is put back in the correct place. That makes me feel safe when I'm alone".

People told us they were supported by enough staff to meet their needs. They received a rota each week telling them who would be supporting them and confirming the time of the support. One person who had received support from the agency for many years told us, "I have had the same carer the majority of the time. If it changes I am told." A member of staff said, "We have a flexible work force, staff are always happy to pick up additional shifts. There is enough staff to ensure people are safe and well cared for". Other staff confirmed they felt there were enough regular staff to make sure shifts were covered. For example people who needed the support of two carers told us both carers normally arrived at the same time to provide the support.

Risks of abuse to people were minimised because the provider had an effective recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the care provider. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Records showed that new staff had not commenced work until all checks had been received by the registered manager. Staff confirmed they had not been able to start work until all the checks had been completed.

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

The provider's safeguarding policy was comprehensive and very clear, providing staff with all required information and guidance on actions to be taken if they were concerned about anyone. We saw evidence that when any concerns about people's safety were raised the service worked with the local authority and multi-disciplinary teams to keep people safe. The registered manager was able to demonstrate when safeguarding procedures had been actioned and the measures taken to reduce the risks.

Care plans contained risk assessments which outlined measures which enabled care to be provided safely in people's homes. An initial assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. One relative told us, "They came and discussed my relative's needs when we began using the service. They put a care plan together and discussed it all along the way".

Risk assessments were extensive and included accessing the home, people's possible illness and behaviour and infection control. For example one care plan we viewed outlined safe working methods on supporting a person with their prescribed lotions. Body maps showed staff where key areas of possible skin breakdown were, and guidance on how to apply the lotions and how often. One relative told us, "The staff are very good and always apply the creams and complete their records. A professional told us "We don't have any problems with the staff, our instructions are always followed to the letter". Staff informed the registered manager if people's abilities or needs changed so that risks could be re-assessed. Risk assessments in respect of assisting people with mobility recorded the number of staff required and the equipment needed to minimise risk. Staff told us they never supported anyone alone if they needed a second member of staff to support the person safely, for example when assisting a person to move.

The registered manager told us the people who used the service required minimal support with their medicines. Staff maintained a record of people's medicines which included the amount received and when medicines should be taken. Staff told us they felt competent to support people with their medicines. All staff had received training in the safe management and administration of medicines. Risk assessments and agreements were in place and recorded to show how and when assistance was required. Staff were trained in managing medication. The senior staff assessed care workers competency during spot checks, if they had any concerns the care worker received additional training." Where people were supported Medication Administration Records (MAR) had been completed appropriately.

Staff were aware of their role and responsibilities for maintaining high standards of infection control. People confirmed staff used personal protective clothing to ensure they were protected from infection. Staff told us they always had enough supplies and were issued with uniforms disposable gloves, aprons and hand gel



## Is the service effective?

### Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very positive about the staff who supported them. One person told us, "The carers know their jobs and do what I want." A relative told us, "I see them [carers] every day, and they know what they are doing and have the correct skills to support my relative".

People were supported by staff who had undergone a thorough induction programme which gave them the skills to care for people effectively. This covered information about the provider, all aspects of caring for people and managing risks, and essential health and safety subjects such as fire, infection control and manual handling. The registered manager confirmed their induction programme followed the Care Certificate which is a nationally recognised training programme. New staff undertook a three day induction period. Records showed staff completed a workbook demonstrating areas of competency covered. Following the induction period a probation period followed, which included shadow visits, and competency checks. The registered manager told us, "All new staff are introduced to clients by a senior carer or care coordinator and are not permitted to work alone until their competence had been assessed and signed off".

Staff told us they received the training they needed to meet people's specific needs. This included annual updates of the organisation's statutory subjects such as, manual handling, medication, safeguarding vulnerable adults, infection control, health and safety. Records showed all staff had attended all the statutory training. The registered manager showed us the training matrix which identified when staff mandatory training needed to be renewed. They told us staff also received training for specific skills such as dementia training. One member of staff said, "My recent training was good, it made me more aware of risks and signs to look for".

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through one to one meetings, team meetings or spot checks.

People only received care with their consent. Care plans contained copies of up to date consent forms, which had been signed by the person receiving care or a relative if they had the relevant authority. The registered manager confirmed they asked to see Lasting Power of Attorney certificates so they were sure the right person was giving consent on the person's behalf. Everybody spoken with confirmed staff always asked them first before they carried out any care. Staff were clear about the rights of the people they supported.

Before a service was agreed a full health and wellbeing assessment was completed. If the assessment identified a concern regarding the person's capacity to make decisions about their care then the relevant steps would be taken and professionals contacted to ensure all decisions made were in the person's best interest. Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far

as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager had a clear knowledge of the people they could contact to ensure best interest decisions were discussed for people.

People we spoke with felt they received support from familiar and consistent care workers. They told us they would recommend the service to other people. They confirmed care workers arrived on time and had the skills and knowledge to provide the support they needed. One member of staff told us, "I know all the people I support, and they know me. Shift patterns are good and accommodate people receiving consistent support from staff they know, which means we develop good relationships."

People were supported to see health care professionals according to their individual needs. One professional told us links with the service were good and the staff always made contact if they were worried or felt someone needed support. One health professional told us, "People are happy and Agincare (UK) Dorchester are providing a good service".

## Is the service caring?

### Our findings

During our visits to people's homes we observed staff were very caring and compassionate. One person said, "The carers are happy, pleasant, chat and laugh with me". Another person told us, "Carers are so nice to me, we do have a laugh".

People told us they felt safe and were supported in a relaxed and unhurried manner. People had support from regular staff who know people they supported well. Staff told us they had worked for the service for many years and felt they provided a good service to people. The registered manager told us in their PIR, "The principles of dignity and respect are embedded in all the company policies and procedures". People confirmed they were treated with dignity and respect. One relative told us, "I can hear the carers talking to [person's name], they are always respectful and make sure they are comfortable before they leave".

People told us staff respected their homes and privacy. One relative told us, "I am always here and the staff are very respectful of our home and our privacy". People told us staff always announced themselves on arrival and asked permission before sitting down to speak with them, or before they begin tasks to make sure they are happy for them to be completing the task.

People confirmed they felt the carers listened to them and cared about how they were feeling. One carer told us, "We know [person's name], gets a little anxious when we leave so we always make a point of waving to them on arrival and when we leave. We know we are the only person they may see that day so it is important to make them feel special and cared for."

There were ways for people to express their views about the service they received. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received. People and their relatives had recently completed a survey asking them to rate the service. The registered manager told us a recent survey had been completed and all replies were currently with their head office to look at the responses.

The care provider kept a record of all the compliments they received. The registered manager confirmed if compliments were specific to an individual member of staff the person's message was shared with them. We looked at complimentary letters and cards that had been sent to the care provider. Comments included, "Thank you for the support, I always feel at ease particularly with personal care [carer's name], is always reassuring and it's a pleasure to see her". "Staff are well presented and pleasant". "Thank you for making [person's name] comfortable in their last days".

People were supported to express their views and remain involved in decisions about the care they received. People were included in all care reviews and their comments taken into account. Either the registered manager or care coordinators visited people to carry out a review of their care plan. People were always involved in the reviews. The review form included questions about how happy they were with the care and support or if there were any changes they would like made.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

## Is the service responsive?

### Our findings

People were satisfied their care and support met their needs and reflected their preferences. One person said, "I have no complaints about my support and feel listened to". A relative told us, "The agency is responsive, better than it used to be. If I ring the office now about my relatives support the response is good."

People's care was delivered according to their care plans based on assessments of their needs. The registered manager told us in their PIR, "We respond to people's diverse needs by ensuring we have life stories recorded to understand a person's background, their hobbies, interests and recreational needs and do not discriminate about a person's chosen life choices, cultural or religious beliefs". They told us they took into account both the availability of sufficient numbers of staff and their capacity to support the person whilst assessing their needs. They told us if they felt they did not have the capacity to respond to the person's wishes they would not commence the care package. The assessments gave details about the assistance the person required and how and when they wished to be supported. The care coordinator told us, following the assessment and completion of the care plan they always attended the first visit to ensure it reflected the person's wishes.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected people's preferred wishes. The care coordinator carried out monitoring visits to observe care delivery and liaise with people and their families regarding any change in need. They told us, "All reviews are recorded. If needs have changed we will amend the care package to suit the needs". They informed us consultation following a change in need would be held with the client and their next of kin or other health professionals if they wished.

Daily visit records showed staff had carried out the care and support in line with people's care plans. Staff told us they felt the information available regarding people's needs was good. One member of staff said, "It is important that we always complete these records, so we can see if there have been any issues or changes to the support. The office are really good and always contact us if there are any changes". Daily records were seen to guide staff if people were at risk for example from dehydration. One person's notes advised staff to "Ensure the person was drinking". However no formal monitoring of the person's fluid intake had been recorded. Staff were unable to ascertain how much the person had actually drunk that day. We shared our concerns with the registered manager who immediately arranged for a fluid chart to be set up and for all staff supporting the person to be made aware of the concern. This demonstrated the registered manager was responsive in dealing with any concerns raised. Following the inspection additional information was provided which showed the registered manager was monitoring the situation including links with other health professionals regarding the concerns.

Staff were knowledgeable of the needs and preferences of people they cared for. All staff spoken with were able to describe how they supported the people they visited. People said staff understood their needs and looked after them in the way they wanted to be looked after. People told us they found the service was responsive and open. Most people had little need to contact the office, but found communication was good

if they did.

People and their relatives told us that they had information about the complaints procedure. They said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. There had been three complaints in the last year. Records showed they had all been resolved within the provider's timescale of 28 days.

Complaints and compliments received were logged and audited monthly. Telephone surveys were carried out each quarter and any concerns were acted upon. The provider's complaints management policy sets out the procedures to be followed to ensure a full investigation is carried out, including the expected timescales for responses. One person said, "I am happy with the agency. They are polite and respectful when I contact them. I have completed a questionnaire and raised a complaint to the manager. It was resolved in a short space of time.

## Is the service well-led?

### Our findings

There was a management structure which provided clear lines of responsibility and accountability. The registered manager was open and approachable. People told us they found the service was responsive and open. Most people had little need to contact the office, but found communication was good if they did.

Care workers were supported by the registered manager, and the senior care workers/coordinators. The registered manager in turn had the regular support of the area manager and senior management team from Agincare group, which included a human resources department. The registered manager told us they received regular support from an area manager. The registered manager was supported through a continuous professional development process including management training and regular meetings, with senior managers and colleagues. They told us, "I attend the manager's workshops which are held within our managers meetings. There are plenty of training opportunities to me".

Systems were in place to monitor and improve the quality of care provided. These included formal sign off that care workers were trained, prepared and briefed to support the people they were assigned to. A management structure provided clear lines of responsibility and accountability. The area manager completed quality assurance audits every six weeks. This included regular spot checks, audits of daily care logs and other records. Supervisions and training of all staff were in place to develop and monitor performance and skills. The service had effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people's needs.

The registered manager discussed the aims and vision of the service. They told us, "Agincare care values are to value our customers and fellow employees." Their vision and values were communicated to staff through staff meetings, supervisions and a regular newsletter and posters around the office. They told us in their PIR, "The company aims and values form part of the care services guide which is available to all staff and people who use services." They also said, "We value our staff, our retention of carers is good. If we have to work harder to ensure the care workers are happy I will do that". Staff confirmed they felt valued by the registered manager. One member of staff told us, "There have been lots of management changes but it seems we have it right now".

There was an on-call rota which meant someone was always available to deal with concerns and offer advice to staff outside of normal office hours. One member of staff said "I know if I needed support or advice somebody would be there." Another member of staff said "The office staff are also carers, they are very good at helping us out if someone goes sick".

The provider undertook regular quality checks in order to drive improvements. The registered manager told us in their PIR, "People's communication needs are assessed at the point of entry into the service. Our policy supports translation, easy read and large print versions of information about the service. Compliments and complaints management and investigations are shared with staff and people who use services in a confidential manner and on a need to know basis. Lessons learned are shared among staff and the

organisation through staff meetings, memos, newsletters and through individual staff supervisions and appraisals. Senior management support the branch through regular meetings, audit and evaluations of service provision; managers are supported with compliance and action planning as required". The provider engaged people and their families and encouraged feedback. People were kept informed about any developments within the service by regular contact with the management team. A care coordinator told us, "As we have been carers our clients know us, so are happy to ring up for a chat. It also means we know who we are talking to". One relative said, "They do listen when we ring up, and if they don't know the answer will get back quickly".

The agency had a variety of up to date policies and procedures which ensured all staff were kept informed of the agencies expectations and legal requirements. Policies were well written and informative; where appropriate they gave contact details to enable staff to seek further advice.

As far as we are aware the service has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. The provider promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.