Agincare UK Limited

Agincare UK Weymouth

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 service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults, younger adults with disabilities and children. Not everyone using Agincare UK Weymouth receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection there were 130 people receiving 'personal care'.

This announced inspection took place on 28 and 30 November 2017 and 5 December. We gave the service three days' notice of the inspection site visits. These days included a weekend. We gave the service notice to ensure the manager would be available and that people could be supported to make decisions about taking part in the inspection.

At our last inspection in June and July 2016 we identified a breach of regulation. This breach was in respect of how information was used to improve the safety and quality of the service. At this inspection we checked to see if the provider had made the improvements necessary to meet the requirements of the regulation. We found that information received was used effectively to ensure improvements to the safety and quality of the service people received.

There was a registered manager for the service. 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 were happy with their care. They felt supported to maintain their independence and were confident in the skills of the staff team. They told us staff were kind and cheerful.

Staff were consistent in their knowledge of people's care needs and spoke with confidence about the support people needed to meet these needs. They told us they felt supported in their roles and had taken training that provided them with the necessary knowledge and skills. There was a robust plan in place to ensure staff received refresher training as deemed necessary by the provider.

People felt safe. They were protected from harm because staff understood the risks people faced and how to reduce these risks. Measures to reduce risk reflected the person's preferences. Staff also knew how to identify and respond to abuse.

People told us they received the care and support they needed. They also told us they were supported to maintain their health by staff including support to access health professionals when this was appropriated. People received their medicines as they were prescribed.

Where people had received end of life care feedback from relatives was consistent in its acknowledgement of the kindness and compassion of the staff team in ensuring their loved ones wishes and needs were met.

People described the support they received with food and drink as satisfactory or good and there were systems in place to ensure people had enough to eat and drink if this was necessary.

People had support, care and time from staff who had been safely recruited. People told us they usually received this support and care at times that suited them and we saw that efforts were made to accommodate people's needs and preferences regarding the time of visits.

Staff understood how people consented to the care they provided and encouraged people to make decisions about their lives. Care plans reflected that care was being delivered within the framework of the Mental Capacity Act 2005.

There were systems in place to ensure that the quality and safety of care people received was monitored and improved. People and staff contributed to these processes both formally and informally.

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 felt safe and they received their visits at an appropriate time to meet their needs. People were supported by staff who understood the risks they faced and spoke competently about how they reduced these risks. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective. People who were able to consent to their care had done so and told us they directed the care they received. Staff provided care in people's best interests when they could not consent. People's needs had been assessed and they were cared for by staff who understood these needs. People had the help they needed with food and drink and saw a range of health professionals when they needed.

Is the service caring?

Good

The service was caring. People received compassionate and kind care. Staff communicated with people in a friendly and warm manner. They treated people with dignity and respect. People and their relatives were listened to and felt involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive. People told us they were supported to live their life the way they chose to. People, and relatives, were confident they were listened to and knew how to complain if they felt it necessary. People were cared for with compassion at the end of their lives.

Is the service well-led?

Good

The service was well led. People, relatives and staff had confidence in the management and spoke highly of the support they received. There were systems in place to monitor and improve quality including seeking the views of people and relatives. Staff were committed to the ethos of the service and were able to share their views and contribute to developments.

Agincare UK Weymouth

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 announced inspection took place on the 28 and 30 November 2017 and 5 December 2017. The inspection team was made up of 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.

Before the inspection we reviewed information we held about the service. This included notifications the service had sent us and information received from other parties. The provider had submitted a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We were able to gather current information about the PIR content during our inspection.

During our inspection we visited three people in their homes, spoke with 12 people and relatives by telephone. We also spoke with ten members of staff, and the registered manager. We spoke with three social care professionals who worked alongside the service. We also looked at eight people's care records, and reviewed records relating to the running of the service. This included five staff records, quality monitoring audits and accident and incident forms. Following the inspection we asked the registered manager to send us policy information and some further details about end of life care. We received this information as agreed.

Good

Is the service safe?

Our findings

At our previous comprehensive inspection in June and July 2016 we identified that information about emerging risks was not always used to improve the service so that people and staff were protected from harm. There was a breach of regulation. The provider wrote to us and told us that they would meet the requirements of the regulation in October 2016. At this inspection we found that these improvements had been made and information about risks was used effectively to plan the service.

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager and office staff would listen and take suitable action. One member of staff told us: "They act as quickly as they can." Accident and incident records were all read by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned and shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence.

People told us they felt safe and relatives shared this feeling. One person told us: "I have never felt unsafe." and another person told us: "I always feel safe. They (staff) listen to what is needed." People described how confidence in staff skills and liking the staff made them feels safe. They were confident they could tell someone if they had concerns. One person and their relative explained how they had done this and the situation had been addressed immediately.

There was a safeguarding policy in place which had been reviewed by the provider in April 2017. The procedures contained the latest contact details for the local safeguarding team. Staff had all received training in how to follow the safeguarding process and were able to describe how they would report suspected abuse. They were confident any concerns would be taken seriously and acted on. One member of staff told us; "I would contact the office if I noticed changes in a person. I would also contact safeguarding if necessary." The registered manager assured us that if it was identified as appropriate people would be supported to access an independent advocate to help them through the safeguarding process.

People were supported by staff who understood the risks they faced and valued their right to be live full lives. This approach was supported by the provider's risk management policy. Staff confidently described individual risks and the measures that were in place to reduce them. Risk assessments were in place for each person. These assessments reflected individual need such as to protect skin from damage, reduce the risk of falls and reduce the risks associated with isolation. Staff described the individualised responses to these risks explaining how they speak with people, how they monitor risks. They also understood how people's previous life experiences affected their risk taking when this was relevant. This approach meant that equality was considered and people were protected from discrimination. One member of staff said: "We are not there to judge anyone. We are there to make sure people are safe." A social care professional commented positively on the staff's ability to manage complex risk. They identified specific issues a person faced and commented : "They are excellent".

Where people used equipment such as specialist chairs, adapted wheelchairs, hoists and stand aids, staff visually checked that they were in good condition before using them. If they were concerned about the safety of equipment they contacted the office who arranged for appropriate action to be taken such as contacting relatives or professionals and providing staff support and training.

There were enough staff employed to meet people's needs. People told us that they received their care and we saw that rotas were completed in advance and took account of individual needs. One person told us: "A couple of times they have been about 15 minutes late (time frame allowed by contract). There have been no missed calls" Another person reflected that traffic could lead to delays but concluded: "They ring up from the office (if they are late." Office staff explained that they had recently checked that all individual requests were met by the rostering system and this had resulted in more regular staff for people. This was reflected in rotas and we heard from people that there had been a recent improvement in consistency of staff. One person identified that they would like a change of visit time when speaking with the Expert by Experience. This was fed back to the registered manager who addressed it immediately.

The service had a suitable recruitment procedure. Recruitment checks were in place and staff records demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check.

Staff received effective training in safety systems, processes and practices such as in moving and positioning , fire safety and infection control. Staff were signed off as competent to use equipment to help people move safely before they used it independent of supervision. Staff were clear on their responsibilities to ensure infection control and we saw they wore protective clothing appropriately whilst supporting people. People told us that staff supporting them wore this. One person said: "Yes they do…they all use gloves."

The registered provider had a policy regarding the operation of the medicines system based on current guidance such as issued by the Royal Pharmaceutical Society and NICE. There was also a policy in place for the administration of covert medicines (medicines hidden in food and drink). However, no one was receiving their medicine in this way when we visited.

The service had safe arrangements for the administration of medicines. Staff responsible for the administration of medicines had undertaken training and had their competency assessed. Medicine Administration Records (MAR) were completed and audited appropriately. People were happy with the support they received. One person told us; "They do my medicines twice a day and they will put creams where you need them." People were supported to administer their own medicine whenever possible. Where appropriate, people were supported to access healthcare professionals who prescribed and reviewed their medicines. One person told us "They (staff member) take me to the doctor. It works very well."

Good

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. At our previous comprehensive inspection in June and July 2016 we identified that records related to the implementation of the Mental Capacity Act 2005 (MCA) were not always clear. We issued a recommendation about this. At this inspection we found that records related to the MCA were clear and supported appropriate decision making. MCA assessments and best interest decisions covered whether a person should receive their care the way they did. This included for specific decisions such as whether staff should administer their medicines.

There were systems in place to check if people using the service had a Lasting Power of Attorney (LPA) for health and welfare arrangement in place. This means they would have appointed people to help them make decisions or make decisions on their behalf. The registered manager understood this process and we saw that those with LPA powers were asked to make appropriate decisions.

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Staff had received training in MCA and DoLS and demonstrated an understanding of the principles of the legislation. People were asked for their consent before care was delivered. One person told us: "They do as I ask." Staff informed people of what they were doing and told us they asked permission before giving personal care. Daily notes showed that, when people refused assistance, this was respected.

Before using the service people had their needs assessed across a wide range of areas. This assessment process identified initial support needs and enabled the service to determine whether or not they could meet those needs. People were protected from discrimination on the grounds of their gender, race, sexuality, disability or age. The care service guide, given to all people who used the service, made it clear that no one would be discriminated against at admission and staff described how each person was treated with respect. Admission assessments were used to develop a care plan for the person so care was delivered in line with current legislation, standards and good practice guidance. The registered manager described how they kept abreast of good practice through information shared by the provider organisation. Staff knew people well and understood how their care plans reflected what mattered to them and what they wanted to achieve.

The use of technology and equipment to assist with the delivery of effective care was being explored. Staff were beginning to use their smart phones to securely access visit information and they were due to be able to access care plans and risk assessments in this way shortly after our inspection ended.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. New

employees completed a comprehensive induction programme. This consisted of a mix of training and shadowing as well as an introduction to organisational policies and procedures. Staff told us that this process was effective. One member of staff reflected on their induction: "I did shadowing and then working with another carer. I was always able to call the office if I was in any doubt." The provider organisation worked to ensure that new staff had an induction that met the Care Certificate requirements and organisational expectations. The Care certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector. The induction process included a session on promoting equality and diversity. Staff told us they ensured that they protected people from discrimination and harassment by treating each person with respect and valuing their way of life.

Records showed staff received regular training and support which enabled them to carry out their roles. For example, care staff received training in first aid, fire safety, infection control, moving and handling and safeguarding.

Staff told us they felt supported by their colleagues and the registered manager. They all commented on how accessible the registered manager was. One member of staff said: "I feel listened to. They act as quickly as possible." Another member of staff said: "I feel very supported. We are a team." There was a system in place for staff to take part in regular supervision and appraisal sessions. This gave them an opportunity to discuss any concerns, highlight any training needs and discuss their career.

Where staff assisted people with meals and snacks, people were involved in decisions about what they ate and drank. People were asked about their diet as part of their assessment process and this included any cultural or religious needs. People told us they were satisfied with the support they received with food. One person said: "We have fresh vegetables, meat. There's a list of what we usually have every day. They are quite good cooks." People were supported to have a balanced diet that supported their health and wellbeing. Some people had been identified as being at risk because they did not want to eat or drink enough. Food and fluid charts were completed where these had been identified as necessary and this information was made available to health professionals.

People's day to day health needs were dealt with in conjunction with health care professionals as appropriate. One person told us: "They talk to the doctor for me." Records showed that people were supported to access support from a range of health professionals such as: nurses, GP's, mental health nurses, dentists, opticians.

Staff told us they worked well with each other and communication was good. One staff member said: "We really are a good team." Another member of staff highlighted communication saying: "We have fantastic carers – we all communicate" We saw care staff coming in to the office to share information and to ensure they had the information and equipment they needed to support people appropriately.

Good

Is the service caring?

Our findings

People who were able to talk to us about their view of the service told us they were happy with the care they received. Comments from people and their relatives included: "They are very kind and helpful. They always chat with you.", "They are kind. They don't rush in and rush out. They don't make me feel rushed", "They are nice and friendly."

Staff told us they enjoyed their work and liked spending time with people. They all expressed their motivation for their work being the people they visited. One member of staff said; "It makes me happy to make people happy… We have some lovely people." Another member of staff told us: "I love my job. I have time to bond with the service users now."

We observed staff interacting with people in a caring and compassionate manner. For example, staff were patient and attentive. They demonstrated a concern for people's well-being and were gentle, humorous and clear as appropriate. One person needed reassurance and this was provided followed by assurances that action would be taken to help. A staff member commented on the importance of appropriate communication observing how they needed to speak with different people.

People were supported to maintain their independence. Staff commented on the importance of this as a main function of their role. One person explained how they now needed far less help. They joked with the staff member present about this.

Staff took time on visits to talk with people and individual and supportive professional relationships were evident between staff and people. Some conversations were light hearted and familiar and this was appreciated. One person discussed an arrangement that staff were making to help them celebrate Christmas with a friend. They were appreciative of this kindness and explained to us: "I love them(the staff)." Staff were also quiet and attentive when people needed reassurance or were focussed on a task that mattered to them.

People and their relatives told us staff respected people's privacy and dignity. One person commented that they were sure the staff respected their privacy and they never heard about anyone else or other staff. Staff respected the fact that they were in people's homes and ensured that tasks were done the way people wanted.

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat. People appeared well cared for and staff supported them with their personal appearance in ways that suited individual expectations and values.

Relatives told us they were able to be confident in the caring nature of the staff team, especially when regular staff who knew their loved one well were working. Where people did not have relatives close by or active in their lives staff took extra care to ensure their happiness. Staff gave examples about each other's care and told us stories about their colleague's compassion such as cleaning people's homes prior to

hospital discharges and picking up shopping for them when they were unwell.

Good

Is the service responsive?

Our findings

People were supported to live their lives the way they chose and staff respected these choices. Staff described people's needs without judgement and emphasised people's individuality in all their discussion with us. For example they discussed communication styles, sense of humour and challenges that people faced with respect and sensitivity. Care plans were current and covered a range of areas including mobility, health and nutrition and hydration. They were individualised with information about people's likes and dislikes and their wishes. Staff could access the information in people's homes and this meant they had the information necessary to enable them to provide appropriate care according to people's personal preferences. This was important when people could not tell them with words what they wanted. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the individual guidance they needed to care for people safely. When care plans had been reviewed a record was made to reflect changes made.

Any communication needs were identified at assessment before people began to use the service. These were recorded in the care plan so staff had information about people's needs and staff utilised this knowledge to ensure appropriate responses. One person had a visual impairment and all documentation they received was provided in a format they could read.

There was a system in place for receiving and investigating complaints. People and relatives confirmed they knew how to make a complaint and felt any concerns raised would be dealt with to their satisfaction. Where concerns had been raised, these had been investigated promptly and used to raise standards and drive improvements. For example if people told care staff they were not happy about call times these were addressed by staff in the office. The office had been rearranged to ensure that staff organising care and those planning and reviewing care were in close proximity. This had led to a decrease in complaints because concerns were identified and addressed quickly due to enhanced communication. There were no on going complaints at the time of the inspection.

Where appropriate people had a care plan which outlined their wishes and choices for the end of their life. Staff who provided this care to people told us they felt appropriately trained and supported. When appropriate the service consulted with the person and their representatives about the development and review of this care plan. The service had received compliments from relatives of people who had died. These compliments highlighted the kindness and compassion of staff.

Good

Is the service well-led?

Our findings

The registered manager had worked as a domiciliary care worker within the organisation, they were aware of day to day issues and knew many of the people who received a service. The registered manager spoke highly of the whole staff team and explained that they believed all the staff were motivated to do the best for people. They told us: "I am very proud of my team." They told us they were looking forwarded to celebrating festivities with the staff team to show their appreciation. The Christmas party was heavily subscribed which the registered manager reflected on as evidence of team spirit.

Staff spoke with pride about their own work and that of their colleagues in securing good outcomes for people. One member of staff described how staff discussed care practices to ensure everything was done to a high standard. All the staff emphasised the role of senior and office staff in their confidence in the team. One member of staff said: "They will address any problems and be honest with us." Another member of staff said that : "Communication is good. We are always thanked. I feel secure and part of a team." There was a culture of openness evident. Staff and relatives described this and records indicated that information was shared appropriately after incidents or near misses. Staff told us they would be confident to whistleblow if this was necessary. They were all appreciative of the openness and availability of the registered manager to address any concerns.

The service had a clear management structure. The registered manager reported to the provider through their line manager and was available to make day to day management decisions with senior staff.

The registered persons had ensured all relevant legal requirements, including registration, safety and public health related obligations, and the submission of notifications had been complied with. There had been some confusion regarding notifications when the local authority identified concerns did not meet their safeguarding threshold. This was addressed immediately. The previous rating issued by CQC was displayed in the office and on the website.

The registered manager said issues highlighted by other professionals, quality monitoring visits, inspections and complaints were communicated to staff and staff meeting minutes reflected open discussion about areas where improvement could be made. The registered manager believed staff had a clear understanding of their roles and responsibilities and this was evident to us throughout the inspection. Policies provided a framework for staff development and support and all the staff commented that the supervision process was supportive and gave them an opportunity to develop their skills in a way in line with their own aspirations.

Records were stored securely in the office and people chose where they were kept in their homes. There were systems in place to ensure data security breaches were minimised. For example: staff used secure systems to log into the online recording system and understood the importance of respecting confidentiality.

The registered provider had a quality assurance process that included visits by the registered manager's line manager and regular reporting on key areas of quality, safety and development. The registered manager

and senior staff undertook audits and these were effective in identifying where improvements were necessary to ensure quality in all areas of the service. For example medicines audits identified where staff needed additional supervision regarding medicines recording and this was carried out. The approach to quality assurance also included annual surveys. The results of the most recent survey had been positive. Relatives and people told us they were able to comment on all aspects of the service with confidence.

The registered manager said they thought relationships with other agencies were positive. Feedback from professionals reflected positive working relationships and an openness to advice and improvement. Where appropriate the registered manager said they ensured suitable information, for example about safeguarding matters, was shared with relevant agencies.