

Agincare UK Limited

Agincare UK Dorchester

Inspection report

24 Cornwall Road
Dorchester
Dorset
DT1 1RX

Tel: 01305265666
Website: 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

About the service

Agincare UK Dorchester is a domiciliary care service that provides support and personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 67 people were receiving support with personal care.

People's experience of using this service and what we found

People told us they felt the care they received made them feel safe and they were confident they were well looked after. Staff understood their roles and responsibilities in keeping people safe from harm.

Risks to people had been assessed and once identified these risks were usually managed safely by competent staff. There were robust systems in place to ensure people's medicines were managed safely in ways that suited their lives. Staff supported people to access any equipment they needed to ensure their homes remained safe.

Sufficient numbers of suitably qualified and skilled staff were deployed to meet people's individual needs. Staff received training and support to enable them to carry out their role safely and effectively. People told us they received the right care and support from staff who were well trained and knew them well. People also told us staff usually arrived on time.

People received personalised care as described in their care plans. People told us they received the help they needed and that staff were kind and caring and always treated them with respect.

Care plans identified the outcomes that mattered to people and how they were to be met. People received the support they needed to maintain good food and drink intake and access to healthcare was supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and family members knew how to make a complaint and were confident their complaint would be listened to and acted upon.

People and family members spoke positively about the management of the service and described the registered manager and staff as approachable. Staff felt supported in their role and were committed to delivering the person-centred care and approach encouraged by the registered manager and provider. Effective quality assurance systems were in place to monitor key aspects of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (report published 6 January 2017)

Why we inspected

This was a planned inspection scheduled in line with the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Agincare UK Dorchester

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes, flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The inspection activity started on 25 July 2019 and ended on 1 August 2019. We visited the office on both days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We reviewed the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and received feedback from six relatives about their experience of the care provided. We spoke with, or received written feedback, from 20 members of staff and the registered manager. We also received feedback from two social care professionals who worked with the service regularly.

We reviewed a range of records. This included six people's care records and multiple medication records. We also reviewed records relating to the management of the service, including policies and procedures, complaints and satisfaction surveys.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. Comments included "When they come in, they speak to you, smile and put you at ease." and "As safe as houses. I have no reason to feel any other way."
- Family members told us they were confident their loved ones were safe. Comments included "Totally safe... Absolutely safe."
- Staff received training and had access to relevant information and guidance about protecting people from harm. Staff were able to describe indicators of abuse and were confident that they would be able to report any safeguarding concerns.

Staffing and recruitment

- Safe recruitment processes continued to be followed and had been unchanged since our last inspection.
- Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs. People told us staff usually visited at the times agreed within their care plans and that they received a call if this was not possible.
- An electronic system flagged calls that occurred out of their time frame to senior staff. There had been no missed calls since this system was introduced.
- Most people told us they were supported by regular staff which made them feel safe. Comments included "It is usually the same faces." and "We have three or four regular carers and an occasional one. We never have a new carer on their own they are always introduced to the procedure and situation."

Assessing risk, safety monitoring and management;

- Individual risks to people and the environment had usually been assessed and were managed appropriately. Care records provided clear information around identified risks in order for staff to keep people safe from avoidable harm. Staff were confident in describing these risks and how people liked to be supported to stay safe.
- One person's needs were changing and a new risk had emerged related to how they reacted when upset or agitated. This had not been reviewed robustly. We spoke to the registered manager about this and they responded immediately to ensure needs were assessed and staff had the guidance they needed.
- Each person's care records contained a contingency plan for staff to manage situations such as adverse weather or family members becoming unwell to ensure people continued to receive safe care.

Using medicines safely

- Medicines were managed safely by suitably trained staff. One person commented that their medicines had always been well managed. Where people needed their medicines administered at specific times there were

systems in place to support this.

Preventing and controlling infection

- Staff had received training around preventing and controlling infection and had access to relevant guidance and information. They used personal protective equipment (PPE) and good hand washing techniques to minimise the spread of infection. Staff told us they always had access to this equipment and people told us they used it. One person said: "They use their gloves and aprons. They are always immaculate."

Learning lessons when things go wrong

- The service kept a record of any event including accidents that occurred within people's homes. Incidents were reviewed regularly by the registered manager to look at patterns and trends. Action was taken to prevent incidents occurring in the future. This included staff training and referral to appropriate professionals.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were completed prior to people receiving support to ensure the service was able to meet their needs.
- People and family members told us they were involved in the assessment process. Comments included "It was right at the beginning, yes." and "The lady came she was here for about an hour."
- Assessments were completed in enough detail to plan care and outlined people's wishes.

Staff support: induction, training, skills and experience

- People and family members told us they felt staff had the skills and knowledge to provide the right support. They made comments such as: "They all know what they are doing." And "in every aspect – they are always very confident."
- Staff were assessed as competent to carry out their roles. Discussions and feedback indicated they were knowledgeable and skilled and carried out their role effectively. Newly recruited staff had completed a comprehensive induction and shadowing period.
- Staff continued to receive training throughout their employment in order to maintain up-to-date skills and knowledge. Where people had specific health needs staff had not always completed training to enhance their knowledge. Whilst important information was available in people's care plans this training would be beneficial in identification of changing needs. We discussed this with the registered manager who explained there were training tools available to support this knowledge development.
- Staff felt supported in their role. They all told us the on-going support enabled them to discuss their work concerns or learning and development when needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People's needs associated with safe eating and drinking were assessed and care plans reflected the support they needed.
- People were protected from risks associated with poor nutrition; where required, staff completed records to monitor people's food and drink intake.
- Care staff were reminded to ensure people had enough to drink in hot weather.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where people received additional support from health and social care professionals this was described in their care records.

- People told us staff had supported them to make/access health appointments such as GP or hospital. One person commented how concerned staff had been about a health condition and that they had contacted a district nurse for them.
- During our inspection staff were liaising with professionals to try and ensure that a person got the support and equipment they needed.
- Professionals explained that the staff were effective in their communication with them and this enabled people's needs to be met.

Ensuring consent to care and treatment in line with law and guidance

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection (CoP) for them to authorise people to be deprived of their liberty. At the time of our inspection no one using the service was subject to any authorisations under CoP.

- People told us they were offered choice and control over the care they received. Comments included: "I can always ask for it to be the way I want." And "They ask before they do anything."
- Records to evidence consent for care had been completed appropriately.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and family members spoke positively about the caring nature of the staff and the support they provided. Comments included "They are all very good, very kind, very pleasant and very helpful. Nothing is any trouble to them at all." And "I can't fault them - I don't know what I would do without them they are all very kind and understanding."
- People told us most staff knew them well which made them feel well supported and cared for. One person reflected on this care and referred to a time when they had felt unwell and staff had gone to get them some groceries.
- Equality and diversity support needs were considered as part of the assessment process; the registered manager had a good understanding of their role and responsibility to ensure people received appropriate and respectful care.

Supporting people to express their views and be involved in making decisions about their care

- People and family members told us they were given the opportunity to share their views about the care they received. People reflected on staff chatting and checking they were satisfied in their day to day interactions.
- Regular review meetings were held with people and family members to discuss care and obtain people's views.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect and provided care and support in a way that made them feel comfortable. People described the measures staff took to ensure that they felt at ease with personal care.
- People's care plans reinforced people's wishes to stay living safely in their home. People told us staff continuously supported them to achieve this and encouraged them to do tasks that they could. One person identified how the support they had received had changed as they regained independence following ill health.
- Staff understood the importance of maintaining people's confidentiality and gave examples of how they did this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's individual care needs had been identified and care plans had been developed. These plans were regularly reviewed with the involvement of the person and their loved ones where appropriate.
- Electronic devices were being used by staff to access relevant information regarding people's care. This was a recent development and the information available to staff was increasing. Staff spoke positively about the impact of this technology on ensuring the care they provided was personalised.
- Daily records were completed regarding the care and support provided to ensure staff had access to the most relevant and up-to-date information about people's care and support needs.
- The electronic devices allowed for both office staff and care staff to send immediate messages about changes in people's needs. This information was sent to relevant staff only.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff liaised with other professionals and families to highlight concerns about social isolation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service recorded and shared information relating to people's communication needs. Care records provided guidance for staff to effectively communicate with people who were identified as having communication needs or difficulties.
- The registered manager had ensured that information was made available to people in a way they would understand, such as large print for those with sight impairment, should they require it.

Improving care quality in response to complaints or concerns

- People and family members told us they knew who to contact if they had any concerns and were confident any issues would be dealt with. We heard examples of requests that had been made and responded to.
- People had information provided to them about who to contact should they wish to make a complaint.
- The service maintained a record of complaints to show how complaints had been dealt with; those recorded had been dealt with appropriately.

End of life care and support

- The service was not currently supporting anyone with end of life care, however, they had done so previously. The registered manager told us they work closely with health care professionals and follow guidance provided to ensure people receive the right support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider promoted a culture of person-centred care which was evidenced by the positive comments received by people using the service and the comments made by staff.
- People were encouraged to share their views about the service and told us they felt listened to.
- People and family members told us they were happy with the service they received. Comments reflected this identifying the efficiency and reliability of the service. One person concluded: "They deserve a medal."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff understood their roles and responsibilities; staff spoke positively about their communication with the registered manager and other office based staff.
- The provider ensured policies and procedures were reviewed regularly and accessible to staff to support good practice.
- The registered manager ensured the Care Quality Commission was notified of events related to the running of the service, as required by regulation.
- The registered manager and provider were aware of their legal responsibilities including those related to the investigation of incidents/events that occurred and the need to comply with duty of candour responsibilities.

Continuous learning and improving care

- Effective quality assurance systems were in place to monitor key aspects of the service; checks and audits were completed regularly by the registered manager and senior care staff. Where the need for improvements was indicated actions were taken in a timely manner and records reflected any training or support needs identified.
- The registered manager was supported by the provider organisation who had regular oversight of the audits and checks being completed.
- Surveys were sent out to people and family members as a way to gather people's views about the service; information gathered was used to make improvements to the service provided and to ensure staff heard when their work was appreciated.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service they received.
- A 'compliments' record was kept to show many of the positive comments people had made about the service. Compliments were shared with staff to ensure they were told when someone reflected positively on their work. We saw comments related to extra care provided by individual staff and general praise for the whole team.
- The registered manager and staff worked closely with other health and social care professionals to ensure good outcomes for people.