Agincare UK Limited

Agincare UK Wolverhampton

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

Our inspection took place on 13 and 20 July 2106 and was announced. This was the first inspection of the service at their current location.

Agincare Wolverhampton provides personal care to people with a range of needs in their own home. At the time of the inspection they were providing a personal care service to 67 people.

The registered manager had left their post shortly before the inspection, although a new manager had been recruited and has since applied to be the 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 felt safe with the staff visiting them. People said they received support in a way that ensured they were safe, and there were enough staff to ensure they always received care calls close to agreed times. Systems were in place to ensure risks to people were identified and minimised. People had confidence in the skills and knowledge of staff, and we saw systems were in place to ensure the right staff were employed by the provider. People received medicines in a safe way.

People had confidence in staff skills and knowledge. Staff understood what people's needs and preferences were. People told us staff knew how to provide care so their needs were met. Staff promoted people's rights, and knew how to obtain people's consent before delivering care. People were supported with food and drink in accordance with their needs and preferences. People were supported to access healthcare professionals when required.

People had mixed views about having regular carers but everyone told us they still had positive relationships with all staff. People said the staff were caring, kind and respectful. People's dignity and privacy was respected and they made choices about how their care was delivered. People's independence was promoted.

People were involved in any changes to their care, and said when there was a change to their needs and preferences these were recognised and responded to by the provider. Staff were knowledgeable as to what people's preferences were. People could complain and were confident any concerns would be resolved.

People thought the service was well led, and they were able to share their views. The provider had systems in place to ensure they captured and responded to people's view and experiences. Systems were in place to monitor the quality of the service. Staff felt well supported by the provider.

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 said they felt safe. People said there was sufficient staff to ensure they received support when needed. There were systems to identify and minimise risks to people. People were supported by staff who were subject to checks before employment. People received medicines in a safe way.

Is the service effective?

Good

The service was effective.

People expressed confidence in staff skills and knowledge. Staff understood people's needs and how to meet these. People's rights were protected as staff knew how to obtain their consent before delivering care. People were supported with food and drink in accordance with their needs and preferences. People were supported to access healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People had mixed views about having regular carers but felt they had positive relationships with all staff. People said staff were caring, kind and respectful. People said their dignity and privacy was respected and they were able to make choices about how their care was delivered. People's independence was promoted.

Is the service responsive?

Good

The service was responsive

People were involved in planning their care. People said any changes to their needs and preferences were listened and responded to by the provider. People's needs and preferences were identified and staff understood them. People knew who to complain to and had confidence complaints would be resolved.

Is the service well-led?

Good

The service was well led

People said the service was well led. People were able to share their views. There were systems in place to ensure the provider captured and responded to people's views and experiences. There were systems in place to monitor the quality of the service. Staff were well supported by the provider.

Agincare UK Wolverhampton

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 13 and 20 July 2106 and was announced. The inspection team consisted of one inspector and an expert by experience who contacted people and relatives by telephone to gain their views. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent out questionnaires to people and staff. We received replies from nine people and one relative who shared their views about the service. We also reviewed notifications of incidents that the provider had sent us since the last inspection. Notifications are events that the provider is required to tell us about such as serious injuries to people who receive a personal care service. In addition we sought the views of local commissioners prior to our inspection. We considered this information when we planned our inspection.

During our inspection we spoke with 14 people and six relatives of people that used Agincare. We spoke with the area manager, the manager, a training officer, three senior staff, five care workers and an administrator.

We reviewed a range of records about how people received their care and how the service was managed. We looked at four care records of people who used the service, three care staff records and records relating to the management of the service. This included records of spot checks carried out by managers on the quality of the service, care call records, provider quality checks, complaint records and surveys completed by

people.

Good

Is the service safe?

Our findings

People told us they felt safe with the care staff who supported them. All the people and relatives we spoke with said they, or their family members were safe with staff. One person we spoke with said, "I feel very safe with [staff], they know what they are doing". Another person said, "I feel safe because [staff] are very supportive and pleasant". A third person said, "I feel safe with [staff] because they tick all the boxes". A relative told us a person was, "Definitely safe with [staff], I am here so I hear and see everything".

The manager and staff had a good understanding of what potential abuse looked like so they could recognise how to protect people from harm. Staff knew how to escalate any concerns to ensure people were kept safe. The provider had demonstrated their awareness of local procedures for protecting people by alerting the local safeguarding authority and CQC when they had concerns about potential abuse. This indicated systems were in place to ensure that any allegations of suspected or actual harm would be promptly and appropriately escalated.

There were sufficient numbers of staff available to keep people safe. We saw that the provider agreed an optimum time for care calls with people, but with the agreement there may be some flexibility with staff expected to arrive around this time. People we spoke with said staff were sometimes a little late, but no one was concerned about the times staff arrived. One person said, "They have been late a couple of times but always text me to let me know", another, "Sometimes five to 10 minutes over time". A third person said, "They always arrive on time". Relatives confirmed what people told us, saying some calls were past the agreed time, but this had not put anyone at any risk, or caused them any concern. One relative said, "Perhaps 10 minutes late but don't mind that as they are always here" and a second, "Times spot on, few months ago 15 minutes late but genuine reasons and they apologised". We sampled the times staff arrived at care calls in four people's call logs and found staff arrived closed to the times agreed with people. People told us staff did stay as long as was needed and they completed all the agreed care tasks. One relative told us, "Sometimes [person] has extra time" if they needed more support. We asked a senior member of staff about how calls were planned and they told us how there was use of a computer based call monitoring system which involved staff 'clocking in' when they entered a person's home. They said the senior staff and registered manager would be alerted by text if a call was over 30 minutes late. They told us this allowed them to ensure care calls were not missed. We saw examples of where the system had picked up later than expected calls and saw that action had been taken to address the reasons for these. People told us their care calls had never been missed. Staff we spoke we told us they had sufficient time for their planned care calls and this included travelling time. They told us if there was an unplanned delay they would inform the office staff who would notify people of any delay.

We looked at the provider's staff recruitment systems and found these made sure that the right staff were recruited to keep people safe. We saw that checks, for example Disclosure and Barring checks (DBS), were carried out before staff began work at the service. DBS checks include criminal record and barring list checks for persons whose role is to provide any form of care or supervision. We spoke with staff who confirmed that these checks had been completed before they started work.

Checks were undertaken to assess any risks to people and to the staff who supported them. This included environmental and other risks due to the health and support needs of people. We saw risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, we were told by a senior staff member about one person who became anxious when receiving personal care and there were risks to the person when staff were helping them transfer from a bed to a chair. We saw the person's risk assessments set out how the person should be transferred with equipment in a safe way. In addition there was direction for staff as to how they should respond to the person's anxiety so as to as far a possible alleviate this. We spoke with some staff that visited the person and they were well informed of how they should provide care to the person in a safe way, which reflected the risk assessments. When we asked the person's relative about their family member's safety when staff used equipment they said, "[The person] is safe with [staff], they are good carers". We also saw staff had recorded when the person became anxious to help identify any trends that would inform how they could alleviate the person's anxiety. Another person's care records identified how staff should minimise the risk to them of choking. The person's relative confirmed that staff supported the person in accordance with their risk assessment which minimised any risk of choking. This showed risks were considered and action taken to promote people's safety.

People were happy with the support they received with their medicines, and they said they received these in a safe way. One person told us staff, "Give me my tablets and write in the book". Another person said, "I can't see very much so I need them to give me my tablets, I would not be safe without [staff]". A third person said, "My medicine is in a tray. No problem for staff to read boxes. I sometimes have eye drops [staff] are pretty good at that". A relative told us a person took their own medicines but staff did check they were the correct ones which reassured them. Staff we spoke with were able to tell us how they administered medicines in a safe way, and told us their competency was checked by managers. We looked at some people's medicine administration records (MARs) and found these were well completed. We saw when people had 'as required' medicines, protocols for these were available in people's records, and any risks presented by a person's medicines were assessed. This showed systems were in place to ensure people received medicines as prescribed, in a safe way and in accordance with their preferences.

Good

Is the service effective?

Our findings

People said staff always asked if they agreed and consented to any care or support before this was provided. People we spoke with also said they consented to their planned care when their care plans were reviewed with senior staff. One person told us, "Because I am partially sighted they talk to me all the time and ask me if it is ok and what they are doing next". A relative told us, "I hear [staff] ask the person if it is ok to do [personal care] and they explain what they are doing when hoisting them". 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 manager, seniors and staff were able to tell us how they would ensure they acted in accordance with the MCA, and demonstrated a good understanding of the Act. One member of staff said, "Always get people's consent first, this is drilled into the staff". Another member of staff said, "If the person says no it's important to listen to them". A training officer told us how MCA training was a part of the staff induction and how they made use of case studies to help staff think about issues that may arise when they looked to gain people's consent. Staff confirmed they had received training in the MCA which helped them understand the importance of gaining people's consent. This showed staff were aware of their responsibilities under the MCA.

People said their care was provided by staff in a way that allowed them to be confident in staff skills, knowledge and competence. One person said, "They [staff] are well trained they know what they are doing", another that staff, "Are brilliant, I can't fault them". A third person said, "They are very good, they know I am in pain so are very gentle with me". A relative told us the staff were, "Generally very good" and they had confidence in them. Another relative told us staff, "Do look after [the person] well". Staff were positive about the training they received and said the way this was presented considered their learning preferences. For example, some staff told us they had class room based training which they found far more informative. A senior worker told us how staff also completed training work books. These were checked by a senior member of staff and the used to inform and support the staff member's learning. Staff we spoke with were knowledgeable about their work and the specific health conditions of people they cared for. The provider had systems to identify where staff training was needed. A trainer told us they were asked to provide training on specific areas of skills and knowledge if needed, and staff were always able to take part in induction sessions for input of specific area of knowledge. Some recently employed staff told us their induction gave them a good introduction to their jobs. They said they were completing induction workbooks to test their knowledge of fundamental care standards by use of written question sheets and observation of their practice. Staff said they had regular one to one supervision meetings, appraisals and their competency was checked by the registered manager or seniors through spot checks. This showed staff were supported by the provider to gain the knowledge and skills required to support people.

People told us the support they needed with meals and drinks varied dependent on their individual circumstances, but staff were aware of the support they may need to ensure they had a good diet. One person told us they had appropriate support with food and drink and said, "They prepare a sandwich and

coffee for me and ask what I would like". A relative told us about how their relative needed support with their meals and staff were aware of how to do this in accordance with their requirements. They told us the person, "Can't be fed quickly" and staff would stay longer if needed. Another relative told us that staff gave the person support with their meals and drinks as agreed. Where needed, we saw assessments included information about how people needed their food prepared, for example we saw how these reflected specific risks. Some people were not able to swallow easily and actions were identified to minimise risks such as providing thickened drinks and soft food. This showed people had the support they needed to have sufficient food and drink when required.

A number of people told us they did not need support to contact health care services, although people's care plans did recognise when this support was needed. One relative said they would usually organise any involvement with health care services but said staff, "Know [the person] well enough to know if they need the doctor". Another relative told us the staff, "Soon tell me if something is wrong so I can contact the doctor". Staff we spoke with recognised what they should look out for in respect of monitoring people's health, and any action they should take. We saw this was reflected in people's records, where concerns about people's health were shown to be escalated appropriately. We also saw people's care plans considered any recommendations made by health professionals involved with a person's care, for example directions as to how a person was to be positioned due to their fragile skin. Staff we spoke with were knowledgeable about this person's care, and the need to escalate concerns to the person's relative. This showed that the provider ensured people's health care needs were monitored and people were supported to access health care services when needed.

Good

Is the service caring?

Our findings

People said staff were consistently kind and caring. One person said the staff were, "Well trained and polite". Another person said, "Carers are very supportive and pleasant" a third person saying, "They [staff] are very caring and thoughtful". One relative said, "They [staff] are caring, a lot of the girls do care a lot". Another relative said, "They [staff], go above and beyond, especially if they see I'm tired. If they see this they will stop or offer to [stop]". They added, "It's the little things that make [staff] feel humane".

We did hear mixed views when we asked people if they received support from familiar, consistent staff. One person we spoke with said, "I do have different [staff] quite a lot that is one thing that could be improved". Another person said, "I do have different [staff] because of people leaving and holidays". A third person said, "Regular carers know me" but they said they sometimes had different staff and were not always notified before the care call. They did add however that "Odd [staff] that come in are kind". Other people told us they had consistent staff though, one person saying, "I do have the same [staff] all the time". A relative told us, "Have consistent care staff", another there were, "More or less regular staff". A third relative said, "Five regular staff for a very long time, lads fill in on shift but consistency pretty good". The area manager told us before we spoke with people that the consistency of staff was an area they had identified that needed more improvement, and they were working on improvements. This was confirmed by staff we spoke with who told us how they were allocated regular calls, or when covering were assigned the same care calls to cover when regular staff were not available. We sampled the number of staff attending people's care calls and these showed that the provider had tried to maintain consistency and limit the number of different staff that visited people.

People told us they had good relationships with the staff who visited them, even when they felt the consistency of staff could be better. One person said, "I am really pleased with them", another, "I'm perfectly happy". A third person said, "My staff, these girls make me laugh, they are my medicine". People we spoke with told us staff knew them well. A relative told us they saw how the staff cared for their family member and were positive about how well they knew the person. Senior staff told us how they considered what was important when matching people with staff. They told us this was monitored on an on-going basis, and was considered when they did spot checks on staff. One senior carer told us they would need to consider on occasion, "If they had the right sort of person for that job". One relative told us they had expressed some reservations in the past about some staff. They said these staff had been removed from their family member's care call and replaced with staff they were satisfied with. This showed people were supported by staff that knew them well and matched their expectations.

Staff understood why it was important to communicate and talk to people about the care they provided. One person told us, "They [staff] do anything I ask and talk to me all the time". Another person said, "Because I am partially sighted they talk to me all the time, ask me if it is ok". Staff we spoke with understood some people may need additional time and support to understand and discuss choices they gave them. People said staff spoke with and listened to what they had to say before and during providing care. For example one relative told us, while their family member not able to say what they wanted, staff understood them and knew what they wanted from their non-verbal communication methods. Another

relative told us some staff were able to communicate in the person's first language which was not English, but also said other staff had learnt words in the person's first language to try and promote communication. This showed people's choices were promoted.

People told us the staff treated them with dignity and respect. One person said staff were, "Very polite and respectful to me", another," They speak to me with respect and also care for my dignity when they are helping me". A third person said, "They are very kind and caring ladies and are very respectful to me". One relative told us, "They [staff] definitely respect [family member's] dignity when they are helping them shower and dress, making sure they are covered when possible things like that". We saw that a number of staff at the agency were designated as 'dignity champions' and they told us how they would promote how staff engaged with people so as to ensure their dignity was respected. This would range from discussion in staff meetings to dignity champions supporting staff to consider how they respected people's dignity. We also saw people's care plans reflected things of importance staff needed to be aware of so they could ensure people's care was dignified. This showed people were respected and treated in a dignified way by staff.

People told us staff helped them be more independent. One person told us, "They [staff] let me do as much as for myself [as I can] but are watching me all the time to make sure I'm safe". We saw people's care plans reflected what support people needed and people told us how staff would support them in a way that allowed them to complete tasks independently where able. For example one person told us how staff would support them so they were able to take their own medicines, and a relative told us how a person was supported with their meals so they could eat independently. This showed people's independence was promoted.

Good

Is the service responsive?

Our findings

We saw the provider had obtained information from commissioners and completed assessments of people's needs prior to them receiving a service. One person told us about their care plan, and said, "I have a care plan and was involved in it". Another person said "I have a care plan and we have regular assessments". A third person said the provider was looking at reviewing their care plan because they had some additional needs. We saw there were regular reviews of people's care recorded in their records, these showing their, and where appropriate their families involvement. People and relatives said they were able to contact the office staff at any time if they felt changes were needed. One relative told us, "We did have a problem with the times but have changed them". They went on to say this change was responded to quickly and they had seen senior staff frequently. Another relative said, "Communication seems better than it has been in the past". This showed people were involved in planning their care before they used the service and were able to agree what support was needed, with staff responding to any changes in this support.

People told us they received care that reflected their preferences and needs. One person told us, "They [staff] have always met my needs". One relative told us, "Staff usually get it right". Another relative told us, "Agincare are fabulous, go above and beyond, not just caring for my [family member], got to know myself and [and other family member] and are caring for all of us". People also spoke about staff knowing them, and their needs well. One person told us, "They [care and office staff] know me very well". We looked at the care records for four people and saw people's preferences and choices had been taken into account in planning their care. For example, we saw one person had detailed information about how their personal care was to be provided which reflected their individual likes, dislikes and preferences. Staff we spoke with had a good awareness of this person's and other people's individual preferences. Staff told us it was important that people's care should be provided in the way they wanted and had agreed, as detailed in their care plan. One member of staff told us how they were matched with a person as they were able to talk to them in their first language, and they shared the same religion. They told us this helped them understand what was important for the person. Everyone we spoke with was satisfied their care plan reflected their individual needs, or was subject to review if any change was needed. This showed people's individual needs and preferences were identified and staff were aware of these.

People told us they knew who to complain to and were confident complaints would be addressed.
One person told us, "I would know who to contact but have never had any [complaints]. Another person said, "I may have niggles but they always sort them out". A third person said, "They [staff] are great, I just pick up the phone and it is sorted out". A relative told us they were confident in the provider but if there was an issue they would, "Give the office a call and let know and they will sort out". A second relative said if they had a concern, "I would get on the phone, no hesitation in raising complaints". They told us that complaints they raised had been responded to and resolved. We heard from other people that any complaints they raised were resolved promptly. We saw complaints, comments and suggestions made by people were recorded and where necessary there was a clear audit trail that showed appropriate responses were made to resolve any concerns. This showed that people's complaints would be listened to, and addressed or escalated for resolution.

Good

Is the service well-led?

Our findings

The registered manager had recently left the organisation. The provider had recruited a new manager who had taken up their post shortly before the inspection. They have since applied to be the registered manager for Agincare Wolverhampton. While the manager had only been in post for a couple of weeks when we inspected, they had a good knowledge of their responsibilities in terms of the law. They said they were being well supported by the area manager and other senior staff at Agincare whilst they completed their induction. The area manager and senior staff demonstrated a good knowledge of people's needs and their responsibilities in providing people's personal care and meeting their legal obligations. This showed there were support networks in place to ensure a change in manager did not impact on the running of the service.

People we spoke with were positive about the quality of the service they received and felt the service was well run. One person said, "I am really pleased with them" another that the staff, "Are wonderful". A relative told us, "I can't fault the care we get from Agincare". People told us there was nothing that could be improved with the exception of three people who said they felt the care staff attending their calls could be more consistent. We saw the provider had identified this through consultation with people, for example, through reviews. The area manager told us they were making changes to reduce the number of staff that attended calls, for example they were recruiting staff so that when a regular person's carer was not available the person would receive cover from a staff member they already knew. Some staff we spoke with confirmed how this was been put into practice. People we spoke with knew members of the management team and expressed confidence in approaching them, and their ability to resolve any issues they may have. One relative said, "Refer to them as the A team [senior staff], any problems call the A team" who they said always resolved any matters raised.

The provider had a number of ways in which they gathered people's views. People we spoke with told us they had received survey forms from the provider to ask for their views, and we saw a number of people had responded to these questionnaires. We saw that feedback was positive. One relative had made comment to the provider that, "You gave us first class assistance and support, you should be proud of the lovely ladies you have working for you". Senior staff also told us they called people on a regular basis to get their views on how the service was meeting their needs. This was in addition to reviews of people's care and spot checks on staff, where people's views were also sought. People and relatives we spoke with confirmed this contact took place. One relative told us, "I do get phone calls [from provider] to check that I'm happy". This showed people were able to share their views about the service they received.

We saw the provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people using the service and others. People told us about spot checks senior staff carried out to ensure they were receiving good quality care. One person told us, "We have had spot checks when they [senior staff] have visited me", another that, "I have had three spot checks from managers". We saw these spot checks on staff were documented and where there was scope for staff to improve their practice, managers offered staff this support through one to one supervision and reflection on their work. We also saw the provider employed computer based systems that ensured calls to people were monitored and any slippage in the service was quickly identified, so that action could be taken. The manager told us these

systems allowed commissioners to monitor the provider's compliance with expected standards of performance.

Staff told us they understood their role, what was expected of them and were happy in their work. Staff expressed confidence in the way the service was managed and told us the management were available when they wanted to talk to them. One member of staff told us, "I work with a great bunch of people, like the operations director they are really approachable and also other senior managers". Another member of staff said, "There is a quick response from the office to any issues raised". Staff we spoke with told us how they could raise concerns with their managers and were confident they could whistle-blow if needed. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organisation that is either private or public. We also saw the provider had systems to recognise when the staff received positive feedback. We saw this was recognised and fedback to the relevant staff. This meant staff felt well supported and able to share their views with the provider.

We found the provider had met their legal obligations relating to submitting notifications to CQC and the local safeguarding authority. The provider was aware they were required to notify us and the local authority of certain significant events by law, and had done so.