Agincare UK Limited

Agincare UK Bristol

Inspection report

Suite 22a Monarch House
Smyth Road, Bedminster
Bristol
BS3 2BX

Tel: 01179637549
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

The inspection was announced and took place on 21 and 22 May 2018. We gave the provider 48 hours' notice of the inspection. We did this to ensure key staff would be available at the service. The previous inspection was carried out on 21 February 2017 and there had been one breach of legal requirement at that time. We rated the service requires improvement overall. The registered manager had submitted an action plan to the Care Quality Commission so that we could monitor the improvements made. We found at this inspection significant improvements had been made.

At the time of the inspection 85 people were receiving a personal care service from Agincare UK Bristol. This service is a domiciliary care agency. It provides personal care to people living in their own home. Not everyone using the service receives a 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.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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.

Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager and provider. People told us they were confident to raise any concerns they had with staff and that any concerns they had raised had been acted on. People had individual risk assessments so that staff had the information they needed to support them safely and minimise the identified risks.

People's medicines were now being managed safely. Medicine administration records were fully completed and signed by staff. Changes in people's health were identified quickly and staff supported people and their relatives to contact their health care professionals.

There were sufficient staff to meet people's needs. People told us staff generally arrived on time however some people had experienced late calls. The registered manager had already identified this as an issue and had tightened the areas that staff worked within to avoid this from happening. The staff told us they now had sufficient time between care visits.

The service carried out pre-employment checks on staff before they worked with people to assess their suitability. Staff were provided with sufficient personal protective equipment to prevent risk of spread of infection.

Spot checks were carried out to monitor staff performance. Staff attended regular training to ensure they could meet people's needs. There was a thorough induction to the service and staff felt confident to meet

people's needs before they worked independently.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood the importance of gaining consent from people and acted in accordance with the principles of the Mental Capacity Act 2005. Staff assumed people had capacity and respected the decisions they made.

Staff provided care in a way that respected people's dignity, privacy and independence. People told us staff treated them as individuals and delivered personalised care.

People's care plans were personalised and gave information on their background history, likes and dislikes. Staff were trained in person-centred care and knew how people liked to be supported. Care records were reviewed with people and they had been provided with sufficient information about the service. People and their relatives knew how to make a complaint.

The registered manager assessed and monitored the quality of the service. These included regular audits and ways to seek people's views about the service provided. People the management team and staff were approachable and willing to listen.

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 had improved to good.

There were systems in place to manage people's medicines. Medicines administration record charts were appropriately signed by staff.

Safeguarding procedures were in place and staff demonstrated a good understanding of safeguarding issues. Robust recruitment processes had been followed.

Risks to people and the service were managed safely.

There were sufficient numbers of staff to meet people's needs and to keep them safe from harm.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service had improved to good.

People knew the management structure of the service and who to contact.
Staff felt well supported by the management team and they were asked for their views.

There were systems in place to assess the quality of the service provided. Audits were regularly undertaken to address any shortfalls that had been identified.

The registered manager understood their responsibilities in line with their registration with the Care Quality Commission.

Agincare UK Bristol

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.

The inspection took place on 21 and 22 May 2018 and was announced. We gave notice of our inspection to ensure key people would be available at the service when we visited. The inspection team consisted of one inspector.

Prior to our visit we asked for a Provider Information Return (PIR). The PIR is information given to us by the provider. The PIR also provides us with key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. This included notifications we had received from the service. Services use notifications to tell us about important events relating to the regulated activities they provide.

We looked at the care records of eight people, the recruitment and personnel records of five staff, training records, staff schedules and other records relating to the management of the service. We looked at a range of policies and procedures, including safeguarding and complaints.

We spoke with seven people by phone that were supported by the service and one relative. We spoke with five care staff, the acting deputy manager, the area manager and the registered manager. We tried to contact a further three staff by phone but we were not successful.

Six health and social care professionals were contacted in order to gain their views about the service. We did not receive a response back from them.

Good

Is the service safe?

Our findings

At our last inspection on 21 February 2017 we found medicines instructions had been handwritten onto medicine administration charts by staff. This went against the provider's medicines policy as only one staff member had signed the record instead of two. We also identified medicine administration charts were not always signed by staff. At this inspection we found a great improvement had been made. We checked the medicines administration records for 20 people and found that they had been appropriately signed by staff. We did not identify any gaps with the recording of the charts. We found that when people had refused there medicines then an appropriate code was recorded, which identified the reason why. Where medicines instructions had been handwritten onto charts by staff this was now signed by two staff members and dated. The registered manager told us that they were confident the necessary improvements had been made. Medicines charts were returned monthly to the office and then audited by senior staff to check for any discrepancies.

People told us that they had confidence in the staff that visited and said that staff made them feel safe. One person said, "Yes, I feel very safe and trust the staff caring for me". Another person told us, "I feel very safe as I know I am receiving care from a good agency. I have the same carer (staff member) that visits me and they are very reliable".

The registered manager and senior staff were aware of their responsibility to report any concerns such as actual or potential abuse to the local authority. They were able to describe to us how they would do this both on the telephone and electronically. Since our previous inspection the Care Quality Commission had received notifications from the registered manager as required including occasions when concerns about people's safety had been communicated to the local authority. We saw how senior staff at the service had worked with external agencies in the past to keep people safe from harm. We spoke with staff and they were able to describe to us the action they would take if they had concerns about abuse taking place. Staff told us they would report their concerns to the registered manager or other senior staff. They were confident suitable action would be taken to keep people safe. Staff were also aware of other agencies they could report any concerns to such as the local authority and the Care Quality Commission.

Risks to people were assessed by the service. Risk assessments detailed the known risks to people and provided guidance to staff of how they could support people and manage risks safely. For example one person had been assessed as being at risk of developing mouth ulcers. This was likely to be caused by poor dental hygiene. A risk assessment was in place to encourage the person to maintain good oral hygiene by regularly brushing their teeth. Another person was at risk of developing skin breakdown due to poor health. A risk assessment was in place to guide staff on how to reduce the risk. This included regular monitoring of the person's skin and applying creams to the pressure areas.

There were enough staff to support the needs of people in their homes safely. Schedules were planned a week in advance so staff and people were aware of who would be covering each visit. This was sent by email or post to people. Staff collected their schedules from the office each week. When staff were unwell, care calls were covered by the staff on duty that day who picked up extra calls. We received mixed views from

people regarding the continuity of staff. Six people told us that they received regular staff. One relative and one person felt the continuity of staff could be improved to ensure a regular staff member visited. We spoke with people and one relative regarding the timings of their visits and we received mixed views. Five people told us that the staff arrived within the specified scheduled time. One relative and two people told us that there had been occasion's when staff had been late and they had not always received a call to notify them. We spoke to the registered manager about this who advised us they had already identified this issue. The registered manager had recently looked at the areas that the staff worked within. Changes had been made to staff schedules to tighten the distance that the staff had to travel and to improve call timings. We were told this was being closely monitored by the service.

Staff recruitment checks were undertaken before staff began work for the service. This helped to ensure, as far as possible, only suitable people were employed. This included an application form with employment history and their qualifications, two references and the completion of a Disclosure and Barring Service (DBS) check to help ensure staff were safe to work with adults. As part of the interview process, staff values were tested by thorough interview questions to check the person would be appropriate for the role.

There were good procedures to monitor infection control. People told us that staff had access to and wore personal protective equipment (PPE). Gloves and aprons were readily available and used frequently. Staff were up to date with infection control training and demonstrated a good understanding of how to prevent the spread of infection. Staff had also received training on basic food hygiene.

Good

Is the service effective?

Our findings

People and their relatives said that the service they received was provided by well trained staff that were skilled to support them appropriately. People told us, "The staff always know what to do when they visit me", and "Yes, definitely the staff seem well trained". Another person told us, "New staff have visited me who were being shown the ropes by my regular carer (staff member)". One relative we spoke with felt that the staff required further training before visiting there loved one. They had already addressed this issue with the service.

New staff received an induction and training when they started work at the service. We reviewed records that showed staff received effective induction training. All staff had completed the care certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. The service had trained five staff to act as mentors to new staff. New staff undertook a period of shadowing when they worked alongside an experienced staff member that were a trained mentor. They were introduced to the people they would be caring for. New staff were regularly supported through supervision by a senior staff member.

Staff told us they felt supported to carry out their role. Records confirmed staff had regular one to one supervision sessions and observations carried out by senior staff. Spot checks were also undertaken to assess staff competency. This enabled staff to receive feedback about their performance and allow for reflection on any areas for improvement. Staff performance was subject to annual appraisals, which also provided a forum for staff to discuss their future learning and development needs.

People received a reliable service from well trained staff. The registered manager maintained a detailed training matrix for staff. A Training Matrix is a tool that can be used to track training and skill levels within an organisation. A training matrix has a variety of uses from identifying gaps in training and monitoring staff. Records showed that staff had completed a wide range of training, which included medicines, food hygiene, moving and handling, first aid, health and safety, information governance and safeguarding vulnerable adults. Staff spoke positively about the support and guidance provided by the registered manager.

Some of the training the staff had received enabled them to meet the specific needs of people. For example, seven staff had received training in PEG feeding and maintaining people's PEG sites. PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. The training was delivered by a specialist health care professional who assessed staffs competence. This had provided staff with the knowledge and understanding of how to meet the needs of people who had a PEG feed. Another person the service supported required the use of a ventilator machine. The staff that supported the person received training at the hospital regarding the safe use of the ventilator.

People were supported with their nutritional needs. Staff sometimes provided people with support to eat and drink throughout the day if they required this support. Staff had received appropriate training in food safety. People's individual preferences were recorded within their care records. This gave staff guidance on

knowing what people liked to eat and drink and any special requirements. For example, one person was at risk of choking and required to follow a soft diet. The service were working with the speech and language team to see if a textured diet was required. The person's needs were clearly recorded within their care record.

Staff reported concerns about people's health or change in condition to the office staff. Staff told us in the event of an emergency they would contact the emergency services themselves. They told us they also worked with other health professionals and gave examples of meeting with the district nurse to discuss one person's specific health concerns and how to support the person appropriately. The registered manager had also been in contact with the continence team to arrange training for staff.

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. All staff had training in the Mental Capacity Act 2005 (MCA) and were provided with a basic understanding of the act. They were aware that the MCA existed and how this protected the rights of people who lacked capacity to make decisions about their care and welfare.

Staff explained how they gained people's consent to receive personal care when they arrived for each visit. Staff told us they read through people's care records before any care practices were carried out. This was to make sure they understood the support each person required and to seek their consent. Where there were concerns about a person's capacity, key health and social care professionals were involved to support people to make decisions.

People can only be deprived of their liberty in their own homes to receive care and treatment when this is in their best interests and legally authorised under the MCA and applications must be made to the Court of Protection. We found there to be no such orders in place because these were not needed.

Good

Is the service caring?

Our findings

People said that they were happy with how staff provided support. Comments included, "The staff that support me are very caring indeed", "I have had the same carer since I joined. She cares for me very well and we do have a good laugh". Another person told us, "My love I am very well cared for and have no complaints. I feel very lucky".

Staff had formed positive caring relationships with people who used the service and relatives. People told us they received care from staff they were familiar with and had the opportunity to build relationships with because they saw them regularly. People described being supported by staff that knew them well and were friendly and caring. One person described to us how they liked to have, "A laugh and a joke" with staff. The person went on to explain how they got on really well with staff and how they looked forward to seeing the staff each day. Another person said staff knew them well and were friendly, caring and did not rush them which they were appreciative of.

People told us they were supported to make decisions about their care and support needs. They felt staff took their time to promote their choices and listened to how they liked things done. One person said, "They [staff] always ask me what I would like to eat and drink". Another person explained how a senior staff member came to see them at their home to discuss their care and support needs before their home care service started. The person told us the staff member asked them what they needed assistance with and what times they would like their care provided. The person was confident in the care and support they received.

People were treated with kindness by staff that went out of their way to care for people. The registered manager told us birthday cards were sent out to each person. Sympathy cards were also sent out to relatives if a person they had supported at the end of their life had passed away. The staff at the service had supported one relative through the loss of their husband. The registered manager told us they had given her emotional support to help them through their bereavement. The relative had contacted the service and said she would not have been able to cope as well if it wasn't for one named staff member.

Staff we spoke with told us how they respected people's privacy and dignity. For example, One person the service supported did not wish for people within her community to know that they had help to manage their care needs. To respect the person's wishes the staff were asked to wear casual clothes and no uniform. The staff were asked to change out of there uniform before they arrived at the person's house. These wishes were respected by all of the staff that visited the person.

People were able to maintain close relationships with significant others. The registered manager told us that one person they cared for was supported to maintain regular contact with their loved one. The person's husband had moved to a care home outside of the Bristol area as they required a higher level of care. The staff supported the person by taking them to see there husband as they did not have any family. This meant a lot to the person as they enjoyed spending time with their loved one.

The service went out of their way to ensure people received a high standard of care. The registered manager told us that the staff went above and beyond to enable people to live independently in their own home. The registered manager told us that one person they supported had a dog, which they struggled to walk and look after. The staff helped to care for the dog by giving them their necessary medication and feeds during visits. The staff also took the person's dog for regular walks during visits as the person struggled to do this on their own. Another example was that one staff member collected daily newspapers for four of the people that they supported. The registered manager said this was because people were not able to go out to get a newspaper and they were extremely grateful of this caring gesture.

Good

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when the service started and that the service they received met their needs, choices and preferences. Staff we spoke with had a good understanding of people's care and support needs. Comments included, "We are given time to get to know people. We are encouraged to sit and read people's care plans" and, "During my induction we are told are about getting to know people by reading their support plan to guide us". Staff told us they referred any changes to people's care to the office staff or managers, and plans were reviewed and updated quickly so they had the required information to continue to meet people's needs.

People's care records provided staff with information about each person's individual preferences and how they wanted to receive their care and support. There were instructions for staff about how to provide the care people required. For example; how staff should support people who required assistance or equipment to move around. Care records were personalised and detailed daily routines specific to each person. The examples we saw were thorough and reflected people's needs and choices. People told us they were involved in discussion about their care plan when they first started with the service. People's care and support needs were regularly reviewed with them by senior staff. People and their relatives were able to discuss the care they received and any changes they wanted to the care and support they received.

People were confident that the care they received at the end of their lives would be professional, kind and compassionate. In addition to providing day to day care for people, the service provided care which enabled people to stay in their own homes at the end of their life. The registered manager told us they were supported by district nurses, GP's and hospice staff. The registered manager told us how they had supported a person who was receiving end of life care. The person had written a bucket list of goals, which they wanted to achieve before they passed away. We were told the staff supported them to achieve these. One of the goals the person had was to write a book about their life which they achieved and this was published. Within the book the person had mentioned the staff that supported them from the service.

The service used creative ways to ensure that people had accessible methods of communication. The registered manager told us that people were sent their weekly schedule by post or email. One person the service supported lived with a sight impairment and required the schedule to be sent in enhanced print so they would be able to easily access the information. Some schedules were emailed to people's family rather than the person the service supported. This was because they were unable to manage their care and support needs.

People said they were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. The service had a complaints procedure, which was provided to people when they started using the service. Staff were aware of the complaints procedure and how they would address any issues people raised in line it. People said they had no complaints about the service they received, however they knew who to contact if they did have a complaint. People felt there was always someone in the office they could talk to. The registered manager told us people were given a service user's guide to keep in their homes, with relevant information and contact details.

Good

Is the service well-led?

Our findings

At our last inspection, on 21 February 2017 we found that improvements were still required in relation to medicine management audits to ensure shortfalls were identified and the necessary action taken. At this inspection, we found a great improvement had been made. The registered manager audited people's medicines administration records when they were returned to the office each month. The registered manager used a separate form, which was signed and dated to acknowledge the records had been audited. They were able to address poor practice from auditing records. An example when blue pen was used to sign records instead of black. Another example was if records had not been appropriately signed by staff. Informal coaching was used to address issues with staff as they occurred.

There was a registered manager in place. 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.

The staffing team communicated well together and there was an open culture within the service. All the staff we spoke with felt positive about working at the service, and told us they had good support from management. Staff told us, "Communication is good within the service and we are told of any changes" and "We all work well together and the managers are supportive of us in our role". The registered manager told us there team had pulled together to ensure people's visits were covered during the recent snow fall. The office staff were also trained to provide care to people and helped to cover the visits alongside staff. Some of the calls required staff to walk to visits as they were unable to use their cars.

The registered manager and provider had clear vision and values. The values of the service included to value our customers and fellow employees. To achieve our goals and aspirations, learn and encourage a culture of knowledge, expertise and accountability. To understand our business, our customers and fellow employees and excel in everything we do. These corporate values were embedded within the service to ensure people received person centred care and were at the heart of the service.

Newsletters were sent out to out to people and their relatives. We looked at the last newsletter, which was sent out to people spring 2018. This gave people information about the employee of the month at the service and how people could nominate staff. Other information included a section regarding staff at the service to inform people they had recently recruited more staff and that people would be seeing new faces. A poem and word search was included on the back of the newsletter.

The service had systems and procedures in place to monitor and assess the quality of their service. The service operated a quality monitoring process, which started for each person from day one of a new care package commencing. This involved monitoring the satisfaction of the persons care package by conducting telephone monitoring calls, quality visits and attending people's review meetings. Annual quality surveys were sent out to people yearly. The service was in the process of analysing the results from a recent survey. Any issues found during this process were followed up, with the service looking to continually improve.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.