Agincare UK Limited

Agincare UK New Milton

Inspection report

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12 January 2017

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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 took place on the 11 and 12 January 2017 and was announced.
The service had a 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.

Agincare UK New Milton is a domiciliary care service providing care and support for people living in their own homes. They provided 452 hours of care to 68 people at the time of our inspection. The service provided support to both young and older people some of whom may be living with dementia. They also supported people living with physical disabilities and sensory impairment.

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

People were safe because staff understood their role and responsibilities to keep them safe from harm.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

Recruitment processes were robust to make sure people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's needs and to keep them safe from harm.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.
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There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

People told us the service was well-led and managed by an effective and organised management team. People had confidence in the provider and staff were clear about their roles and responsibilities.

Systems were in place to monitor and improve the quality of the service provided.

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 were safe because staff understood their role and responsibilities to keep them safe from harm.

Risk was assessed and measures in place to reduce identified risk.

Medicines were managed safely.

Is the service effective?

Good

The service was effective. Staff had received training to deliver care safely and to an appropriate standard.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

Staff were supported in their role through regular supervision meetings with management.

Is the service caring?

Good

The service was caring. Staff were kind and caring and had developed positive relationships with the people they supported.

Staff understood people's needs and how they liked things to be done.

Staff respected people's choices and provided their care in a way that maintained their dignity.

Is the service responsive?

Good

The service was responsive. Care plans reflected people's individual needs and preferences.

Care plans were regularly reviewed to ensure that they continued to meet people's needs.

The provider had a complaints policy which set out the process

and timescales for dealing with complaints.

Is the service well-led?

Good

The service was well-led. Effective audits and systems to measure the quality of the service were in place and actions identified were acted upon.

The manager and staff with management responsibilities knew their role and responsibilities in ensuring a high standard of care.

Records relating to people's care were accurate, up to date and stored appropriately.

Agincare UK New Milton

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 checked 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 11 and 12 January 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service. We checked to see what notifications had been received from the provider. A notification is information about important events which the provider is required to tell us about by law. Providers are required to inform the CQC of important events which happen within the service. We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. 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 also spoke with one health and social care professional.

We used a variety of methods to inspect the service. We looked at the provider's records. These included six people's care records, six staff files, a sample of audits, staff attendance rosters, and policies and procedures. We spoke with the registered manager, field care supervisor, care co-ordinator and four members of care staff. We also visited and spoke with six people in their own homes to obtain feedback on the delivery of their care and to view care records held at people's homes. On the second day of our inspection we telephoned and spoke with six people receiving care and we also spoke with a further two members of staff.

We last inspected this service in November 2015 where we reported the service required improvement in three areas. Following our inspection the provider sent us an action plan detailing the improvements they would make. These actions have now been completed.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe with the care staff and told us staff were always kind and courteous. They were positive about the service and told us it was delivered by staff who had time to provide all the care needed. One person told us, "I feel very safe with my carer". Another person told us, "I like all the carers and trust them in the house and with all my care. I have the same group of carers and they always come on time and stay as long as they need to". A relative told us, "Very happy with our carers especially X (carer). They are very punctual and I know that my relative loves to see them". A health and social care professional told us, "Yes its good. I have no concerns at all".

The service had policies and procedures which protected people from the risk of abuse. Staff had received training in safeguarding and all staff completed regular refresher courses. Training records and discussions with staff confirmed this. One member of staff told us, "I have never had to report anything but would know what to do if I did see it". Staff were able to describe the different types of abuse, the signs and symptoms that abuse may have occurred and how they would manage these situations in order to keep people safe. Staff knew and understood what was expected of their role and responsibilities and said they had confidence that any concerns they raised would be listened to and action taken by the registered manager.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. Comments from staff included "I would report any issue that I was concerned about, no matter how small." and "I know how to report safeguarding and would definitely have no hesitation in speaking to the office if I had any concerns at all".

There were enough staff deployed to meet people's needs. People told us they received a listing of staff who would be visiting them in advance. One person told us, "About a year ago we never knew who was calling or when, but this has improved greatly in the last six months. If my carer is running late I usually get a call from her or the office". A member of staff told us, "Generally around town travelling between clients within our allotted travel time is achievable but travelling across the New Forest can sometimes impact on our ability to be in the right place at the right time. A few extra minutes travelling time would make all the difference".

Staff told us they knew the people they supported and were allocated to work with them on a regular basis so they were able to provide a consistent service. This was confirmed by the people we spoke with. One person said, "I get the same carer most mornings. It only changes when they have a day off but the other carer that comes knows what to do so I don't really notice anything differently". The registered manager told us they did not accept any new care packages if they felt there were not enough staff with the right skills meet people's needs and deliver the care safely. This helped to ensure that there were sufficient staff deployed to meet people's needs safely.

Risk assessments were completed to help staff support people and to minimise risk whilst ensuring people

could make choices about their lives. Risk assessments included, people's mobility, nutrition and medicines. For example, one person who was cared for in bed needed to be re-positioned on each visit because they were at risk of developing pressure sores. The care plan stated and the person's relative confirmed that on each visit staff repositioned the person using a glide sheet and noted this in their care notes. There was a detailed environmental risk assessment completed of each person's home when the service commenced. This identified potential hazards and any steps required to minimise them.

There were systems in place to ensure that medicines were managed safely. Most people receiving care or their relatives managed the ordering, storage and disposal of medicines. Medicine administration records (MAR) where applicable were accurate, up to date and contained no gaps. One person said, "I rely on them to remind me to take my tablets because I sometimes forget". A relative told us, "The staff are very good with the medicines. They always get them a glass of water to help them swallow their pills". People told us they were supported with their medicines and told us they were confident staff 'knew what they were doing'. Where possible, people were encouraged and supported to take responsibility for their own medicines. The risk assessments and care plans had sufficient detail to ensure people received the support they needed and this was reviewed regularly.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

Good

Is the service effective?

Our findings

People and their relatives told us they were cared for by staff who had the skills and knowledge they needed to meet people's needs. People spoke highly of the calibre of the care workers that supported them. They told us they were well trained and competent in their work. One person told us, "They are very good at providing my care. They know what they are doing". Another person told us, "They are excellent, very skilled". A third person told us, "As far as I am concerned they are perfect in every way". One relative told us, "My wife's carers are second to none. Very good and good at what they do. We have no complaints at all". Another relative said, "They do everything I ask and more. I couldn't wish for better".

People had access to healthcare services to maintain good health. People told us that their health care appointments and health care needs were organised by themselves or their relatives. One person said, "On one occasion I really felt unwell and I took my carers advice and let her call the surgery because she was worried about me. The doctor came out to see me and gave me some tablets and I got better". People's care records included the contact details of their GP so staff could contact them if they had a concern about a person's health.

The provider's induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All new staff employed by the agency had undergone an induction which included the standards set out in the Care Certificate. Training included for example, moving and handling, infection control, food hygiene, safeguarding, medicines management and dementia awareness.

Staff told us they felt supported in their role, and were provided with regular one to one supervision meetings, spot checks / working supervisions and an annual appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. This was confirmed in records which showed they were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. One member of staff told us, "I think it's great that we now get the opportunity to review how we work. It never happened until the new manager came in".

People told us that staff always sought their consent before they carried out any care or support. One person told us, "They (care workers) never come in and assume or take over. They always ask me before they do anything. They always encourage me to do what I can for myself even if it's with their support". A relative told us, "They always start by asking how (person) is and how they can help them today. They never assume anything and won't do anything unless it's agreed". A member of staff told us, "It's very important to ensure people are encouraged to maintain as much independence as possible. I always ask how they are and how I can support them. I never assume they can or can't do something for themselves".

Staff had completed training in relation to the Mental Capacity Act 2005 (MCA) and understood how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make

their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and care co-ordinator told us they would work with family members and other healthcare professionals if they had any concerns about a person's ability to make a decision to ensure that care and support was provided in their best interest. A health and social care professional told us, "They liaise with us if they have any concerns at all".

Most of the people we spoke with or visited did not require support with food preparation or eating however staff were clear about the importance of identifying any concerns about people's food or fluid intake and reporting them promptly.

Good

Is the service caring?

Our findings

People were positive about the care and support they received. One person commented, "The carers that visit me are very good and very caring." Another person said, "I'm very happy with my care. The girls that come in are very kind and attentive. I look forward to them coming". One relative said, "They come in four times a day and are always happy and willing to do whatever needs doing. I don't have anything but good things to say about them. They are marvellous". Another relative told us, "It's not an easy job they do yet they are always smiling and that's so nice to be greeted by someone who appears happy in their work. It inspires confidence".

Staff gave us examples of how they engaged with people and explained how they promoted respectful and compassionate care. One staff member told us, "If I visit when relatives are there I ask if they could go to another room as the person preferred this". One person we visited said, "I don't mind female carers but it would be nice if I could have a male carer". Senior care staff told us that they would look into the possibility of this for the person. Staff respected people's privacy and dignity using various means. For example, letting people wash their own face and other areas and drawing curtains when providing personal care. Another person said, "The girls [care staff] care for me in the way I want them to. They help me with the things I can't do and do this sensitively." One relative told us, "Carers are very caring and are kind and respectful, giving my husband choices and doing whatever we ask of them".

People's care plans were detailed and provided staff with guidance on how people wanted their care to be given. For example, one person with left sided paralysis following a stroke only had use of their right hand. Care plans directed that staff should ensure that the person's drink was on their right hand side according to the person's needs. One member of staff said, "I love my job as we are sometimes the only people that the person's sees throughout the day". People indicated that staff knew how people preferred their care to be provided. Our observations and people we spoke with confirmed that this was the case. One person said, "Once they have got me up in the morning or ready for bed at night, if there is time we have a cuppa and a chat. They've got to know me that way and are very polite".

Staff responded to people needs. For example, by staff speaking slowly, clearly and with respect to the person's health condition. One person said, "The staff are very respectful all the time and they do listen to me. They are all lovely". Another person told us, "I know when I tell staff things that they keep it between me and them. It's confidential". Staff spoke of people's aspirations and what the person had planned for the coming week. Examples of this included going out for ride in a car, seeing families and relatives as well as having a fish and chip supper with relatives.

Other involvement people had in their care planning included a face to face visit when the person started to use the service. Examples included staff's day to day conversations as well as more formal reviews of the person's care needs. On these occasions staff took the opportunity to give people the explanations they needed such as how their personal care was to be provided. One person told us, "The office girls came to see me the other week and went through everything with me and my daughter. Nothing needed changing as it was right in the first place".

We saw letters of thanks and written extracts of care provided and the common theme was that the service worked hard to provide support that was personalised and special to each person. For example, "You made a big difference to her life under difficult circumstances. And we know that X (person) made many friends amongst you. Agincare provided a superb service and we will always be most grateful", and "Thank you for all that you have done for mum over the past 12 months".

People were provided with a Care Services Guide book when they started to use the service. This included the aims and objectives of the company in providing care, types of services provided and how to make a complaint. It also contained information on how to contact organisations such as, Care Quality Commission, Local Government Ombudsman Service, Alzheimer's Society, Advocacy Services and Parkinson's UK.

Good

Is the service responsive?

Our findings

Before receiving care people's needs were assessed by one of the management team to ensure the service was suitable and could meet their needs and expectations. People told us they received the care they wanted. One person said "They came to see me, we went through what I could do and what I could not do and where I needed the help. This was to identify what was important to the person and how their individual needs were to be met. People care plans were routinely reviewed annually or if needs or circumstances changed. For example, where people had been admitted to hospital a full review of their care needs would be undertaken by the provider on their discharge to ensure they could still meet the persons care and support needs.

The provider worked collaboratively with the local authorities Reablement and Assessment of Care Team (REACT). The service is a reablement service offering time limited support that is designed specifically around an individual's needs to maximise their potential for long term independence. Reablement helps people learn or relearn the skills and coping mechanisms necessary for daily living which have been lost through deterioration in health and / or an increase in their usual support needs. The registered manager told us she met weekly with the lead person or their deputy to discuss and review people referred to them from REACT. A health and social care professional confirmed this and told us, "We have no concerns at all with this provider and work collaboratively to achieve a good outcome for people".

Staff were knowledgeable about the people they cared for. For example, staff's knowledge about the person's previous work and life experiences as well as hobbies and interests such as watching football on TV or their service history. People's care plans prompted staff as to how best meet each person's expectations in maintaining their independence. This was to live in their own home, going out to a day centre or shopping with relatives. Staff told us that they found the care plans easy to follow and that these could be referred to at any time.

People confirmed that they had various opportunities to provide feedback and that they had good ongoing relationships with their care staff and the service. This was so that the service was aware of how people were. For example, the service undertook 10 random telephone survey calls each month to gain feedback from people or their relatives about the delivery of care. We looked at the results from the surveys carried out in November and December 2016. November's results indicated for example that 90% of people surveyed stated that care workers arrived on time, 70% of people received a visit schedule whilst 100% of people were happy with the staff who visited them and that the care and support met their individual needs Action plans were put in place to address the issues in respect of care workers arrival times and visit schedules and December's results indicated that these had now risen to 100% with other areas being maintained. This meant that the provider listened to people and took actions to address any areas of concern.

Staff were required to 'log in and log out' at every call using a free-phone telephone that was linked to a computer system in the office. The care co-ordinator told us, "If a carer is late to arrive at a call we get an onscreen message advising us. This enables us to contact the member of staff to make sure they are ok but

also prompts us to contact people expecting a visit to advise them that it may be a little later. It could be that the member of staff has a medical emergency with one of our clients but it is a useful tool in reassuring our clients and ensuring the safety of our staff". We reviewed a sample of staff attendance rotas for the previous two weeks and found that most care calls were 'on-time' and within the agreed time 'window' of 30 minutes.

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. The provider had received one formal complaint since our last inspection. The registered manager was able to show us how they had responded to concerns that had been raised and how they had communicated their outcomes to the complainants. People and their relatives told us they were confident that if they needed to make a complaint the provider would take this seriously. People said they had been able to contact the office when they needed to and had been happy with the response they received.

Good

Is the service well-led?

Our findings

People and staff were involved in improving and developing the service. This was through a quality assurance monitoring survey as well as formal staff meetings and supervision sessions. One person said, "I had a call from the office. They ask me lots of questions about my care visits but I am very pleased with things as they are". One relative told us about their family member, "We have provided feedback and we've found them (Agincare UK New Milton) to be a good service which we would recommend based on our experiences". People confirmed to us that they felt the provider did now take things on board and 'listened' to them. One person added, "It wasn't always the case. In the past it sometimes felt that you were talking to a brick wall but things have certainly turned around since last summer". Another person said, "I think they have a new manager now and yes I've seen a great improvement in the service as a whole. We now get to have our say and I feel listened too".

Staff told us the registered manager and senior staff were approachable and valued their opinions and treated them as part of the team. They told us they enjoyed working for the service. One member of staff said, "The registered manager is very approachable as are the office staff. I feel that I can talk to them about anything". Another member of staff said, "I think we have turned the corner now. It wasn't always a nice place to work but it is now and I'm enjoying my work so much more. It's much more structured and going in the right direction".

The registered manager had clear visions and values of the service and told us, "Our aim is to deliver a homecare service that we would be happy for our family and loved ones to receive. We aim to support our customers to maintain their independence and lifestyle by providing the highest quality of homecare. The main aim of the service was to provide high quality, flexible, person centred care and support".

All people and their relatives told us that they had received opportunities to provide feedback, be it via surveys and quality assurance questionnaires, phone calls or face to face visits. People knew a senior member of staff and informed us that they knew that there had been changes to the management of the service. One person told us that although they didn't know the manager's name they had had contact with "someone senior" and added, "Yes. I feel that I am kept up to date".

Procedures to monitor the delivery and quality of care provided by care staff included regular spot checks by the registered manager or care coordinators. This was to help ensure that the care staff were working to the right standards as well as exhibiting the provider's values of putting people first and foremost. Processes were in place to make sure that staff adhered to these requests. The registered manager used the information to assess the day to day culture of staff. This showed us that the provider considered what worked well for people and where changes were needed.

The provider is required, by law, to notify the CQC of certain important events that occur at the service and in people's homes. From records viewed we found that they and the registered manager had notified us about these events where required.

Staff team meetings had recently been re-introduced by the new registered manager. We looked at the minutes of the meeting held in October 2016. Topics included for example, correct completion of care records, key entry codes, holidays, logging in and out of people's homes and supervision and appraisal. The registered manger told us, "I plan to hold these meetings every three months now that things have started to settle down. I think it's good for morale to have these meetings. It was important for me to hold the meeting in October to get to know the staff and outline my expectations and vision for taking the service forward". Staff we spoke with told us there was now a sense of 'togetherness and teamwork' and morale was very good.

Staff told us they felt able to raise concerns. We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored.

The registered manager carried out regular audits to monitor the quality and safety of the service provided. For example, medication, care plans, accidents and incidents, complaints and staff files. The audits were used to inform the new manager of what action needed to be taken. For example, the staff file audit carried out on 19th December 2016 indicated that three members of staff required medication competency assessments to be updated and three members of staff required moving and handling refresher training. Action plans for this to be completed were projected for 14 February 2017. On the day of our inspection this had already been addressed.

The provider's locality manager carried out regular quality monitoring audits (QMA) and these included for example, safeguarding policies, complaints, recruitment, training, and care assessments and support. We looked at the latest QMA carried out in October and November 2016 and found that the action plans put in place to address any identified shortfalls had been met or were 'work in progress'.

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person and provided information about the care they received and the medicines they were given. One relative told us the daily notes made by care staff were valuable as they could see quite clearly the care and support that was delivered at each visit. We found evidence that care records were checked and monitored by the provider to ensure that the quality of recording was appropriate.