

Agincare UK Limited

# Agincare UK - Hilton Grange Extra Care Scheme

## Inspection report

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Date of inspection visit:  
15 February 2016

Date of publication:  
08 June 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 15 February 2016 and was announced.

Hilton Grange is an Extracare Scheme which is situated in the northwest part of Nottingham and is registered to provide personal care. At the time of inspection 30 people were using the service, each person living in their own flat and receiving support with their personal care needs from Agincare.

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.

People who used the service and those supporting them knew who to report any concerns to if they felt they or others had been the victim of abuse. Risks to people's health and safety were managed and detailed plans were in place to enable staff to support people safely. Accidents and incidents were investigated. There were enough staff with the right skills and experience to meet people's needs. Staff provided people with the support they needed to ensure that they received their medicines as prescribed.

People were supported by staff who had received the appropriate training to support people effectively. Staff received supervision of their work. Staff ensured that people had sufficient to eat and drink independently. People had regular access to their GP and other health care professionals.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The provider was aware of the principles of the MCA and how this might affect the care they provided to people. Where people had the capacity they were asked to provide their consent to the care being provided.

People were supported by staff who were caring and treated them with kindness, respect and dignity. People and their relatives were involved in the planning and reviewing of their care to ensure that they received the care they wanted. People could have privacy when needed.

Care plans were written in a way that focused on people's choices and preferences and care was provided in a person centred way. A complaints procedure was in place and people felt comfortable in making a complaint if needed.

The culture of the service was open. People were supported by staff who were clear about what was expected of them and staff had confidence that they would get the support they needed from the registered manager. People and staff were asked for their opinions about the quality of the service. The registered manager undertook audits and observed practice to ensure that the care provided met people's needs.

## 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 supported by staff who could identify the different types of abuse and knew who to report concerns to.

Risks to people's safety were assessed and any accidents and incidents were thoroughly investigated.

People were supported by a sufficient number of staff who had been appropriately recruited.

People received the support they needed to ensure that they received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who had the appropriate skills, training and experience.

People received the support they needed to ensure that they ate and drank enough.

Staff applied the principles of the Mental Capacity Act (2005) appropriately when providing care for people.

People were supported to access healthcare professionals when needed.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff in a respectful, kind and caring way.

People were actively encouraged to make decisions about the care they received.

People's dignity was maintained by staff who understood the

importance of this.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care that was personalised to their preferences and adapted to take account of any changing need.

A complaints procedure was in place, people felt confident in making a complaint and felt it would be acted on.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was a positive, friendly atmosphere at the service.

The registered manager gave clear leadership and staff had a clear understanding of their role.

There was an effective process in place to check on the quality of the service.

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## **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 15 February 2016 and was announced. The provider was given 48 hours' notice because the location provides care to people in their own homes; we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. During our inspection we spoke with five people who were using the service, three visitors, four members of the staff team, the registered manager and regional manager.

We looked at the care records of two people who used the service, as well as a range of records relating to the running of the service including two staff files, medication records and quality audits carried out at the service.

## Is the service safe?

### Our findings

The people we spoke with told us they felt safe when staff visited them to provide their care. One person told us, "They (the staff), have been keeping me safe here for a number of years now." Another person told us how they felt safe in their bed at night which was important to them. We spoke with relatives who were confident that their family members received safe care in their individual flats at Hilton Grange telling us, "[My family member] is good and safe here."

Staff could describe the different types of abuse which may occur and told us how they would act to protect people if they suspected anything untoward had occurred. One staff member told us, "If I was concerned that someone was at risk of harm I would speak to the manager." They were confident that the registered manager would act to protect people if concerns were raised and spoke of some input that had been received from the local safeguarding team when there were concerns about someone's safety.

There was information in people's care plans about how staff should act to reduce the risk of harm to people. Staff were aware of this information and could explain what they did to keep people safe. We saw that where required, information had been shared with the local authority about incidents which had occurred within the service and staff had responded to any recommendations made. The registered manager described how they had consulted with the safeguarding team and received advice over a concern that they had. This ensured that people were protected from avoidable harm.

The people we spoke with were satisfied with the way in which risks to their health and safety were managed and their freedom was respected. One person told us how the registered manager had reviewed their support plan with them after they had sustained a fall to reduce the risk of them falling again. Another person could describe how staff ensured that items of furniture were strategically placed around their flat so that they could mobilize independently within their flat.

Staff were able to tell us how they kept people safe. One staff member reflected that having enough staff helped to keep people safe as this reduced the risk of rushing and making mistakes. Another staff member told us how they took steps to reduce the risk of fire where a person chose to smoke in their flat. Staff told us how they referred to the risk assessments in people's care planning records so that people were supported correctly. For example, staff made sure that people who needed to use walking frames had access to these to reduce the risk of them falling. We were also told how any equipment was checked to ensure that it remained safe to be used.

The care records that we looked at showed that risks to people's safety had been appropriately assessed. Plans had been put in place for staff to follow to assist them in maintaining people's safety, and we saw staff following these during our inspection. Regular audits of incidents and accidents were made by the regional manager to ensure that any improvements identified as needed were implemented to reduce the risks to those using the service.

People told us there were enough staff to keep them safe. One person told us, "There is always enough staff

to cover my calls." Another person told us how staff always responded promptly if they used their personal alarm to call for assistance from staff. They said, "I think there is enough staff, there is not often a delay." Relatives we spoke to were of a similar view, saying, "Right now, there is enough staff, yes."

Staff also felt there was enough staff available to keep people safe and meet their needs. One staff member said, "There's enough staff, yes." Another expanded on this saying, "It gets a bit hectic if people are ill or have a fall and need more help, but you can't plan for that we have to work together to make sure everything is fine."

The registered manager told us they felt that there were sufficient staff to support those using the service at the time of our inspection. The duty rota was based around people's needs and preferences so that there were always sufficient staff available. People's needs were regularly assessed and if more support was required then this was provided immediately so that people were safe and received the support they needed while any increase in funding was agreed.

We looked at the recruitment files for two members of staff. These files had the appropriate records in place including, references, details of previous employment and proof of identity documents. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

The people we spoke with told us they got their medicines as prescribed and in a timely fashion. One person we spoke with said, "They (the staff) help me with my tablets morning and night, that's all alright." Another person told us, "I don't need any help with my medicines, I am independent with that and that is okay with the staff." We spoke with a relative who told us, "[My family member] always seems to get their tablets on time "

Staff we spoke with were confident in supporting people with their medicines. Staff told us how having medicines in blister packs helped prevent errors and explained to us how it was important to record everything on the medication record, including any creams that people used so that they could be sure that medicines were being administered as had been prescribed. Staff described to us how they were regularly observed giving medicine to ensure that they were doing so safely. We observed staff administer medicines in a safe way. When people were receiving support to take their medicines, we saw that staff were patient and ensured people had the time they needed to take all of their medicines.

Each person stored their medicine in their own flat. We saw that people's medicines were stored and handled safely. People were able to use the pharmacy of their choice to obtain their medicines. The registered manager ensured that prescribing arrangements were transcribed onto a Medicine Administration Record (MAR) so that there was a consistent way of recording when people took or declined their medicines and showed that the arrangements for administering medicines were working reliably. The MARs included useful information about each person, including whether they had any allergies and the name of their GP. Staff correctly recorded the medicines they had administered to each person on their MARs.

## Is the service effective?

### Our findings

People we spoke with felt that staff were competent and provided effective care. One person told us, "They are super-duper staff and all know what they are doing." Another person we spoke to had confidence that the staff were competent and said, "We couldn't be better looked after." Relatives we spoke with also felt that the staff had the knowledge and skills they needed to carry out their roles and responsibilities and said, "Staff all know what they are doing."

Staff we spoke with told us they had good support and training. One staff member we spoke to said, "The training is good and [the registered manager] makes sure it is kept up to date." Another member of staff told us about some of the training that they had completed and how this had helped equip them for the role. Staff told us how the training was supplemented for new staff by 'shadow shifts' working alongside experienced staff so that they could be sure how each person was to be supported. The registered manager described how they monitored staff training needs to ensure that staff received the training they needed. The system being used for recording this was in the process of being changed when we inspected to ensure it was effective.

The staff we spoke with felt well supported. They told us they received regular supervision and an annual appraisal of their work. The records we looked at confirmed this. The registered manager ensured that they periodically undertook observation of staff practice. In turn the registered manager also told us that they felt well supported by their line manager and received regular supervision and appraisal.

People we spoke with confirmed they had agreed to the content of their care plans and staff always asked for their consent before providing care and support for them. One person told us how they had helped to put together their care plan. Another person told us how the registered manager had also involved their family to make sure that their care plan was right.

One staff member told us, "We never just do things, we always check the care plans." Another staff member told us how giving choice to people was important. We were also told by a staff member, "Different people have different needs and come from different backgrounds, so we have to get to know each person and how they want us to care for them." During our inspection we saw staff follow this through and asked people before they provided them with their support. For example, they called out when they entered a person's flat to make sure that the person was happy for them to enter.

We saw that people's decision making had been taken into account when writing their care plan. Records showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person's ability to consent to decisions about their care. 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. Staff had also received training which covered the Mental Capacity Act to ensure that they understood what this legislation meant for the



way that they supported people.

People were supported to eat and drink enough to keep them healthy. One person told us, "I choose what I want to eat and staff heat it up for me." Another person described how staff supported them to shop on line so that they always had the food and drink available that they wanted. A visitor we spoke with described to us how staff gave people choice about what they ate and had seen them showing people what was in their fridge so that they could choose what they had to eat. We were also told by a visitor how staff were aware of the risks that certain foods may pose and how they ensured that people ate safely, to reduce the risk of them choking, for example.

We spoke with staff who told us how they ensured that people ate and drank enough, recording what had been offered in the care planning records. One staff member told us how it was not just what people had to eat and drink that was important, but also to prepare it correctly, for example cutting a sandwich in the right way so that the person could eat it easily.

Whilst staff were not responsible for assisting people to make healthcare appointments, they told us they would advise people if they felt it would be beneficial to book a doctor's appointment. This ensured that people had access to the healthcare professionals they needed at the right time. One person told us, "They will always fix up for me to be seen at the hospital whenever I need to." Visitors we spoke to were confident that people had access to any support they needed to maintain their health and told us how, if staff had any concerns they always called the doctor.

Staff described how they would respond if they felt someone needed to see their doctor or dentist and an appointment had not been made for them. For example, we were told by several staff members how they responded when someone was unwell and needed to see a medical practitioner. They told us that the registered manager had ensured that appointments were made so that people were able to access the advice and support they needed to maintain good health. The care plans we looked at confirmed that people received regular input from visiting healthcare professionals, such as their GP and district nurse, on a regular basis. Staff noted any advice given by healthcare professionals and where changes to a person's care were required, these were put into place. Staff were aware of the guidance that had been provided and this was implemented within people's care plans.

## Is the service caring?

### Our findings

People told us that staff were caring and they had formed positive relationships with them. One person told us, "The staff are reliable, kind and caring – I never intend to change care company." Another person said, "The staff couldn't be better, they are so caring." Relatives we spoke with agreed and told us, "It is not just about care here, staff take time to talk to people too."

Staff explained to us how they had formed these positive and caring relationships with people saying, "We get to know people and their care plans tell us about their likes and preferences." They continued, telling us, "People look forward to us visiting them so it is important to us they are not disappointed." Staff explained to us how they responded by working flexibly if a person showed any signs of distress or discomfort. For example, staff told us they would drop in to the person between later calls to make sure that they were okay.

We saw warm and friendly interaction between people and staff during our inspection. When providing support to people, staff were attentive and supportive, speaking with people in a way that made them feel like they mattered. During our inspection, people were made aware of who the inspector was and why they were there by the staff that were supporting them.

People were supported to make day to day choices relating to how their care was provided. One person told us, "The staff always ask me and let me choose if a choice needs to be made." Another person described a particular part of the care routine and confirmed this saying, "They know what they are doing, but if they do it wrong, you've only got to tell them, it's never a problem." People's relatives told us how they were involved in decision making and were confident that they were kept informed of anything they needed to be.

Staff understood the importance of encouraging people to express their views and make decisions about their care and support on an hour by hour basis. Staff told us that they did not just refer to care plans but also asked people how they wanted to be cared for when they provided them with support. The records we looked at showed that, as staff had explained to us, each care plan was reviewed regularly to ensure that people continued to receive the care and support they wanted and needed.

The registered manager explained to us how they involved the person in agreeing how they wished to be supported and also in any subsequent reviews. The details within the care plans we looked at stated how people were to be supported to have choice and maximise their independence. We saw that people's care plans were reviewed regularly and incorporated any changes a person may want.

People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People were treated in a dignified and respectful manner by staff. One person said, "They always knock at the door and wait while I open it, they don't just come in." Another person told us, "Staff always use a towel to cover me while I wash, I am never left exposed." A visitor we spoke with told us they were very happy with

the way the staff treated their family member and said, "The care couldn't be better."

Staff explained to us how they demonstrated respect and promoted people's dignity. They told us that dignity was not just about what they did, like ensuring that curtains were closed before providing personal care so that people could not see in, but also about speaking respectfully and making sure that people felt good about themselves. One staff member told us how they needed to be mindful if they were in a person's flat and they were using the telephone as their phone calls maybe private.

Each person kept their care planning records in their own flat, located where they wished so that it was available to staff. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully. Personal details for people which were held in the office were kept in files which were stored securely in a cabinet so that they could only be accessed by those who needed them. This protected people's personal details.

## Is the service responsive?

### Our findings

People felt that they received the care and support they required and that it was responsive to their needs. One person told us, "The staff will pop in and out during the day. If I don't need all of my time on one call they will split the time and come back later when I might need them." Another person told us how they went out some evenings and were still able to get the support they needed, even if they were back later than had been planned. Relatives explained to us how the service responded to their family member's changing needs telling us how the support provided could increase or decrease as their family member needed so they always got the support they needed.

Staff understood the importance of the service being personalised to each person. One staff member told us how they always tried to be flexible and move the time of a person's support if they were planning to do something on a particular day, for example if the person was expecting visitors or had an appointment. Staff explained to us that people's routines may be very similar, but the approach and conversation with each person was different and we saw this to be the case as we saw staff provide care to people.

We observed that staff were responsive to people's needs and requests for help. The emergency call bell in each person's flat was monitored by a call centre who relayed information to the staff. People and staff told us that this system worked well and staff responded quickly if someone pressed the call bell in their flat.

Information about people's care needs was provided to staff in care plans as well as during the shift handover and written in communication books. Staff told us that they had the time to read people's care plans and were kept informed where there had been changes. It was evident that staff had an understanding of people's care needs and how they had changed over time.

People felt able to raise concerns and complaints and told us they knew how to do so. One person said, "There's nothing to improve here," and went on to explain they felt able to speak to the registered manager if they had a concern. A relative we spoke to was also confident that they could raise a concern and told us, "If I had any concerns, I would speak to [the registered manager or deputy]. I know they would act on what I told them." People had access to the complaints procedure which was displayed in a prominent place and also given to people when they started using the service.

We reviewed the records of the complaints received since our last inspection. The complaints had been investigated within the timescales stated in the complaints procedure and communication had been maintained with the complainant throughout the process. The complaints had been resolved to the satisfaction of the complainant and appropriate responses were sent. Outcomes of the complaints were well documented and this included any lessons that had been learned to improve future practice. Regular audits of complaints were made by the regional manager to ensure that any improvements identified were implemented.

## Is the service well-led?

### Our findings

People who used the service benefitted from the positive and open culture. We heard that people felt comfortable and confident to speak up if they had any concerns with the staff that were supporting them. People and their relatives knew who to speak to on a day to day basis to raise a query or concern. They also all knew who the registered manager was, how to contact them and told us they felt happy to do so.

Staff spoke highly of the registered manager and the team leaders, telling us they felt they felt well supported and that there was an open and transparent culture at the service. Staff said they were comfortable saying if they had made a mistake or raising concerns and felt that their concerns would be listened to. One staff member told us, "If the registered manager is not here we can always ring them for advice – we will always be taken seriously." They told us that they felt that there was strong teamwork and everyone pulled together to resolve problems. Staff were confident that they could speak up if they needed to

Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. Staff we spoke to during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with those using the service was very good.

Staff had confidence in the leadership of the service. One staff member told us, "[The registered manager] is good and always there for advice." Another staff member told us how the registered manager had given support and reassurance to those using the service and those working in the service during an uncertain time when the provider of the service changed.

The conditions of registration with CQC were met. The service had a registered manager who had a good understanding of their responsibilities and how they needed to respond to ensure that the changing needs of those using the service continued to be met. Staff commented that the registered manager was visible in the service and knew who to speak with locally if they were not on site. There was good delegation of tasks between management and staff at the service with each person knowing what was required of them. In addition, staff knew who was responsible for what. The registered manager was supported by a regional manager who made regular visits to monitor the service. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received required notifications in a timely way.

The quality of the service people received was regularly assessed and monitored. People felt assured of this and told us, "The manager checks that staff are doing my care right every so often." The regional manager showed us the series of audits and checks that they undertook which helped to ensure a high quality service was maintained. This covered areas such as accident and incidents, safeguarding and complaints to ensure that the service complied with legislative requirements and promoted best practice. They also spoke with people to check that they were happy with the service that they were receiving.

People's care planning records and other records relevant to the running of the service were well maintained and the registered manager had appropriate systems in place that ensured they continued to be. Where any areas of improvement within the documentation had been identified this had been addressed.

People were encouraged to give feedback on the quality of the service provided. The views of those using the service were sought through regular surveys and meetings. This information was used to inform the planning of the service that was provided.

Clear communication structures were in place within the service. There were regular staff meetings which gave the registered manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group.