

Agincare UK Limited

# Agincare UK Leominster

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection was carried out on 25 August 2015.

The provider registered this service with us to provide personal care and support for people within their own homes. At the time of our inspection 59 people in Herefordshire received care and support from this service.

There is 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 told us that staff and management would listen to their views and any concerns.

People told us that they had enough staff to meet their needs and this included support with their medicines. People told us that if staff were on holiday or sick, there were always staff on hand to cover any visits.

# Summary of findings

People told us that staff were caring and kind and able to support them as they would expect to be supported. People felt involved in their care and able to make choices regarding their care and treatment.

Staff were not recruited until appropriate checks had been made to make sure they were suitable to support people in their homes and keep them safe. Staff had a good understanding of how to protect people from abuse and how to report abuse.

The registered manager told us that they wanted a service that provided the best possible individualised care. Checks were completed regularly to ensure that good standards of care were maintained. Feedback from the people that used the service were sought on a regular basis and any areas identified for action were acted upon

People told us that nothing was done without their consent. Staff understood the importance of providing care that met people's individual needs.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The people we spoke with told us that they felt people were safe. They felt that staff had the skills, knowledge and experience to keep them safe and protect them from harm.

Good



### Is the service effective?

The service was effective.

People felt that staff who supported them were well trained and supported. They told us that they had support to access different health professionals as needed.

Good



### Is the service caring?

The service was caring.

People said that staff treated them with dignity and respect and supported them in a kind and caring way.

People were involved in planning and reviewing their care and were able to make any suggestions about their care at any time with the staff and the registered manager.

Good



### Is the service responsive?

The service was responsive.

Staff responded to people's needs and when their needs changed the staff worked with other professionals to ensure that their needs continued to be met.

People said that they were able to raise concerns and they were listened and responded to.

Good



### Is the service well-led?

The service was well led.

People said the registered manager and staff took time to make sure people were happy and felt able to raise any issues. People felt that the registered manager would resolve any issues quickly if needed.

Staff felt well supported and motivated and spoke about the encouragement they received to provide a good quality service.

Good



# Agincare UK Leominster

## 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding. We refer to these as statutory notifications and providers are required to notify us about these events.

This was an announced inspection which took place on 25 August 2015 by two inspectors. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding. We refer to these as notifications and providers are required to notify us about these events.

As part of our planning for the inspections we asked the local authority if they had any information to share with us about the care provided by the service.

We spoke with nine people who used the service, six relatives, five care staff, the care co-ordinator and the registered manager.

We looked at the risk assessments and specific care plans care records for four people and looked at records relevant to the quality monitoring of the service.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe and had consistent support from staff that knew them well and who they liked. They told us they knew who to contact and were encouraged by staff to ring the office if they had any concerns. One person said, “Anytime I am worried I can just pick up the phone and call the office. I even have the out of hour’s number. It makes me feel safe.” Staff were able to tell us about what to look for and how to deal with abuse. They were able to tell us who they would contact if they had any safeguarding concerns. The registered manager also had a good understanding of their responsibilities to identify and report potential abuse under local safeguarding procedures.

People told us that staff explained to them about risks and were confident that if staff felt that risks were changing they would get support from the manager and any other professionals involved to update the risk assessments. For example we saw in a person’s care records where a risk assessment had been updated to reflect changes to a person’s home environment after staff found them in a state of anxiety. Staff had spoken with the person, identified the cause of the anxiety with the person and contacted the relevant authority. We spoke with this person and they told us, “They [staff] are golden. As soon as I told them I was worried they did something about it. I feel that they want me to feel safe.”

People told us that they had support from regular staff and that if staff were off there was adequate cover to make sure

calls were not missed. One person said, “A while ago I had the occasional missed call, but now they have a system where they call me. Calls are now covered a lot better.” Another person said, “They are reliable, occasionally a few minutes late but not often.” The registered manager told us that they would always be able to arrange cover at short notice even if it meant the manager going out. Further adding that they had not had a situation where a call was missed. Staff told us that during the visits they had time chat with people to make sure they were well.

Staff told us that there were checks in place before they started working for the service. This included reference checks of previous employment and checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The registered manager told us the importance of checking the suitability of potential new staff before they commenced delivering care and support.

People told us that if they needed support with their medicines this was done consistently and safely. Some people we spoke with told us they needed support from care staff when taking their medicines. One person told us, “They help me with my medicines.” We discussed with staff about the support they gave around people’s medicines. They told us that there were clear procedures for supporting people with their medicines and all staff had medicine training. When people have been supported with their medicines this was recorded in the person’s care records.

# Is the service effective?

## Our findings

People told us that staff had the skills and knowledge to meet their needs. One person told us, “The carers know how to help me and they are good at what they do.” A relative said, “The staff are absolutely brilliant at what they do.” Staff told us that they received sufficient training to enable them to effectively meet people’s needs. Some staff had requested to do additional training and they were completing this. One staff member said, “The training definitely has a positive impact on what you do.” One example was to meet the needs of a person with diabetes. One staff member told us about how through support and training they have understood about managing anxiety. Another staff member told us how the dementia training had made them, “Think and reflect. It definitely helps me with my job.” New staff told us that they had induction training and shadowed the first few visits. One member of staff said, “It has helped me understand the job and given me confidence. The training has left me ready to work.”

People told us that they always felt their needs were met by the staff. They felt that the support they had was what they expected and reflected what was in their care plans. We saw that the care plans were detailed and staff told us that they felt the care plans reflected the care they gave. We asked staff about some of the health needs of the people who used the service. All the staff we spoke with had knowledge of the needs of the people who used the service. Staff were able to tell us about how they managed some of the people’s more complex health needs.

People told us that staff always respected their wishes. Some people told about examples where people had requested changes to the support they were receiving and they felt that their wishes were listened to. We also discussed about what needed to happen if a person did not have the capacity to make choices. Staff were able to explain about best interest meetings and the principles of the Mental Capacity Act 2005 (MCA). This demonstrated that staff understood about consent and supporting people with their choices.

People said that they were happy with the support they received around their mealtimes. One person said, “They help me get my food ready. They are very good at making sure I have enough to eat and drink.” Staff told us about the importance of making sure that people had access to food and drinks when they left. Staff told us that if they had any concerns about a change with a person’s eating or any weight loss, they would discuss it with the person first and then they may if the person wishes support them to access other health professionals.

People told us that staff supported them to keep well and where needed staff would support them with their health appointments. People told us about times when the staff had arranged a doctor’s appointment at short notice because of concerns. One relative said, “They [staff] are an extra pair of eyes and ears. I would have full confidence that if they had any worries they would contact the doctor and also contact me.” The registered manager told us about how it was important to pick up on how people are feeling and get them support to keep well if they needed it.

# Is the service caring?

## Our findings

People told us that they had good relationships with the staff that supported them. One person said, “The staff are great. They bring a human side to caring which is what I like.” A relative said, “They are like family. The staff are very kind and supportive.” The staff we spoke fondly of the people that they provided support for.

People said that they felt involved in their care. One person said, “It’s the little things that are sometimes important. They check that I am happy with what is being written in my care plans. That’s what is important.” Another person told us, “You are made to feel at the centre of it all. You have the staff’s full attention and they listen and involve you.” Staff said that person centred care was the most important aspect. One staff member said, “Treat people as you would like to be treated. Being individual is central to it all.”

People told us that they were always treated with dignity and respect by staff. One person told us, “You are not deskilled, just given a little bit of help. I feel I am respected.” Staff explained to us the importance of treating people with dignity and respect. Staff told us about how they respected

people’s individuality and how getting to know how to address someone as they wanted was important. One staff member said, “For some people it is important to maintain a more formal way of speaking with someone. Yet for others they feel better with a more relaxed style of communication. It’s knowing the individual.” The registered manager told us about how they are going to asking for staff to volunteer to become dignity champions. We asked the registered manager what their thoughts were on the role of a dignity champion. They told us it would be staff that would have additional training and look at supporting staff to maintain dignity in what they do.

People we spoke with knew about their care records. People told us that staff took time to explain what they were going to do when they visited. They all felt that staff communicated well and that they were able to be actively involved in their care. We saw in people’s care records that they were signed by people they belonged to where possible, and that their views had been recorded in care reviews. The care records that we looked at included information directly from the person receiving the care including their likes and dislikes. Staff told us that in all the assessments and care plans the person is at the centre of it all.

# Is the service responsive?

## Our findings

People told us that the care was centred on their individual needs. One person told us, “Day to day the routine can change. But it is always my choice.” A relative said, “Staff know that sometimes [person] changes their mind. Staff listen and respect this.” We saw an example of this in a person’s care records where they had requested a change to the time that staff visited. The time had been changed in line with their wishes. We could see in the care records where care routines and tasks had been altered so that they could remain individually tailored to what the person wanted.

People told us that if their needs changed the care and support they received was reviewed with the care co-ordinator and themselves to make sure it was still responsive to their care needs. One person said, “I am always involved in reviewing my care.” Another said, “I feel that the staff are aware of any changes to my health and respond quickly.” We asked people what involvement they had in any changes. They told us that they were always consulted and part of any decisions made about the support they received. Staff told us that care needed to reflect people’s own personal needs. One staff member said, “We need to make sure the support we give is up to

date with the person’s current health needs.” Staff told us that they felt the senior staff and management were quick to respond and organised care reviews when they were needed.

People told us that they felt staff responded quickly if their health needs suddenly changed. We heard about examples where an appointment with the doctor had been made following it being requested by the person, also where other health professionals had become involved. People told us that they were aware when staff were arranging the appointments, and they all said that they were always involved. People felt that when their needs changed they were involved in the care reviews and any changes that were made to their support. Care records showed that the service maintained close links with other professionals and made referrals at times when appropriate.

People told us that they felt they could raise any concerns or complaints. All the people we spoke with knew who the registered manager was and felt comfortable to raise concerns with them or the staff. We spoke with the registered manager about the handling of concerns and complaints. Although they had not received any recent complaints we could see that there was a system in place to respond and investigate concerns appropriately. We could see where changes had been made to staff policies following a concern that had been raised by a member of staff. People felt confident that any concerns or complaints would be listened to and dealt with appropriately.



# Is the service well-led?

## Our findings

People told us that they felt management were approachable and available to speak to if they needed them. They told us that they were happy that staff could be relied upon to listen and action any concerns. Staff told us that support was available and that they were able to go into the office and speak with senior staff or the registered manager if they wanted. One staff member said, “The seniors and the manager are all available if you are struggling.” Another staff member said, “We have [registered manager] number and he is contactable at any time. It makes you feel supported.” Staff felt that they could go to the registered manager about any concerns and that they felt they would be listened to. Staff were also aware of the whistle blowing policy and who to contact if they had concerns about people’s safety. There was a clear management structure and out of hours on call system to support people and staff on a daily basis.

The senior staff had started to do spot checks where they would go out unannounced to a visit that staff were attending, observe the care and also ask the person if there were any concerns. The registered manager told us that this was a way of making sure staff were continuing to meet people’s needs as planned and to also give the staff and the person receiving support the opportunity to talk about the quality of the care and make sure people are happy with their care. The staff we spoke with felt this was positive as it provided reassurance to the registered manager that

staff were doing what was expected of them. The manager said they felt this gave them a regular oversight of the quality of care that people were receiving. One person said, “I occasionally see the manager, it can be when they come to see how things are. This is reassuring to me.” Staff told us that they felt this gave them a chance of showing the management that what they were doing was right. One member of staff said, “It gives an opportunity to shine.”

Staff we spoke with felt the service was well led and they felt involved in the running of the service. A staff member told us, “We all feel some ownership of where this service is going. It improves all of the time.” The registered manager told us that they had regular staff meetings although due to the geographical spread of the staff it was not always possible to gather all staff together at one time. The registered manager told us they had a monthly newsletter circulated to staff to address this. This briefed staff on what was currently happening in the service and also gives staff the opportunity to feedback anything to the registered manager or provider. One staff member said, “This keeps me up to date and I can just discuss anything on there with my manager.”

We asked the staff and the registered manager about their vision for the service. The registered manager told us it was to be ‘the go to’ service in the area. Staff told us it was to provide care that was the best in the area. This was supported by the people that we spoke with and by what was written in people’s care records.