Agincare UK Limited

Agincare UK Andover

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 was announced and took place on 14, 15 and 16 June 2016. At the last inspection on 20, 22 and 28 October 2015, we found that the provider had breached seven regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA 2014).

We told the provider they needed to take action and we received a report setting out the action they would take to meet the regulations. At this inspection we found that improvements had been made with regard to each of the breaches identified. However more time was needed to ensure that the processes put in place to support the safe record keeping of medicines were effective and sustainable.

Agincare UK Andover (Agincare) is a domiciliary care agency which provides personal care and support to people who live in their own homes in Andover and the immediate surrounding areas. Agincare also offer additional services such as 'Take a break', which allows people's family and full time care staff a short period of rest, as well as companionship services such as assisting with shopping. This inspection focused on the provision of personal care and did not review the 'take a break' and companionship services as these are not activities which are regulated by the Care Quality Commission (CQC).

People who received this service included those living with dementia, people with medical conditions such as multiple sclerosis and those suffering physical impairments due to their medical condition. At the time of the inspection Agincare was providing a range of support services to 76 people of which 50 people were receiving personal care.

Agincare had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the HSCA 2014 and associated Regulations about how the service is run. The registered manager had joined the service at the end of February 2016 and had taken positive steps to improve the quality of the service provided.

People's Medication Administration Records (MARs) had not always been completed fully. As a result it could not always be easily identified whether people had received their medicines at the correct time and as prescribed. The registered manager was aware of the incorrect completion of the MARs and had taken appropriate steps to address this concern and we could see that improvements had been made.

People were protected from unsafe administration of their medicines because staff were trained effectively. Staff had completed mandatory training to ensure they could prompt people to take their medicines where required and where they administered people's medicines this was carried out safely. Staff skills in medicines administration were reviewed on an annual basis by trained senior members of staff to ensure they remained competent.

People using the service and their relatives told us they felt safe. Staff understood and followed guidance to

enable them to recognise and address any safeguarding concerns about people.

People's safety was promoted because risks that may cause them harm in their own home had been identified and were managed appropriately. People were supported by staff who encouraged them to remain independent. Appropriate risk assessments were in place to keep people safe.

Thorough recruitment procedures were completed to ensure people were protected from the employment of unsuitable staff. Induction training for new staff was followed by a period of time working with experienced colleagues. This ensured staff had the skills and confidence required to support people safely. There was sufficient staff employed to ensure that people's individual needs were met.

Contingency plans were in place to ensure the safe delivery of care in the event of adverse situations which could affect service delivery and to protect the loss of people's information if a fire or flood affected the main office. These included plans to ensure the continuity of care for people should staff be unavailable due to an outbreak of sickness. Office staff were appropriately trained and available to be deployed to deliver care if staff reported in sick.

People were supported by staff to make their own decisions. Staff were knowledgeable about the actions to take to ensure they met the requirements of the Mental Capacity Act 2005. The service worked with people, relatives and social care professionals when required to assess people's capacity to make specific decisions regarding their care. Staff sought people's consent before delivering care and support.

Where required, people were supported to eat and drink enough to maintain their nutritional and hydration needs. Records showed that people's food and drinks preferences were documented in their care plans and understood by staff.

People's health needs were met as staff and the registered manager promptly engaged with other healthcare agencies and professionals to ensure people's identified health care needs were met and to maintain people's safety and welfare.

Staff demonstrated they knew and understood the needs of the people they were supporting. People told us they were happy with the care provided. Staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times. People were encouraged and supported by staff to make choices about their care which included making any changes they required to their documented care plan at each visit.

People had care plans which were personalised to their needs and wishes. These were in the process of being updated to ensure that they contained detailed information to assist staff to provide care in a manner that respected each person's individual requirements. Relatives and those with the legal authority to make decisions on people's behalf were encouraged to be involved at the care planning stage, during regular reviews and when their family member's health and care needs changed.

People knew how to complain and told us they would do so if required. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way. People and relatives were encouraged to provide feedback on the quality of the service during regular telephone quality assurance checks.

Care workers were not always able to recognise the provider's values. However all staff were able to demonstrate that they understood the values of the registered manager to provide good quality, respectful,

safe care which protected people's dignity and promoted people's independence. People told us that these values were evidenced in the way that care was delivered.

The registered manager, office and care staff promoted a culture which focused on providing individual person centred care. People were assisted by staff who were encouraged to raise any concerns associated with their role with the registered manager. Staff told us they felt supported by the office staff, senior staff and their colleagues and were able to seek advice whenever required.

The registered manager provided positive leadership which instilled confidence in staff and people using the service. The registered manager had informed the CQC of notifiable incidents which occurred at the service, allowing the CQC to monitor that appropriate action was taken to keep people safe.

The provider carried out regular monitoring to assess the quality of the service being delivered and saw this as an opportunity to improve wherever possible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were administered by trained staff whose competency was regularly assessed by the registered manager. Medication Administration Records had not been always completed fully, however the registered manager had taken action and we could see improvements had been made. However more time was required to ensure these improvements were sustainable.

People were safeguarded from the risk of abuse. Staff were trained to protect people from abuse and knew how to report any concerns.

There was a thorough recruitment process in place. Staff had undergone relevant pre-employment checks to ensure their suitability to deliver people's care.

Contingency plans were in place to cover unforeseen events such as a fire at the office where people's records were kept, or in the event of large scale staff sickness, to ensure continuity of care for people.

Is the service effective?

Good

The service was effective.

People were supported by staff who completed specific training in how best to meet their needs and wishes.

People were supported by staff who demonstrated they understood the principles of the Mental Capacity Act (MCA) 2005.

People were supported to make their own decisions and if people lacked the capacity to do so, staff were able to demonstrate that they would comply with the legal requirements of the MCA.

Where required, people were supported to eat and drink enough to maintain their nutritional and hydration needs.

People were supported by staff who were able to demonstrate

when they would assist people to seek healthcare advice.

Is the service caring?

Good

The service was caring.

People told us the staff were caring. Staff developed positive, trusting and friendly relationships with people.

People, their relatives and those with a legal authority to do so were involved in creating peoples care plan. This ensured people's needs and preferences were taken into account and respected.

People received care which was respectful of their right to privacy whilst maintaining their safety and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs had been appropriately assessed by the registered manager or senior staff prior to care delivery. Care plan reviews were completed regularly and additional care plan reviews were completed when people's needs changed to ensure they remained current.

People were encouraged to make choices about their care and staff encouraged people to participate in activities to prevent them from experiencing social isolation.

There were processes in place to enable people to raise any issue or concerns they had about the service. Any issues, when raised, had been responded to in an appropriate and timely manner.

People's views and opinions on how to improve the quality of the care provided was routinely and regularly sought.

Is the service well-led?

Good

The service was well led.

The registered manager was new to the service and had implemented positive changes in the quality of service delivered.

The registered manager and senior staff promoted a culture which placed the emphasis on care delivery that was respectful, delivered by staff who felt they were caring for their own relative and which promoted people's independence.

Staff were aware of the responsibilities of their role and felt supported by the registered manager. Staff told us they were able to raise concerns with the registered manager. People and staff told us they felt the registered manager provided good and strong leadership.

The registered manager and provider regularly monitored the service provided. This was to identify where any potential improvements could be made to increase the quality of the service people received.

Agincare UK Andover

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 function. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014.

The registered manager was given 48 hours' notice of the inspection as we needed to be sure that the people and care staff would be available to be spoken with. This inspection was conducted by two Adult Social Care Inspectors.

Before the inspection we looked at the previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We did not request a Provider Information Return (PIR) from this provider prior to the inspection. This is a form which asks the provider to give some key information about the service, what the service does well, and what improvements they plan to make. We reviewed this information as part of our inspection

During the inspection we spoke with four people, visited an additional two people in their homes, spoke with four relatives, a private carer not employed by the provider, office staff including the care coordinator, administrator, field care supervisor, the registered manager, a senior member of care staff and five members of care staff. We looked at 12 care plans and daily care notes detailing the care provided to six people. We viewed five care staff recruitment files which included supervision and training records. We reviewed computer systems in place to document, monitor and record staff booking in and out of people's addresses for care delivery calls. We reviewed other documents involved in managing the service which included staff training details, quality assurance audits, service improvement action plans, six people's medicines administration records (MARS), the provider's policies and procedures, quality control audits and complaints and compliments.

Requires Improvement

Is the service safe?

Our findings

At our last inspection of the service in October 2015 we found the service was not fully meeting the legal requirements relating to a number of Regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 (HSCA 2014) The provider had not ensured that sufficient numbers of staff were deployed to be able to meet people's needs safely, which was a breach of Regulation 18 (staffing). The provider had not ensured that appropriate systems were in place to identify risks to people's health, safety and welfare due to missed care visits, which was a breach of Regulation 17 (good governance) of the HSCA 2014. The provider had not followed robust recruitment procedures to ensure staff employed were of suitable experience and character, this was a breach of Regulation 19 (fit and proper persons). These breaches also included not protecting people from the risk of personal physical harm during care delivery, which was a breach of Regulation12 (safe care and treatment).

At this inspection we found that the provider had followed the action plan they had implemented to address the shortfalls in relation to the breaches described above and to meet the requirement of the regulations.

However at the inspection in October 2015 we also identified that the provider did not ensure that accurate, complete and contemporaneous medication administration records (MAR) were kept, which was a breach of Regulation 17 (good governance). At this inspection we found that improvements had been made, however this work was on-going and required time to ensure its effectiveness.

The provider did not yet have appropriate arrangements in place for the accurate recording of safe administration of medicines. Records did not always accurately show whether people had taken their medicines despite staff receiving medication training and being subject to competency assessments. A number of people's MARs were viewed for a period of four months which identified that it could not always be established if people had received their medication as prescribed. These people's daily care notes recorded that they had received their medicine; however this had not been recorded on the correct documentation. This presented a risk that if staff did not refer to people's daily care records to identify whether or not they had received their medication people were at risk of receiving an additional dose of medicine which had not been prescribed.

The registered manager had recently joined the service and had already identified that MAR documentation was not being competed accurately. They had already taken steps to ensure staff were accurately and contemporaneously completing people's MARs. This involved additional and refresher training for staff, regular stringent audits of the MARs, providing regular feedback to staff on the results of the audits and actions to take, and, where necessary, disciplinary action. We could see that each month there had been a continual improvement since the registered manager had taken their position. Records identified no gaps in the MARs viewed for June. However the processes implemented needed time to demonstrate that they were effective and sustainable.

People were happy with the support they received with their medicines. Staff involved in prompting and administering medicine received the provider's additional training to ensure they did so safely. Staff were

also subject to annual competency assessments to ensure medicines were administered safely. Where it could not be evidenced that staff competency had been achieved, additional training was provided and staff's practice was observed until they were deemed to be competent to administer medicines safely.

All the people we spoke with told us they felt safe with the staff who provided their support, one person told us, "I feel totally safe when they (staff) are in my home". Another person told us that they felt safe whilst they were being supported with their moving and handling needs "I have total confidence in the carers for helping me with this". Relatives we spoke with also said they felt their family members were safe, one relative told us, "We have complete faith with the carers from the agency".

Staff were able to demonstrate their awareness of what actions and behaviours would constitute abuse and provided examples of the types of abuse people could experience. Staff were knowledgeable about their responsibilities when reporting safeguarding concerns. A safeguarding alert is a concern, suspicion or allegation of potential abuse or harm or neglect which is raised by anybody working with people in a social care setting. The provider's safeguarding policy provided information about preventing abuse, recognising signs of abuse and how to report concerns. Staff received training in safeguarding vulnerable adults and were required to repeat this on a yearly basis. People were protected from the risks of abuse because staff understood the signs of abuse and the actions they should take if they identified these.

At our previous inspection in October 2015 we could not see that people had risk assessments in place which provided suitable guidance to staff on the actions to take to mitigate the risk of harm during delivery of care. We found during this inspection risks to people's health and wellbeing were identified and the appropriate guidance provided to staff to manage these risks safely. All people's care plans included their assessed areas of risk which included those associated with moving and handling and environmental risks. Environmental risks included information regarding slips, trips or fall risks in their homes. Risk assessments included information about action to be taken by staff to minimise the possibility of harm occurring to people. For example, one person using the service was at risk of injury whilst being moved due to their medical condition. Information was detailed in this person's care plan which provided guidance to staff about how to assist this person to move safely around their home. This was in order to prevent injury and resulting deterioration of the person's physical health. Staff knew the particular risks associated with the people they supported and were able to discuss how they would care for people safely.

Accidents and incidents were documented thoroughly and actions taken to prevent reoccurrences. These were reviewed by the registered manager and actions taken where appropriate to prevent a reoccurrence. One person had suffered a fall whilst moving around their home to answer the door. This fall was documented appropriately and we could see that the appropriate action was taken to document the circumstances leading to the incident. A further falls risk assessment was completed the same day with an action plan to prevent the incident reoccurring. Accidents and incidents were reviewed and where possible appropriate action taken to minimise the risk of a similar incident occurring again.

At our previous inspection in October 2015 we found that the provider did not ensure that staff had always provided a full employment history to ensure their suitability for the role. During this this inspection we found that detailed recruitment procedures were completed to ensure people were assisted by staff with appropriate experience and who were of suitable character. Staff had undergone detailed recruitment checks as part of their application and these were documented. These records included evidence of good conduct from previous employers, as well as experience and education in the health and social care environment.

Recruitment checks also included a Disclosure and Barring Service (DBS) check. The DBS helps employers

make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. People were kept safe as they were supported by staff who had been assessed as suitable for the role.

There were contingency plans in place to ensure the continuation of the service in the event of an untoward event such as a fire or power loss in the main office. People's personal records were electronically and securely stored in the office and at an external site. This meant that in the event of an adverse situation affecting the office the registered manager and office staff would be able to access this information remotely. These processes ensured people's information was readily available if required. Staff always had access to the most current information on how to best support people to stay safe. In the event of widespread staff sickness, office staff and the registered manager were suitably trained in the delivery of people's care and were able to be deployed in order to meet people's needs. This plan allowed for people to continue receiving the care that they required at the time it was needed.

At our inspection in October 2015 the provider did not ensure that there were sufficient numbers of staff available to keep people safe. We saw during this inspection that significant improvements had been made to ensure there were sufficient staff to be able to meet people's needs in a timely manner.

Records showed that office staff were responsible for creating the programme of care delivery on a weekly basis. Where shortfalls were identified, due to care staffs' annual leave or sickness, other care staff were able to provide cover to make sure people received their care. The office staff and registered manager were also in a position to provide personal care if required. The provider used a computer system which was monitored throughout office hours to ensure that staff were meeting people's needs in a timely manner.

When staff were more than 15 minutes late to a care delivery appointment the office staff would be immediately notified and would make enquiries. They would then contact people and inform them of any delay. One person told us, "They (office staff) now ring me if they are running late, which they never used to do".

This computer system also advised if there were any missed calls. When these had occurred, full investigations had been conducted to ensure they were not repeated. Actions were taken and we could see they were operational at the time of the inspection. On one occasion office staff had not ensured that all the care delivery visits had been transferred to the correct computer system responsible for allocating staff. As a result a person did not receive their night time care to assist them to bed and had suffered a fall resulting in bruising. The computer had not alerted the on call phone that this visit had not been completed as this visit had not been transferred. This incident been appropriately reported to the local authority, the Care Quality Commission and the persons' family and we saw appropriate action had been taken to prevent reoccurrence. Staff were subject to supervision and office staff were required to double check daily that all care delivery visits had been transferred to the computer system and staff allocated accordingly. Out of office hours when care delivery calls were running late or at risk of being missed the computer system would alert the on call phone. This alert allowed the on call person to call the relevant staff member to ensure they were able to complete their care delivery calls. If not, alternative staff were sourced to complete the call. This meant that systems were in place to support people to receive their care delivery at the time they needed. If people were at risk of missing a care delivery call alternative staff would be immediate sought to support people safely.

Good

Is the service effective?

Our findings

The relatives we spoke with were positive about the staff and their ability to meet their loved one's care needs. Relatives said that they felt staff were well trained and had sufficient knowledge and skills to deliver care. One relative told us, "They (staff) do seem to know exactly what they're doing, we're quite happy with that".

New staff received an effective induction into their role with Agincare. This induction included a period of shadowing to ensure they were competent and confident before supporting people. Shadowing is where new staff are partnered with an experienced member of staff as they perform their role. This allows new staff to see what is expected of them. Staff were able to request additional staff shadowing until they were confident to perform their role effectively.

New staff were required to complete the Care Certificate induction standards as part of their core training. These are nationally recognised standards of care which care staff need to meet before they can safely work unsupervised. The registered manager was keen to ensure that all staff received the same training and had the same knowledge. Therefore existing and long standing members of staff were also required to complete the Care Certificate induction standards over a period of 12 weeks. The provider had also identified additional courses that had to be completed by care staff during their induction period prior to commencing working with people. These included training in moving and handling, medication, infection control and training on the Mental Capacity Act 2005.

All staff were subject to observation in their roles by senior staff to ensure they remained competent to deliver effective care. This involved covering a number of key aspects of care delivery including the use of equipment used during care delivery, moving and handling training, medicines awareness and infection control. Where more specific training was required this was sought and made available by the provider. One relative told us they had been invited to become involved in training staff in the particular medical needs of their family member. This had been an informative training session which staff had found useful in their care delivery role. The registered manager was keen for the service to specialise in a number of key areas and had already additional training to allow staff to support people with a variety of varying health needs and diagnoses.

People were assisted by staff who received support in their role. There were documented processes in place to supervise and appraise staff to ensure they were meeting the requirements of their role. Supervisions and appraisals are processes which offer support, assurance and learning to help staff develop in their role. The provider's policy stated that all employees were to receive a minimum of four formal supervision sessions a year. Supervisions and appraisals are processes which offer support, assurance and learning to help care staff develop in their role. However the registered manager was keen that staff were offered opportunities to express their views and raise any concerns in a timely manner and was therefore in the process of ensuring all staff received monthly supervisions. The registered manager acknowledged that not all staff had recently received their monthly supervisions since she had joined Agincare however plans were in place and records showed that staff would be receiving these. These supervisions took place through a variety of methods

including observations of people's work and face to face meetings. Staff told us they were able to speak to senior staff, office staff and the registered manager at any time if they required additional support. Formal and informal supervisions were in place so that staff received the most relevant and current guidance and support to enable them to conduct their role effectively.

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.

We checked whether the service was working within the principles of the MCA. The registered manager told us that if concerns were raised regarding the ability of people to make specific decisions about their care they would seek external healthcare professional advice. All staff we spoke with were able to demonstrate that they would comply with the MCA 2005 where required.

Staff were able to discuss the importance of giving people choice in the care they received. Where people required additional support to make decisions due to a lack of capacity, staff involved friends and family with a Power of Attorney (POA). A person who has been provided with POA is there to make decisions for people when they are unable to do so for themselves. Staff were able to evidence that they supported people with making decisions about their day to day care and routine.

Consent to care and care plans were agreed with the person's relative or nominated person such as those with a POA. People told us that staff always asked for their consent prior to care delivery. One person told us, "Yes they do always ask. (for consent)…a rather young man came one day and he stood at the door and asked would I mind if he came in and did my care…it was very nice".

People we spoke with were able to provide their own meals or received assistance with food preparation from staff. Care plans had details of people's favourite food and drink to help staff ensure that when assisting people to eat they had a choice of the food they most liked. One relative told us staff ensured their family member had sufficient drink available, "They (staff) make her a flask each time and leave it with (at) the side of her". This relative said that their family member did not always drink a lot which could have paced them at risk of suffering dehydration and associated health related issues. Staff were aware of the importance of encouraging people to meet their hydration needs and took steps to ensure fluids were readily available for them.

Care plans detailed people's special dietary or food needs and how these were managed. For example, it was documented that one person was prone to suffering from urinary tract infections as a result of not drinking sufficiently to be able to meet their hydration needs. Guidance was provided for staff that this person should be encouraged and prompted to drink regularly to meet their needs. The registered manager had identified that staff did not always know how to make basic breakfast items such as scrambled eggs and porridge. As a result she had produced recipes which were in people's care plans to ensure staff had step by step guidance to prepare meals where required. People were supported by staff to ensure that their nutritional and hydration needs were met.

Staff were available to identify and assist in arranging access to healthcare professionals for people when required. Most people receiving care from the service were able to manage their own healthcare needs with the help of friends and family. Staff however were able to identify when people needed additional assistance and acted proactively to ensure this need was met.

One member of staff identified during a care delivery visit that a person had a cut on their leg which had been caused by their pet. Staff immediately sought guidance and support from the local District Nurse. People were supported to seek healthcare advice when required.

Good

Is the service caring?

Our findings

All the people we spoke with said they felt that the staff were caring in their approach. One person told us, "I have built up good relationships with my regular carers and found them to be 'one of the family'". Another person told us, "I would not be able to find any better carers then the ones I get, they are amazing". A relative told us that staff showed they were caring by the way they talked to their family member and were "Happy and smiley and approach her very well".

Positive and caring relationships had been developed by staff with people. People were provided with care staff to support them in line with their personal preferences which included male or female staff. People were able to change the staff who delivered their care when required without delay. This was supported by the use of the provider's computer system which allowed office staff to note when people had not been able to build a rapport with members of staff. This system then would not allow the rostering of care visits between people and staff they did not wish to see.

Staff evidenced that they cared for people's emotional as well as physical wellbeing. Records showed when one person had fallen during a care delivery visit, immediate medical assistance was sought, however the person did not wish to go to hospital as they did not have any family and did not want to go alone. The member of staff encouraged this person to visit the hospital and was able to persuade them to attend to seek medical assistance. The member of staff remained with them so they had companionship whilst they were in hospital then made sure they returned home safely. This member of staff told us, "I treat people exactly how I would treat my own family member…if that was my grandmother and she had nobody with her I wouldn't like it". Staff took a genuine and caring interest when supporting people.

People's care plans were written in a person centred way. Person centred is a way of ensuring that care is focused on the needs and wishes of the individual. People's care plans included information about what was important to them such as their previous employment, how people wished to be addressed and what help they required to support them. Staff and the registered manager showed a detailed knowledge of people's interests, preferences and hobbies. People were supported by staff who were caring in their approach and had taken time to get to know them as an individual.

People who were distressed or upset were supported by staff who could recognise and respond appropriately to their needs. Staff knew how to comfort people who were in distress. A member of staff described how one person's health needs meant they could often become upset. The member of staff told us how they would react to this person's distress appropriately. This involved offering reassurance by talking to them in a positive way until they were no longer upset.

People were supported to express their views and to be involved in making decisions about their care and support. Records showed people and their relatives were regularly asked if the care they were receiving was meeting their needs or if changes were required. Staff were able to explain how they supported people to express their views and to make decisions about their day to day care. This included enabling people to have choices about what they would like to eat or the support they required during that visit.

People were treated with respect and had their privacy and dignity maintained at all times. Records detailed the actions to be taken by staff when assisting people with their personal care and dressing needs in order to maintain people's dignity. These were known by staff and people told us this guidance was being followed as they were offered privacy during personal care visits. People and relatives told us that they and their family members were treated with respect by staff. Staff offered examples where they would assist people with bathing but ensure that they were not left exposed, therefore providing care in a dignified fashion. One person told us, "I like that they (staff) always cover me with a towel when they help me do my showers".

Good

Is the service responsive?

Our findings

People we spoke with told us the staff took time to get to know them and treated them as individuals. People were also involved in creating their care plans and relatives were able to contribute to the assessment and planning of the care provided. One person told us, "I'm very involved in my care planning".

People's care needs had been fully assessed and documented by the registered manager and senior members of staff before they started receiving care. These assessments were undertaken in people's homes to identify their support needs and care plans were then developed outlining how those needs were to be met.

People's individual needs were routinely reviewed every 12 months and care plans provided the most current information for care workers to follow. People, care workers and relatives were encouraged to be involved in these reviews to ensure people received personalised care. Relatives with a POA to assist in the decision making process were informed when care plan reviews were happening to ensure they could be present. One relative with a POA told us "(their) care plan is reviewed every six months but I keep an eye on it and if there is any dramatic change I do something about it".

When it had been identified that there had been a change in people's health care needs this was recorded and actioned appropriately. Records demonstrated that staff had liaised with social services when concerns had been raised regarding one person's ability to make specific key decisions about their care. This was appropriately assessed and a more supportive care plan was put in place to ensure the person's health and safety in their own home. People were receiving care which was reviewed to ensure it remained relevant to their needs.

People's independence was supported wherever possible. This included allowing extra time for people to complete their tasks without assistance. One person told us, "Most carers are very patient with me as it does take me a long time to do things". Staff provided examples of how they would offer support and encouragement to people, allowing them to do as much as they were physically able, to meet their own personal care needs. One member of staff told us, "It's about encouraging them (people) to do what they can". Another member of staff identified where they had been able to take steps to ensure that one person was able to manage their meal time routines independently. It had been notified by staff that one person was not eating their breakfast cereal as per their preferences. The member of staff sought advice from the person's family and wrote a detailed description for the person on how to use the microwave. This allowed the person to warm their milk, which the member of staff had identified was their preference on their cereal, enabling them to conduct this task for themselves.

Staff realised the importance of encouraging people to participate in activities to remain active and independent. Care plans contained information regarding people's previous hobbies, likes and dislikes and staff understood this information. A member of staff evidenced that they would often encourage one person to walk around their garden. They knew from talking to the person that they enjoyed the outdoors but needed support to do this safely, which they were able to offer.

People were actively encouraged to give their views and raise any concerns or complaints. People and relatives told us they knew how to make a complaint and felt able to do so if required. People were confident they could speak to any member of staff or the registered manager to address any concerns. The registered manager was keen to instil in staff and people the need for open and honest communication. This was particularly important as care was being provided by staff in people's own homes.

The provider's complaints procedure had been made available in people's care plans and listed how people could complain. It included contact information for the provider and the Local Government Ombudsman (LGO). The LGO is an independent body of commissioners established to investigate complaints about councils and certain other bodies in England. Time scales for a response to complaints were also specified.

People told us they knew were to complain if required and that the registered manager would deal with their concerns effectively. One person told us, "If I had any problems I'd ring the office or call the on call phone. Others confirmed that they would be happy to speak with the office staff or registered manager if required.

The provider documented complaints in a complaints folder which was kept in the provider's main office. Complaints received since February 2016 were reviewed. These complaints included one from a person receiving a Take a Break service who had been advised they would no longer be able to receive the service. We saw that when complaints had been made they had been investigated by the registered manager or head office staff and responded to appropriately with action taken to prevent a reoccurrence of the original concern.

Good

Is the service well-led?

Our findings

The registered manager had started working at the service three months before our inspection. We could see they had put effective systems in place which monitored the quality of the service delivered. These systems had identified actions required to drive improvements. Records showed that continual improvements had been made as a result of these completed and continuing actions.
People we spoke with were confident in the registered manager's ability to manage the service and address concerns. People and relatives told us that they were happy with the quality of the service provided.

The provider and registered manager aimed to achieve a positive, respectful and open culture within the service and actively sought feedback from people living at the home, their friends and family. The registered manager's aims for the service were for care delivery to focus on supporting people's independence and valuing people and their lives. This was understood by staff who were able to clearly identify the purpose of their role and their responsibilities. Staff told us this was to deliver respectful and dignified care in a way that was to promote people's independence. Most people and relatives told us staff were displaying these values when delivering their care and most people were happy with the care provided.

The provider had a written set of aims and objectives for service delivery which was provided in people's service user guides. The aims included enabling people to remain as independent as possible, whilst staff supported people in a way which took into account their rights to dignity, privacy, confidentiality and being treated in a respectful manner at all times. At our previous inspection in October 2015 people had not always receiving care from staff who adhered to these care standards. However people said they had experienced a noticeable improvement in the way the agency was being led which was reflected in the care they were receiving. One relative told us, "It (care) was pretty dreadful when they started but it is getting better, there's a regular improvement, I think (due to) change in management to be perfectly honest". Another person told us "Things have definitely improved of the last few months, the new manager is certainly addressing previous problems".

The registered manager told us that she and office staff were always available to be spoken to by staff, people and relatives. One relative told us about regular coffee visits they were able to make to visit the registered manager and the office staff. As a result they felt the communication was much "More open" than it had been previously. Another relative confirmed this and told us, "The registered manager is very honest, very much so". Staff felt supported by the registered manager and told us they were able to walk into the office at any time if they wished to seek some additional advice. One member of staff told us that they gone to a care delivery call however had been asked to use a piece of continence equipment that they had been trained on but had not used in practice. They were unsure of how to manage the equipment safely so contacted the office for support. As a result of their call one of the senior care staff attended the call immediately and showed them how to handle and manage the equipment appropriately. This member of staff told us, "I'm in the office constantly…I'm supported as I'm constantly phoning the office, they always have the answers to my questions and I'm very happy with that".

The registered manager was able to evidence that they knew what was required of their role. Services that

provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The registered manager had submitted notifications to the CQC in an appropriate and timely manner in line with CQC guidance and regulations.

The quality of the service people experienced was monitored through care plan reviews, telephone customer service questionnaires and observations of staff in their roles by the registered manager and senior staff.

A range of different audits were completed in key areas including accidents/incidents, complaints, staff files, people's care plans and infection prevention and control. The provider also completed a three monthly regional manager's visit to ensure these audits were being conducted fully. The results of these quality assurance audits were used to identify where improvements could be made to the service provided.

A care plan audit was conducted on 9 May by the registered manager which identified that there was a very high (94%) completion rate of those care plans reviewed. This confirmed that care plans had been reviewed to ensure that they contained the correct and most up to date guidance available to staff on how to deliver care effectively. This was confirmed by what we saw during the inspection.

A medicines administration record (MAR) audit had also been conducted on 9 May which identified that there was a 49.5% completion rate of MARs across those viewed. This MAR audit identified the same areas for improvement as identified during this inspection. The audit looked at areas such as whether entries had been completed in ink so they could not be altered, if staff were signing to show where medicines had been prompted or delivered and whether the MAR chart contain special instructions for people who have prescribed 'as required' medicines. These are medicines such as such as analgesia for management of pain which people may not require every day.

As a result of this audit, urgent actions had been put into place to ensure that accurate medication recording was promoted. These actions included all staff repeating their medicines training and for care plans to include specific information regarding what medicines people were taking and why. This had a specified timescale for completion in August 2016.

We could see that the registered manager had already taken steps to improve the completion of MARs by arranging additional training for staff, providing additional information in people's care plans regarding the medicines they were taking, why and regularly completing audits.

We could see that there had been a continual improvement in the completion of MAR sheets since the registered manager had been in their role, however additional time was needed to show that these improvements were effective and sustainable.

Not all the people and relatives we spoke told us they had been asked to complete an annual telephone questionnaire to rate the quality of the service they or their relatives received. Records showed however, that these surveys were completed every month and involved at least ten people receiving the service each time. The last questionnaires had been completed in May 2016 and we could see that 17 people had been asked to provide their level of satisfaction in key areas. These key areas included whether people thought staff delivering their care were suitable, if staff arrived on time, if they were happy with the service they were receiving and if staff were delivering care in the way people requested.

Where people had raised areas where care delivery could be improved their views were listened to and

acted upon. For example, one person expressed that they did not always receive a weekly rota detailing who would be attending to deliver care. They also requested a change in their visit timings to better suit their needs. These comments and requests had been documented and appropriate action taken to respond accordingly. People documented that they were happy with the quality of the service received, with compliments including relatives thanking 'amazing' staff, relatives praising all Agincare staff and one relative writing, 'May we just say that the carers you have asked to call on (family member) are exceptionally good carers, polite, kind and professional'. The registered manager regularly completed customer service questionnaires to ensure the quality of the care delivered was of a continual high standard, and took action where required.