

Agrade Community Care Services Limited

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Inspection report

Unit 128, Coney Green Business Centre
Wingfield View, Clay Cross
Chesterfield
Derbyshire
S45 9JW

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Website: www.agradecare.co.uk/

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

About the service

Agrade Community Care Services Limited is a domiciliary service providing care for people within their own homes. At the time of our inspection there were 39 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People felt safe when staff supported them in their homes. The provider acted on concerns raised and informed other agencies where required. The risks to people's health and safety were assessed, monitored and reviewed to ensure people continued to receive safe care. There were enough staff in place to meet people's care needs. People's medicines were managed safely. Robust infection control and Covid-19 policies meant the risk of the spread of infection was reduced. The provider ensured staff learned from mistakes with increased training and supervision where needed.

People's needs were assessed prior to them receiving care to ensure their needs could be met. Staff were well trained and received supervision of their role and assessment of their competency. People were supported to maintain a healthy lifestyle and balanced diet. Staff worked in partnership with other health and social care professionals to provide timely and effective care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt staff were kind and caring and they were treated with respect and dignity. People's choices about their care were respected and acted on.

People received care that was personalised to their needs, choices and preferences. The provider ensured all documentation was provided in a format people could understand. People felt their complaints were handled appropriately. The provider responded to formal complaints in accordance with their complaints policy, although one formal complaint did not have a final written conclusion provided for the complainant.

Robust quality assurance processes were in place. These were monitored by the registered manager and made available to senior management to ensure that quality of care provision met the required standards. The registered manager was knowledgeable about the regulatory requirements of their role and they were supported by senior management to carry out their role effectively. People's feedback was used to drive continuous improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 11 April 2019).

Why we inspected

The inspection was prompted in part due to a safeguarding concern. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the 'Safe' section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Agrade Community Care Services Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Agrade Community Care Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience (EXE). An EXE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 August 2022 and ended on 23 August 2022. We visited the office location on

11 August 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service since registration. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with five people and 11 relatives by telephone. We spoke with or received responses to a questionnaire from 11 members of staff. This included, nine members of the care staff, registered manager and a director. The director was representing the provider during this inspection.

We reviewed a range of records. This included four people's care records, medication administration records and the daily notes recorded by care staff. We looked at staff files in relation to recruitment, supervision and training. We also viewed a variety of records relating to the management of the service, including policies and procedures and training records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received care that protected them from the risk of neglect and/or abuse and kept them safe.
- People and relatives told us they felt they, or their family members were protected from avoidable harm. A person said, "I do feel safe; they [staff] are very nice and friendly." A relative said, "My family member is definitely safe, I would have got rid of the agency if they had not met my standards."
- Staff knew how to report concerns about people's safety. The provider had ensured the relevant authorities were notified as required.
- The provider had the processes in place that ensured any allegations of improper care and/or abuse were investigated and acted on. A recent investigation had established that a staff member had not provided the appropriate required care for a person. This was dealt with by the provider and disciplinary action and retraining was given. Measures were in place to ensure that staff always provided suitable and safe care for people.

Assessing risk, safety monitoring and management

- The risks to people's safety were regularly assessed, their impact monitored, and changes were made to care and support needs to keep people safe.
- People and relatives told us they felt the care provided was done so safely.
- Care plans and risk assessments recorded the risks to people's safety and provided staff with guidance on how to provide care in a way that reduced the risk to people's health and safety. We saw individualised risk assessments in a number of areas such as medicine management, mobility and personal care.
- Environment risk assessments were in place to ensure people's homes were safe for staff when providing care. We did note that care records did not contain guidance on how to ensure people were safe in an emergency when staff were present. The registered manager told us they would address this.

Staffing and recruitment

- There were enough suitably trained and skilled staff in place to provide people with safe care.
- Most people and relatives told us calls were carried out on time, staff stayed the full of time and people were introduced to new staff before they commenced care.
- A relative told us new staff always came with another member of staff who was known to them and/or their family member. They found that reassuring.
- Robust recruitment procedures were in place. Safe recruitment decisions were made following checks on potential staff's criminal record, previous employment and education. This helped to keep people safe from inappropriate staff.

Using medicines safely

- People's medicines were managed safely.
- People who received support with their medicines from staff told us this was done safely. One person said, "They do support me, they give me my medication from my blister pack." (A blister pack is a way of separating and storing people's medicines to be administered at specific times and days).
- The risks associated with people's medicines had been assessed and measures put in place to support people in a safe, less restrictive and appropriate way.
- People's medicine administration records were completed and audited regularly to help to identify any errors. The records we looked at were appropriately completed and any errors had been identified during the auditing process. This has reduced the risk of medicine errors.

Preventing and controlling infection

- There were safe and effective measures in place to reduce the risk of the spread of infection and COVID-19.
- People told us staff wore gloves and aprons whilst carrying out personal care and continued to wear face masks. People told us they had felt safe and protected throughout the pandemic.
- The provider had the measures in place to prevent visitors to their office from catching and spreading infections.
- The provider told us they had supported staff and the people they cared for to access testing.
- The provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- When mistakes occurred, the provider ensured these were investigated and action taken to address any issues and reduce the risk to people's safety.
- Themes and trends were identified through a regular reviewing process. Where needed, care plans and risk assessments were amended to reflect changes to people's health and/or safety following an incident.
- The provider had an open and transparent approach to the reporting of incidents. Records showed relevant authorities were notified when incidents occurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs, and choices were assessed prior to them starting with the service to ensure they were able to receive the care they needed.
- The provider had policies and procedures in place that ensured people's protected characteristics were respected in accordance with the Equality Act 2010. This helped to reduce the risk of discrimination.

Staff support: induction, training, skills and experience

- People received care from competent, trained and experienced staff.
- People and relatives felt staff understood how to care for them. A relative said, "One of the new ones [staff] was shown what to do and after being shown a couple of times, they are now good at it [care]."
- Staff felt well trained and supported in carrying out their role. Career development was encouraged. Staff received regular supervision and their performance was regularly assessed. When support was needed to improve and/or develop performance, this was provided. This ensured people continued to receive effective care.

Supporting people to eat and drink enough to maintain a balanced diet

- People who needed support with meals were helped to eat and drink enough and maintain a balanced diet.
- One person who received support with their meals told us, "When the shopping arrives on Friday, we make a menu plan for the week."
- If people had health conditions that could be affected by the food and drink they consumed, care plans and risk assessments were in place to guide staff on how to support people and to reduce the risk to their health.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in collaboration with other health and social professionals to ensure people received consistent and timely care.
- This included acting on guidance provided by occupational therapists, social workers and dieticians.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access appointments with other healthcare services to enable them to lead healthier lives.
- People were encouraged to visit dentists, opticians and GP appointments. Support with attending those

meetings was provide by staff where required. Changes to people's health and safety were recorded by staff and acted on by management where required. This helped to ensure people continued to receive effective care.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had a good understanding of the Mental Capacity Act 2005.
- People's consent was always sought when receiving personal care. Where people lacked the capacity to consent to aspects of their personal care, the provider ensured the MCA was followed. This ensured people received personal care in a lawful way.
- Where people had appointed others to manage decisions about their health and welfare, the appropriate documentation had been recorded within their care records. This ensured only legally appropriate people were able to make those decisions.
- The registered manager was aware of the processes to follow should an application be made to the Court of Protection to restrict people's liberty within their own homes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated, staff treated them with respect and without discrimination.
- People told us they liked the staff, enjoyed their company and found them to be kind and caring. A relative said, "All that they do is kind and caring." Another relative said, "I think they are caring. [My family member] looks forward to seeing the staff. They seem to match them well in personality."
- People's care records included information about people's religious beliefs and other protected characteristics. Staff understood how to ensure that people were treated equally and were free to lead their lives in their chosen way.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to contribute to decisions about their care.
- People were offered a variety of ways to give their views about their care. This included face to face reviews, telephone conversations and discussions with staff. People felt staff acted on their wishes.
- The registered manager told us people were given an option of whether they would prefer a male or female member of staff to provide personal care. Most people we spoke with agreed they had been given the choice and this choice was respected.

Respecting and promoting people's privacy, dignity and independence

- People's independence was encouraged; their privacy was respected, and they received dignified care.
- A relative said, "[My family member] looks smart and is well dressed."
- The provider's most recent customer satisfaction survey reported that over 98% of people felt they received dignified care and were treated with respect.
- People's care records contained guidance for staff on each person's ability to undertake certain tasks for themselves and if support was needed, what level of support staff should provide. This included the support people needed with their personal care, making meals and mobility. This helped to ensure people's independence was encouraged with no unnecessary restrictions.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was tailored to their personal choices, needs and preferences.
- People and their relatives told us they had been involved with the agreeing the content of the care records prior to care commencing. Most told us reviews had taken place to ensure these remained relevant and up to date. A small number told us they would like a review of the care records to ensure the content remained relevant.
- People's care records were person-centred; they focused on people's individual wishes and needs and provided staff with sufficient guidance that ensured care was provided in people's preferred way. This included; the time people wanted their calls, the meals they wanted, their preferred time to go to bed and support they wanted with their personal care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had ensured steps had been taken to meet people's information and communication needs, complying with the Accessible Information Standard.
- For example, for people who may be visually impaired the provider used yellow paper for some staff rotas. Yellow colour on paper pads can be soothing to the eyes as the paper does not hurt the eyes under bright lights.
- Staff also sat and read care plans and other important documents to people who may be unable to read it themselves and who had no one else to support them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where needed, people were supported to follow their hobbies, to meet others and to maintain relationships with those that were important to them.
- One person said, "They do help me to do my Lego which is my hobby. They take me out sometimes and they will take me to appointments."
- People were supported to meet family and friends, visit local shops and amenities and to remain a part of their local community.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt complaints would be or have been handled appropriately.
- The provider had a policy in place that encouraged people to raise concerns and should a formal complaint be received, the registered manager understood how they should respond.
- We did note one formal complaint had been addressed via a phone call; no written conclusion/outcome was provided. The registered manager acknowledged a written response should have been provided, as per the provider's policy, and assured us they would do so for any future formal complaints.

End of life care and support

- End of life care and support was provided where needed.
- The provider had contracts with the local agencies and charities to provide end of life care. When staff were interviewed for care staff roles, they were asked if they would be willing to provide end of life. Training was provided for staff who wished to do so.
- A small, dedicated team of trained staff was available to provide end of life care. Staff were also permitted to attend people's funerals to offer support for families and to represent the provider. The registered manager was proud of the end of life care provided.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received good quality care and support. Staff supported people to achieve positive outcomes and to improve their quality of life.
- Most of the people and relatives we spoke with told us they were happy with the overall level of care and support provided. Most would recommend this service to others.
- One person said, "I have recommended them to a person who lived close by." A relative said, "Definitely. If I was not happy I would have changed agencies."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Care staff and management had a good understanding of their roles and how they contributed to the success of the service.
- The registered manager had a clear understanding of the regulatory requirements of their role. They were currently complying with these requirements. This included notifying the CQC and/or other agencies of incidents that could affect the running of the service and/or people's health and safety.
- Staff received regular updates that were relevant to their role. This included changes to company policy and procedures and updates on COVID-19.
- Staff had access to on-line learning materials and databases if they felt they needed extra guidance or learning in specific areas of care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Overall, people had a positive experience of the care provided and the support offered by office-based staff.
- Most people felt staff, including office-based staff listened to their views and acted on them.
- Staff felt able to give their views to an approachable manager who respected and welcomed their

feedback. A staff member said, "I do believe I can speak to the managers about anything."

- The provider's most recent customer satisfaction survey showed positive results in all areas for most people. Feedback was particularly strong in areas such as; 'dignified care', 'respect', 'staff friendliness' and 'keeping to scheduled rota'.
- Positive relationships between care staff, office-based staff and the people they cared for has resulted in a positive working environment and people being happy with the care received.

Continuous learning and improving care

- The auditing processes that were in place helped continuous learning and improvement of care.
- The registered manager received support from the provider to assess care plans, risk assessments, staff performance and competency. This enabled them to work with staff to aid continued learning and development with the ultimate aim of improving the quality of care people received.
- Staff spoken with understood what was required of them. They felt confident to carry out their role effectively, knowing they had the support of the registered manager.
- Regular supervisions and staff meetings were held to ensure that if there were any concerns with performance, this could be discussed directly with the staff member involved or to the staffing team.

Working in partnership with others

- Where required the provider worked in partnership with a variety of health and social care professionals from several different agencies. These included social workers, occupational therapists and GPs.
- Whether people received short-term or longer-term care, records showed dialogue with other professionals to ensure care was provided in accordance with people's changing needs.