

Agincare UK Limited

# Agincare Gloucester

## Inspection report

Unit 19.5 Highnam Business Centre  
Newent Road, Highnam  
Gloucester  
GL2 8DN

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10 November 2022

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Agincare Gloucester is a domiciliary care service providing the regulated activity of personal care. At the time of our inspection there were 9 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

Staff could access people's care records and record the care they delivered on the provider's new electronic care management system. However further time was needed to ensure people's support requirements were more detailed and centralised on the system. This would enable staff to have access to clear information on how to support people and manage their medicines. We have made a recommendation about how the provider uses and monitors their electronic systems to help them identify areas which may need further improvement.

Systems were in place to prevent people being harmed and to manage their personal risks. Staff understood the importance of reporting any safeguarding concerns or changes in people's health and well-being.

There were sufficient numbers of staff to support people. People told us staff were generally punctual. Staff were safely recruited, supported and trained to carry out their role. People told us staff were kind and attentive to their needs and support requirements. They told us their care was personalised and delivered in line with their choices and preferences.

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.

The views and feedback from staff and people who use the service was valued by the registered manager to help them drive improvements. Lessons were learnt and improvements were made when incidents occurred.

Representatives from the provider helped to support and monitor the service and address any concerns.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 4 October 2021 and this is the first inspection.

#### Why we inspected

This service had not been inspected since their registration; therefore, this inspection was also carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Agincare Gloucester

## 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 by 1 inspector.

#### 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' 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 10 November 2022 and ended on 14 November 2022. We visited the location's office/service on 10 November 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 received feedback from the local authority commissions and used information gathered as part of monitoring activity that took place on 11 August 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

### During the inspection

We spoke with 4 people who used the service about their experience of the care provided. We spoke with 4 members of staff, including the registered manager, area manager, care coordinator, field care supervisor and a care worker.

We reviewed a range of records. This included 4 people's care records and medication records. We looked at electronic staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had ensured systems and policies were in place to safeguard people from the risk of abuse.
- Safeguarding concerns were recorded and managed by the registered manager. Senior staff were aware of the action they should take in the absence of the registered manager.
- Staff had completed safeguarding training. They explained they would report any concerns or poor practice internally and whistle-blow externally if the registered manager did not take appropriate actions.
- People confirmed they felt safe being supported by staff. One person said "Oh definitely. I feel very safe with the carers. They are all lovely."

Assessing risk, safety monitoring and management; Using medicines safely

- People's needs, and any associated risks were assessed and monitored. Staff had a proactive approach in promoting people's level of independence where possible and to support people to manage and make decisions about their own risks.
- The service had processes in place to ensure people's prescribed medicines were mostly managed safely. Some people required support to manage their medicines by the service or jointly with other care providers.
- Staff were knowledgeable about the management of people's risks. This was confirmed by people who received their support. One person described how staff supported them and said, "They [staff] are spot on."
- Information about people's support requirements and medicines had been transferred to the provider's new electronic care management system which staff could access from their mobile phones. However more detail about staff's role in helping to mitigate people's personal risks in a centralised place on the care management system was needed. This would help to guide staff if they were unsure of people's support requirements.
- 'As required' and topical cream medicines protocols were not always in place to guide staff on when to administer people's 'as required' medicines and medicinal creams. Although the service currently supported people who had the capacity to express their needs, protocols are important to guide staff for people who may not have the capacity to request their medicines or support.
- The registered manager explained they were still developing the information held on the provider's electronic care management system and took immediate action to address the details of people's records on the system.

Staffing and recruitment

- People were supported by a staff team who arrived on time and knew them well. The registered manager and office staff had been trained in the provider's required health and social care courses and often delivered care as part of their role. We were told this had been an essential requirement to keep the service

safe while they recruited more staff.

- The registered manager demonstrated how they had risk assessed and implemented additional control measures, such as allowing extra time when they had not been able to provide two staff members to deliver care.
- A system was in place to plan people's care calls and inform people of their care call times and the staff who would be supporting them. People confirmed staff were reliable and punctual. We were told communication from the service was generally good if staff were running late.
- The registered manager was passionate about ensuring staff with the right skills, attitude and values were employed to support people in their own homes.
- The provider's 'Central Recruitment Department' assisted the registered manager to recruit new staff using the provider's recruitment system. Records showed criminal checks, health questionnaire and reason for leaving and gaps in staff employment histories had been completed as part of the recruitment process.

#### Preventing and controlling infection

- The provider had ensured staff had access to current and updated policies and guidance relating to prevention and control of infection and COVID-19.
- Staff had completed infection control training and had undertaken additional learning with regard to COVID-19 and the use of personal protective equipment (PPE). Staff's infection control practices were checked by the registered manager to ensure their infection control practices were maintained.
- Systems were in place to ensure staff had access to sufficient stock of PPE and to check and take action if staff or people showed symptoms of COVID-19.

#### Learning lessons when things go wrong

- Systems were in place to monitor and learn from incidents and accidents. Actions were taken as a result of the registered manager review of each incident such as additional training for staff. The provider was informed of all incidents and concerns to enable them to track any trends or shortfalls in the service.
- Changes made to people's care needs as a result of learnings from incidents were shared with staff. Staff told us communication was good across the service and they felt up to date.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 and support needs were assessed before they received support from the service. This ensured the service could meet their care requirements and call times.
- People's care needs were regularly reviewed and effective communication systems were used to ensure staff were aware of people's current support requirements.
- An electronic care management system was used for staff to report any concerns, log the care provided to people and the call times. Any discrepancies recorded on the system were alerted to senior staff in real time. This meant they could take prompt action to address any concerns.

Staff support: induction, training, skills and experience

- All new staff were required to complete the provider's induction programme which was aligned to the standards of the care certificate and included training which the provider considered mandatory. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- One staff told us they found the induction programme 'very precise and directive' and gave them the skills they needed to deliver care to people safely.
- New staff were also required to read key policies and complete shadowing shifts. Staff confirmed the training they had received helped them to understand their role.
- Staff received regular support and their skills were assessed through supervisions, observations and assessments of their care practices.
- The registered manager provided opportunities for staff to discuss any work issues, and learning requirements
- People confirmed they were confident staff had the right skills and knowledge to support them.

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

- Some people were supported to plan and cook their meals.
- People's nutritional needs and food/drink preferences were known by staff. Staff told us they always encouraged people to make healthy choices which supported their dietary requirements.
- Any concerns about people's eating and drinking needs were discussed with the person's GP. People had been referred to health care professionals for advice when people were identified as being at risk of choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff monitored people's health needs and worked closely with people's families and health care professionals. Staff told us they would act immediately and alert people's family and the office if they felt a person was unwell or required additional support from health care professionals. They would request emergency medical support if needed.
- People confirmed staff were responsive to their changing health needs and assisted them to be referred to external health care services when required.

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. We checked whether the service was working within the principles of the MCA.

- Through conversation with staff and people we judged that staff had a good understanding of gaining consent from people before delivering personal care.
- At the time of our inspection, all the people who received care from the service had the mental capacity to make decisions about the care they received.
- People told us they were involved in the day to day decisions about how they wished to receive care. They said staff supported them to make choices about their personal care needs and respected their decisions. People were informed of risks relating to any unwise choices.
- Staff could describe the principles of MCA and how they would support people in their best interest if they were unable to agree to any specific decisions about their care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Overwhelmingly we received positive feedback from people about the caring and compassionate nature of the staff who supported them. We received comments as "They [staff] are excellent. I wouldn't wish for a better service", "All the carers are very pleasant." and "They [staff] are first class."
- Care plans included information about people's backgrounds and religious needs.
- Staff spoke of people in a respectful and compassionate manner. They demonstrated a good understanding of respecting people's wishes and diversity including their preferences and personal histories.

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

- People were encouraged to be as involved as possible in decisions about their care and support.
- People told us staff always asked them how they were feeling and how they wished to be supported. One person said, "They [staff] never just presume, they always ask me first and see how I am."
- People's care records were securely managed and accessed by staff on an electronic care management system. With authorisation, family members could access information about their relative. As a contingency, staff could also access hard copies of each person's care notes which were kept in people's homes if the system failed.
- People were given information about the service and how to contact the managers and how to make a complaint.
- People's families were consulted as needed to provide additional support and advice about people's needs.

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy and dignity was respected and staff always sought consent before supporting people with their personal care. One person said, "Oh yes, they [staff] are very respectful of my dignity especially when they are helping me to wash."
- People's preferences about the gender of staff who supported them was respected and managed.
- People were encouraged to retain and promote their independence as much as possible.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 personalised care which was responsive to their needs and supported them to be as safe and independent as possible to help them to remain living in their own homes.
- People were supported by staff who knew them well. Staff were aware of people's individual needs and wishes. We were provided with examples of how the service and staff responded to people's changing needs such as referring people to health care services such the GP and district nurse.
- People told us staff always ensured they were comfortable and had important items such as their lifeline pendant and drinks by them at the end of the care visit.
- People's care requirements and personal details were held on the provider's electronic care management system. Staff could access information about people's background and support requirements and also document the care they provided on an application (app) on their mobile devices which was linked to the electronic care management system. The system alerted the office staff if there were any discrepancies or missed activities such as the administration of medicines. This enabled them to take prompt action to resolve any issues.

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.

- People's communication requirements were documented within their care plans.
- Information could be supplied in a range of different formats to help ensure it was accessible to as many people as possible.

Improving care quality in response to complaints or concerns

- There had been no complaints since registering with CQC. The registered manager explained they managed people's day to day concerns when they delivered care to people.
- The registered manager explained the action they would take in line with the provider's complaints policy and procedure, if a complaint was received.
- People we spoke with were aware of how to make a complaint and felt the service would be responsive to any concerns they might raise.

End of life care and support

- No-one was receiving end of life care at the time of this inspection
- Plans were in place for staff to receive end of life training. This would ensure staff could safely support people who may require end of life care to live in their own home with the support of health care professionals.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The Gloucester branch was piloting a new electronic care management system on behalf of the provider. Details of the management of people's care needs had been transferred onto the system and could be accessed by staff. However, the providers own auditing systems had not been expanded or effective in identifying that information about people's care and medicines were not always centralised or detailed on the new system.
- Staff recruitment checks and documents were obtained by the provider's 'Central Recruitment Department' and held on a central digital system for the registered manager to review. However, the registered manager had not documented their rationale of employing staff and the mitigation of risks when they hadn't been able to obtain a full understanding of the character of staff through the provider's recruitment process. This had not been identified as part of the provider's recruitment quality monitoring systems.

We recommend the provider consider current guidance on quality monitoring of electronic systems.

- Systems were in place to monitor the service being provided to people and the staff who supported them.
- The registered manager completed a weekly report on subjects such as incidents, staff vacancies and training which was shared with the provider.
- Representatives from the provider supported the service and completed frequent quality monitoring visits. The outcome of the provider's monitoring of the service informed the service development plan which was being actioned by the registered manager.

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; Continuous learning and improving care

- Significant incidents, such as injuries, deaths and allegations of abuse, were reported to the relevant agencies and CQC. However, we found one incident of allegation of abuse had been reported to safeguarding but not notified to CQC. The registered manager was confident in their understanding of reporting incidents to CQC and explained this had been an oversight.
- The senior leadership team had developed clear processes to follow when things went wrong, and any lessons learnt were shared with staff.
- The provider encouraged their registered managers to meet regularly with each other and the area manager to share information, learnings and to support each other.

- The registered manager demonstrated an understanding of the duty of candour which was in line with the provider's policies. Open conversations would be held with people and their families if incidents occurred. All incidents and errors were recorded and scrutinised by the provider's management team.

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

- The management team and staff promoted a service which was person-centred and focused on supporting people to make choices about the care being provided and facilitated good outcomes.
- Discussions with the registered manager and staff demonstrated a commitment to support people equally, with compassion and without discrimination.

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

- The service valued the opinions and feedback from people and staff and had acted on any concerns.
- Systems were in place to receive regular feedback from people about their experiences and views of the service, either via quality monitoring telephone calls or questionnaires.
- People were positive about the service and the care they received. They told us communication from the office was good and staff were reliable.
- Staff told us they enjoyed working for the service. They told us the management team was supportive and valued their input and suggestions on improving the service. For example, feedback from a recent staff survey had been acknowledged and addressed.
- The area manager had implemented systems of support to support senior staff in the absence of the registered manager.

Working in partnership with others

- Through speaking to staff and reviewing people's care records, there was evidence staff had worked coherently and jointly with people, their relatives and other key people and health care professionals.