

Miss Julie Rhodes

Agency Assistance

Inspection report

Bystock Court
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Exmouth
EX8 5EQ

Tel: 01395266846

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09 April 2019
11 April 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Agency assistance provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection there were 46 people receiving personal care from the service in 20 locations in Exmouth, Exeter, Budleigh Salterton and Bridgewater. Some of these were in shared houses and some in individual homes. Peoples ages ranged from 18 to 80 and they were living with a range of needs which included, learning disability, physical disability, mental health, autism, epilepsy and sensory impairment.

Agency Assistance support people for a minimum of four hours a day up to 24 hours a day. Since our last inspection the provider had moved their office to a new location which was on the same site as the day care service operated by the provider.

People's experience of using this service:

People received care from staff who knew them well. People were involved in decisions about their care and these were respected. If they were unable to be involved, then the relevant individuals were asked to decide on their behalf. People said they were well cared for. Interactions were kind and caring.

Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. Medicines were managed safely. People were protected from abuse because staff understood how to keep them safe and were sure action would be taken if any concerns were raised. There was a system in place to manage complaints and people and staff felt listened to.

People's care plans were personalised and included their preferred method of communication which was known, respected and met. Care reviews were carried out with people's full involvement. People were supported to lead a healthy lifestyle and have access to healthcare services.

There were sufficient and suitable staff to meet people's contractual agreements. Thorough recruitment checks were carried out. New staff received an induction that gave them the skills and confidence to carry out their role and responsibilities effectively.

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

The management of the service were well liked and respected by the staff. Staff told us they were well supported. People knew how to make a complaint if necessary which helped ensure that people were safe and that the service met their needs and improved.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection: Good (report published October 2016).

Why we inspected: This was a planned comprehensive inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 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 well-led

Details are in our Well-Led findings below.

Good ●

Agency Assistance

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type:

Agency assistance provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit so that we could be sure the registered manager was available when we visited. Inspection site visit activity started on 9 April 2019 and ended on 11 April 2019. We visited the office location on both days to see the registered manager and provider; and to review care records and policies and procedures. On the second day we also visited a day care service operated by the provider on the same site to meet staff and people being supported by Agency Assistance.

What we did:

Before the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications. Notifications are specific events registered people must tell us about by law.

During the inspection we spoke with:

- □ Five people who are supported by Agency Assistance staff and were using the day care centre. We did not visit people in their own homes as this could cause them anxiety.
- □ The provider, registered manager, systems administrator and three support staff
- □ We contacted health and social care professionals, court of protection deputies and commissioners and received a response from seven of them.

We also reviewed

- □ Two people's care records
- □ Two personnel records
- □ Training records for all staff
- □ Staff rotas
- □ Audits and quality assurance reports
- □ Staff supervisions
- □ Policies and procedures.
- □ Records of accidents and incidents
- □ Complaints

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to keep people safe from harm or abuse. Staff said they would raise any concerns internally or externally if they felt action was not being taken.
- People said they felt safe and nobody had been unkind to them.

Assessing risk, safety monitoring and management

- Staff had assessed the individual risks to people using the service. Risks to people were identified and care plans gave clear detailed instructions on how to manage identified risks.
- Staff we spoke with understood the individual risks to the people they supported and how to manage these. A professional told us, "Agency Assistance are totally committed to the safety of their clients...they encourage their clients to lead a full life and the care packages are focused on quality but safe too." A second saying the service is "Successful at keeping people safe. There is a high level of commitment across the service towards the people they support, often in very difficult circumstances"
- Where risks were identified, for example, regarding risks in the community, abuse or relationships a plan of care was put into place. One person had been identified as vulnerable out in the community due to not being aware of their own personal safety. Staff supporting the person were guided about the importance of being vigilant of potential risks whilst ensuring the person had independence and was able to do the things they wanted to do.
- General environmental risks to people were assessed such as home security and fire safety.
- The provider had a lone working arrangement to monitor staff wellbeing. Each evening staff were required to contact the on-call person to make them aware they were alright.
- The provider had robust systems in place to ensure people's personal money was kept safe. Staff were required to demonstrate all spending with receipts and signatures and they checked people's money at the end of each shift. The management team reviewed all records of people's personal money to ensure they were accurate and kept relatives and the court of protection informed as required.

Staffing and recruitment

- The provider ensured there were enough staff to support people's contracted support hours. They worked to ensure people were supported by a consistent group of staff. This meant people had got to trust and know staff well.
- The service had safe recruitment practices. Checks had taken place to reduce the risk that staff were unsuitable to support people. These included references from previous employers and criminal record checks.

Using medicines safely

- Medicines were managed safely. People received their medicines on time and as prescribed. Staff completed Medicine Administration Records (MAR) which were audited by the provider's management team.
- Where people had capacity to manage their own medicines they were prompted by staff to remind them to take them when required.
- Staff who supported people with their medicines had received medicine administration training.

Preventing and controlling infection

- Staff were trained in infection prevention and control. The provider supplied Personal Protective Equipment (PPE) such as disposable aprons and gloves. Supplies were held in people's homes. Staff used this equipment appropriately when supporting people.

Learning lessons when things go wrong

- Staff completed accident and incident reporting forms. These were reviewed by the management team to determine the root cause and any proactive action required to limit the chance of a reoccurrence.
- Staff completed ABC (Antecedent, behaviour and consequence) reporting forms when people had difficulty managing their own anxiety and agitation. These were reviewed regularly by the registered manager and provider to look at patterns, triggers, staff action and outcomes. For example, a person had hit a staff member. The provider looked to see if this could have been prevented.
- Where an audit identified a concerning increase in one person's spending. The provider reviewed what had happened, and the lessons learnt were cascaded across the service to all staff.

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

Good: 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 had an initial assessment prior to them receiving a service. The assessment captured people's needs, abilities and preferences. The provider met all new people before they started to use the service to ensure they could meet their needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had an induction that included shadowing more experienced staff. Further shadowing opportunities were provided for staff who felt they needed this.
- Staff received the provider's mandatory training. These were health and safety, food hygiene, manual handling, infection control, safeguarding incorporating the Mental Capacity Act and first aid. They also received some training specific to the needs of people they were supporting. For example, challenging behaviour, communication, privacy and dignity, autism and epilepsy. The provider employed a trainer to deliver a program of face to face training with staff. Staff were given the annual training schedule and were required to attend. The registered manager explained that staff that did not attend would not be able to work with people. Health professionals said the service were supporting more people with complex behavioural needs and they felt staff could benefit from further training in 'restrictive interventions and positive behaviour support'. We raised this with the provider who gave us assurances saying, "We have engaged a specific training manager to take on board all of the additional training needs and policy amendments needed to ensure all parties are working in a safe manor as a direct result of the complexity of a number of our service users."
- Staff received regular supervision and practical observations. These were used as an opportunity for staff to reflect on their practice and consider areas where they could improve.

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

- People were encouraged to eat and drink sufficiently to maintain their well-being and support was given where this was required.
- Staff were aware of people's dietary needs, allergies or intolerance to certain foods and their preferences. These were documented and reviewed. For example, staff ensured one person had a softer diet. People said they were always offered a choice of food and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service understood the importance and benefits to people of timely referral to health and social care professionals to help maintain people's health and well-being.

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 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.

- Our observations and records showed that staff were working within the principles of the MCA and demonstrated this in their practice. Where complex decisions were required outside professionals had been involved and mental capacity assessments had taken place.
- The service held details of people who had representatives with the legal authority to make decisions on their behalf should they lack capacity. The provider was aware of the scope of the authority these representatives had for example for decisions around property and finance and/or health and welfare.

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

Good: 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

- Staff were kind and caring towards the people they supported.
- People were supported by consistent staff who knew them well. This meant good stable relationships had been established and people felt comfortable with the staff that supported them. We received positive comments about staff and the way they supported people. One person said, "(staff member) looks after me, they are my friend."
- Staff spoke about people in a kind and caring way. They were enthusiastic about the people they supported and wanted the best for them. A member of staff told us about how they helped a person choose their clothes and do things they wanted to do to remain independent. For example, going down to the beach, visiting a local café or arranging for them to visit their relative.
- Care plans included positive information about what people had achieved in their lives, their interests and skills. Staff were mindful of any equality and diversity needs, which were included within people's assessments. Staff advocated for people's rights where necessary.

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

- People said they could make decisions and express their views about the care and support they received. Daily notes confirmed that people were given the opportunity to influence the care they received including declining help. They were written using respectful language
- Staff understood the importance of offering people choice and people told us this happened.
- Some people using the service were not able to verbally communicate their wishes and needs. Staff had a good understanding of the individual communication systems people used which meant their feelings and views could be established.
- The provider and registered manager ensured where required advocacy resources within the area were used to support people if necessary.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff spoke about people respectfully. They understood they worked in people's own homes and that they needed to be mindful and respectful of this.
- People were encouraged to remain as independent as possible. Staff told us this and records confirmed it. For example, there was information for staff in people's care plans regarding how people could help and be involved with various tasks.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- When people started to use the service, they completed a pre-service agreement contract with the provider which set up clear expectations from both parties.
- People had personalised care plans that were set out in an easy to follow format. The care plans stated that the purpose of the plans was to help the person live as independently as possible. Three health professionals said improvements could be made to "The quality of care plans and risk assessments... and that recommendations made by external professionals are not always incorporated." We raised this with the provider who gave us assurances they were engaging with health professionals "to further improve working practices."
- People had a weekly plan and the goals they wanted to achieve which were regularly reviewed with them.
- Staff were also guided by people's preferred daily routines which provided clear information about the support people required and what they could and wished to do themselves.
- Staff had supported people to complete a hospital passport. This contained information about people's health needs, interests, likes, dislikes and preferred method of communication should they need to go into hospital. This ensured staff at the hospital had the information required to support people to feel safe and more comfortable.
- People were supported to stay in touch with friends and family and maintain interests they had. The service arranged for people to have holidays and visit family members. One staff member said how important it was for one person to visit their sister and that staff supported them throughout the visits.
- The service met the requirements of the Accessible Information Standard (AIS). This is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were assessed and detailed in their care plans. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them. The provider's complaints procedure was written in an easy read format and had the photographs of the provider and registered manager, so people knew who they could speak with.

Improving care quality in response to complaints or concerns

- People told us they knew who to complain to and that if they had a complaint they would be confident it would be resolved quickly. Information on how to complain was included in people's folder which were in their property.
- Complaints records showed the management team investigated and responded to complaints or concerns about the service.
- Staff told us they felt able to raise concerns with the management team and that the management listened

and acted in response.

End of life care and support

- At the time of the inspection the service was not supporting any people who had end of life care needs.
- Some people had a Do Not Resuscitate (DNR) in place and those that did had this recorded in their care plans. A DNR, also known as no code or allow natural death, is a legal order written either in the hospital or on a legal form to withhold attempts to resuscitate in respect of the wishes of a person in the event their heart were to stop, or they were to stop breathing.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- The registered manager worked alongside the provider and senior staff in the provider's new office. Health professionals were mainly positive about the management of the service. One said which reflected other's views, "They are very caring and resilient in that they support some individuals with very complex needs and work hard to prevent placement breakdowns. Whilst there are definitely areas that need improvement with the right investment in the structure of the service and the willingness ... to adopt a more contemporary approach to care it has the makings be being one of the better services for people with learning disabilities in Devon."
- Communication between the management and care staff was effective. There was regular communication between staff including via memos and group texts. The last memo sent out in March 2019 guided staff about reporting concerns, the move to the new office, training and a thank you to staff for their continued support.
- Staff used communication books to share information. Where people had support over 24 hours staff had a face to face handover to ensure important information was passed on. Staff and management met regularly to review people's needs and informally in the office.
- There was an open and supportive culture at the service. Staff comments included: "I love working for (provider)...I can ask her anything...very supportive."
- Duty of candour requirements were met. This regulation requires safety incidents are managed transparently, apologies are provided and that 'relevant persons' are informed of all the facts in the matter. The registered manager understood the requirements of Duty of Candour.
- Staff told us they and the service had strong values and aim to put the person using the service at the forefront of everything they did.

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

- The registered manager demonstrated a good understanding of their role and responsibilities including

when they needed to notify CQC, the local authority safeguarding team or the police of certain events or incidents such as the alleged abuse or death of a person.

- The provider used an external company to ensure they followed employment law, so staff were treated fairly.
- Staff said they felt valued and were proud to work for Agency Assistance. A professional said, "Many of the staff have been with Agency Assistance for many years which proves to me that they feel valued and this is shown in the dedication and work ethic they give to the clients."

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

- People, relatives and staff had the opportunity to feedback through questionnaires. At the time of the inspection the provider had only received three responses to their current survey which were all positive. The registered manager explained that they would review the responses and share their findings.
- The provider had an open day and evenings for people, relatives and staff to visit the new office site to see the provider's plans for the future.

Continuous learning and improving care

- The management of the service supported professional development. Staff and records confirmed this. The provider had supported one staff member to complete an apprenticeship and had plans to support others undertake the training
- The provider and registered manager were open, transparent, and keen to discuss how they could drive improvements during our inspection.
- The management completed regular audits and checks which helped ensure that people were safe and that the service met their needs and improved. These covered areas including: record keeping, staff presentation, opportunity for staff to raise any concerns, fire checks and medicine records.

Working in partnership with others

- The service understood the importance of creating and sustaining close and positive relationships with the health and social care team supporting people.