Agincare UK Limited

Agincare UK Brighton

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Agincare UK Brighton is a domiciliary care agency that provides personal care and support to people living in their own homes, hostels and Brooke Mead extra care housing scheme. Brooke Mead is a single adapted building comprising of 45 self-contained flats which are managed by Brighton and Hove City Council.

At the time of our inspection, 171 people aged between their mid-thirties to their mid-nineties were receiving personal care and support from this home care agency. Some of these people were living with dementia, experienced mental ill health, had a learning disability or complex physical health care needs.

People's experience of using this service
People told us they remained happy with the home care service they received from Agincare UK Brighton. A quote we received from a person using this home care service summed up how most people felt about the agency – "My regular carers are amazing…They can be relied upon at all times. I could not speak more highly of them."

As recommended in our last inspection we saw the provider had taken appropriate action to improve the way they coordinated staffs scheduled visits. This ensured people now received continuity of personal care and support from staff who were familiar with their needs, daily routines and preferences.

People receiving a home care service, their relatives and staff were complimentary about the way the office-based managers ran the agency and how approachable they all were. The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care and support.

People were supported by staff who knew how to prevent and manage risks they might face and keep them safe from avoidable harm. Staff continued to undergo all the relevant pre-employment checks to ensure their suitability and fitness for the role. People received consistently good personal care and support from staff who were usually punctual and stayed for as long as it took to complete the tasks they were expected to do. People received their medicines as they were prescribed. The service's arrangements for controlling infection remained effective.

People continued to receive personal care from staff who had completed training that was relevant to their roles and responsibilities. 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. Where staff were responsible for this, people were supported to maintain a nutritionally well-balanced diet. People continued to be supported to stay physically and emotionally healthy and well.

Staff treated people with dignity and respect. People were treated equally and had their human rights and diversity respected, including their spiritual and cultural needs and wishes. People were encouraged and supported to maintain their independent living skills and do as much for themselves as they were willing and capable of doing. Assessments of people's support needs were carried out before they started using the service.

Care plans remained personalised, which ensured people received personal care that was tailored to meet their individual needs and wishes. People were encouraged to make decisions about the care and support they received and had their choices respected. Managers and staff understood the Accessible Information Standard and ensured people were given information in a way they could understand. People were satisfied with the way the provider dealt with their concerns and complaints. When people were nearing the end of their life, they had received compassionate and supportive care from this agency.

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

Rating at the last inspection
The last rating for this service was good (published 3 June 2017).

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Agincare UK Brighton 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Agincare UK Brighton

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
A lead inspector and two Experts by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of adult social care service.

Service and service type
This service is a domiciliary care agency that provides personal care to people living in their own homes, hostels and specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing. This inspection looked at the personal care and support people received..

The service had a manager registered with the CQC. 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 because we needed to be sure the office-based managers would all be available for us to speak with during our inspection. Inspection activity started on 10 December 2019 and ended on 11 December 2019. We visited the office location on 10 December 2019.

What we did before the inspection
We reviewed all the key information providers are required to send us about their service, including statutory notifications and our Provider Information Return (PIR), which providers are required to send us. A PIR

provides us with some key information about the service, what the service does well and improvements they plan to make. We used all this information to help us plan our inspection.

During the inspection
On the first day we visited the providers office's and spoke in-person with the registered manager, two field care supervisors, two care coordinators and the head of staff recruitment. We also looked at a range of records that included 12 people's care plans and a range of staff files in relation to their recruitment, training and supervision. A variety of other records relating to the management of the service, including policies and procedures were also read. On the second day of our inspection we received telephone feedback about this home care agency from 20 people using the service and eight relatives.

After the inspection
We received email feedback from three care staff and four health and social care professionals we contacted, which included three local authority social workers and a housing manager.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected as the provider had systems in place to safeguard them from the risk of abuse. For example, the provider had clear safeguarding and staff whistle-blowing policies and procedures in place and staff had received up to date safeguarding adults training. Staff knew how to recognise and report abuse.
- People told us they felt safe with their regular carers. One person said, "I feel very safe…We love our regular carers who I know well. Any new faces [carers] I don't know always show me their identity badge." A relative also remarked, "Carers know how to cope with different or difficult situations, which gives me great peace of mind, as I do not live nearby."
- Records showed staff and managers took appropriate action when concerns were identified and put plans in place to prevent re-occurrence that were reported upon and reviewed. A member of staff told us, "I would report it to the [registered] manager if I suspected abuse was happening."
- The provider had also notified the local authority without delay when it was suspected people using the service had been abused. At the time of our inspection, no safeguarding incidents were under investigation.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- People's care plans contained detailed risk assessments and management plans which explained clearly the control measures staff needed to follow to keep people safe. This included for example, risk assessments and plans associated with people's mobility, eating and drinking, skin integrity, dementia, behaviours that may be considered challenging, their home environment and percutaneous endoscopic gastrostomy (PEG) feeding. PEG feeding is an endoscopic medical procedure in which a tube is passed into a person's stomach.
- Staff also understood where people required support to reduce the risk of avoidable harm. Several staff confirmed risk management plans were in place and easy to follow, which helped them reduce any identified risk.
- Maintenance records showed where care staff used specialist equipment to support people in their own homes, such as mobile hoists; the provider ensured these were regularly serviced in accordance with the manufacturer's guidelines.

Staffing and recruitment

- Since our last inspection the provider had introduced a new electronic call monitoring (ECM) system. ECM logs the exact time staff started and finished their scheduled visits and automatically flagged up when staff were late, left early or missed a call.

● People told us staff usually arrived on time for their visits, and when staff were running late, someone from the office would always ring to let them know staff were on their way. One person told us, "Staff are normally on time and if they're are running late because of traffic, someone will always ring and let me know."
● Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. Records confirmed staff files contained a proof of identity and right to work in the UK, full employment history and health check, satisfactory references from previous employer/s and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

Using medicines safely
● Medicines systems were well-organised, and people received their prescribed medicines when they should.
● People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. A relative told us, "They [staff] attend to my [family members] medication in a safe and responsible manner ensuring they receive the correct dosage at the right time."
● Staff had received training about managing medicines safely and their competency to continue doing so was routinely assessed by their line manager.
● We found no recording errors or omissions on medicines administration records we looked at.

Learning lessons when things go wrong
● The provider learnt lessons when things went wrong.
● The provider had systems in place to record and investigate any accidents and incidents as they occurred. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people.
● The registered manager gave us an example of lessons that had been learnt and the action they had taken to significantly reduce the number of medicines errors staff had made by ensuring those involved had their competency to manage medicines safely refreshed. A community professional told us, "When I investigated a safeguarding recently and found no abuse had happened; the provider was nonetheless still keen to learn lessons from the incident. They were open to my suggestions and some care staff were sent on further training courses, which we all agreed they would benefit from."

Preventing and controlling infection
● People were protected by the prevention and control of infection.
● Staff were trained in infection control and basic food hygiene. They told us they were provided with personal protective equipment (PPE) such as gloves and aprons to use when supporting people with their personal care needs.
● Practice around infection control and use of PPE was checked by managers when they carried out spot checks of care staff. People said staff always wore the appropriate protective gloves and aprons when they were providing personal care to them.
● A community professional gave us an example of how they had worked in partnership with the provider to develop a contingency plan and ensure an outbreak of an infectious disease at Brooke Mead extra care housing scheme was caught early to prevent its spread.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received care and support from staff who had on-going training that was relevant to their roles and responsibilities. For example, staff who supported people living with dementia, experienced mental ill health, had a learning disability or epilepsy had received awareness training on these topics. We saw the provider had a well-equipped training room located in their offices where staff could receive practical instruction on the safe use of various mobility equipment and percutaneous endoscopic gastrostomy (PEG) feeding, for example.
- In addition, it was mandatory for all new staff to complete a comprehensive induction programme that was mapped to the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well. A relative told us, "I think our regular carers are very well-trained and have excellent skills and experience."
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was continuously refreshed. Staff confirmed they had been given a staff handbook when they first started working for the service and were expected to spend several days shadowing experienced staff during their scheduled visits. This helped to ensure all staff were aware of the new employer's expectations regarding their conduct and working practices.
- Staff continued to have opportunities to reflect on their working practices through regular individual supervision and work performance appraisal meetings with their line manager.

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.

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.

- People told us staff always asked for their consent before providing any personal care. For example, one person said, "They [staff] always ask permission before they do anything for us."

● People's care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity and recorded details of any other individuals with Lasting Powers of Attorney (LPA) for the person's finances or welfare. A member of staff told us, "I always ask people preferences at the beginning of call."
● There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests.
● Managers and staff were aware of their duties and responsibilities in relation to the MCA. For example, several staff confirmed they always asked for people's consent before commencing any personal care tasks.

Supporting people to eat and drink enough to maintain a balanced diet
● Where staff were responsible for this, people were supported to eat and drink enough to meet their dietary needs and wishes. Staff monitored the food and drink intake of people who had been assessed as being at risk of malnutrition or dehydration to ensure these individuals continued to eat and drink adequate amounts.
● People who received assistance to eat and drink told us they were satisfied with the choice and quality of the meals and drinks staff offered them. One person told us, "My carers make my meals very well."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People's care plans set out how staff should support them to ensure their identified health care needs were met. One person told us, "My carer can sense when I am in pain and they do everything to reassure me and makes sure I am comfortable."
● Appropriate referrals were made to the relevant health care professionals to ensure people received the support they required. This ensured external professionals, such as GPs and district nurses, were notified in a timely manner when people's health care needs changed. For example, a person said, "They [staff] will always call the doctor if I need one", while a community professional remarked, "The management and staff have often gone the extra mile for my client's health and wellbeing."

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 continued to be treated equally and had their human rights and diversity respected. People told us staff were "caring" and treated them or their family members with the utmost respect. For example, one person said, "The care and support I receive from the agency is exceptional", while a second person commented, "A lovely bunch of staff who are all so kind, considerate and very patient." Comments we received from community professionals were equally complimentary about the service. One community professional told us, "The service ensures my client receives all the personal care they should. They seem to be thriving and happy at Brooke Mead, which I feel is a very positive living environment that has significantly improved their quality of life."
- Staff received equality and diversity training to help them protect people from discriminatory behaviours and practices and staff were respectful of people's cultural and spiritual needs. People's care plans contained detailed information about their spiritual and cultural needs and wishes.
- Managers gave us examples of how they had taken account of and respected several people's preferences to be supported by a male or female member of staff. Other examples included staff being matched to provide personal care and support to people who spoke the same language, had a shared cultural heritage, had similar social interests or practised the same religion.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity.
- Staff spoke about people they supported in a respectful and positive way. Several staff told us they always ensured bathroom, toilet and bedroom doors were kept closed when they were meeting people's personal care needs. One person said, "I am always treated with dignity and respect by my carers."
- People told us staff supported them to be as independent as they could and wanted to be. One person said, "They [staff] encourage me to be independent by helping me to complete tasks I am capable of doing myself."
- People's care plans set out their level of need and the specific support they should receive with tasks they could not undertake without staff assistance. For example, it was clear in care plans we looked at who could and was willing to manage their medicines independently, and who could not.

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

- People were encouraged to make decisions about the care and support they received and have their decisions respected. People told us staff listened to them and acted on what they had to say. One person commented, "Staff talk to me about my care and that makes me feel involved in helping to plan it. They

make me feel that I'm in charge", while a second person said, "I am the boss…I tell them [staff] what I want and they're happy to do as I ask."

● The provider used people's needs assessments, care planning reviews and quality monitoring spot checks to ensure people had a voice and were able to routinely make informed decisions about the package of care and support they received from this home care agency.

● Care plans documented people's views about the outcomes they wanted to achieve. People had signed their care plan where they were able and willing to.

● People were given a service user's guide which contained all the information they needed to know about this home care agency.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were now met through good organisation and delivery.

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

At our last inspection we found the provider had failed to ensure people received continuity of care and support from staff who were familiar with their needs, daily routines and preferences. We recommended the provider seek guidance from a reputable source about coordinating visits to ensure people received consistently good care and support from staff who knew them well.

At this inspection we found enough improvement had been made.

- Managers said in the last 12 months they had improved their staff 'hub' working system. This meant staff who lived in the same geographical areas were clustered together into small hub teams and encouraged to work together to provide personal care and support to people living or staying in their area.
- Most people told us they now received good care and support from a small group of regular care staff who knew what they needed and liked. One person told us, "Our two carers are always the same and they only change if they're on annual leave or sick," In addition, a second person remarked, "I feel the continuity of care has improved lately. The care I get from my carers in the past 6 months has been consistently good because it's the same bunch who know what I want and need."
- People had their own person-centred care plan that contained detailed information about their unique strengths, likes and dislikes, staff visiting times and duration of their calls, and how they preferred staff to provide their personal care. One person told us, "My regular carers are not just doing a job, they understand my needs and wishes", while a second person remarked, "They [staff] know what they are doing and always ask me what my preferences are."
- People using the service, and where appropriate their relatives, were encouraged to be involved in the care planning process. This helped to ensure people's choices were used to inform the care and support they received. One person said, "I have regular discussions about my care plan with the [registered] manager", while another person's relative told us, "My [family member] often discusses changes to her care plan with the managers from the office."
- People were involved in routinely reviewing their package of care with the provider. If people's needs and wishes changed their care plan was updated accordingly to reflect this. A community professional remarked, "My clients often have their care and support plans reviewed by the provider, and are always asked if they are happy with their care package."

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

● Care plans reflected people's social interests and needs, and where or not they were at risk of social isolation.
● The feedback we received from people about opportunities their carers gave them to access the local community or engage in group social activities was very positive. One person said, "My carer often takes me out to the shops in my wheelchair, so I'm not just stuck at home." In addition, a community professional said, "The dedication of the staff and management in delivering social care to people living at Brooke Mead (extra care housing scheme) has been brilliant. They've helped develop a real sense of community with the activities being delivered whether its outings, film nights, or recently celebrating Armistice day and Christmas."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The provider was aware of their responsibility to meet the Accessible Information Standard. Managers told us they could provide people with information about the service in accessible formats as and when required. For example, the service users guide, and the providers complaints procedure could be made available in a variety of different formats, including large print, audio and different language versions.
● People told us staff understood their preferred method of communication. A relative said, "My [family member] is non-verbal and staff are very good at talking with them in a calm and reassuring way, which helps them to remain relaxed."
● People's communication needs, and preferred method of communication had been clearly identified and recorded in their care plan. This ensured staff had access to all the relevant information they needed to effectively communicate with people they supported.

Improving care quality in response to complaints or concerns
● People told us they knew how to make a complaint if they were unhappy with the standard of home care and support they received, and felt the process was easy to follow.
● People said they were satisfied with the way the managers had dealt with any formal complaints or informal concerns they had made about the service. One person said, "If I have a complaint I ring the office. I always get a good response. In the past the office staff have talked with my carers about any issues I've raised."
● People were given a copy of the providers' complaints procedure when they first started using the service. This set out clearly how people could make a complaint and how the provider was expected to deal with any concerns they received.
● A process was also in place for managers to log and investigate any formal complaints made, which included recording any actions taken to resolve any issues raised.

End of life care and support
● People's care plans included a section where people could record their end of life care and support needs and wishes, if they wished too.
● People told us staff meet their end of life care needs and wishes. One person said, "I look upon my carer as a friend who has helped me through some rough patches after my [family member] died. They showed such sensitivity and is like a carer, nurse and family member all rolled into one."
● The registered manager told us the service would liaise with various external health care professionals, including GPs, district nurses, palliative care staff and local hospices, as and when required to ensure people

who were nearing the end of their life continued to experience comfortable and dignified care at home.
- Records showed staff had completed and were up to date with end of life care training.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service continued to be 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; and how the provider understands and acts on duty of candour responsibility

- People received personalised care from staff who had the right mix of knowledge, skills and experience to perform their roles and responsibilities well.
- The provider had a clear vision and person-centred culture that was shared by managers and staff. The registered manager told us they routinely used group team and individual supervision meetings to remind staff about the providers underlying core values and principles.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

- The service continued to have the same manager registered with CQC.
- There were clear management and staffing structures in place. The registered manager was supported by various office- based managers including, the deputy manager of Brooke Mead extra care scheme, two senior field care supervisors, two care coordinators and the head of staff recruitment.
- People using the service, external health and social care professionals and staff all spoke positively about the way the service was managed and the registered manager's open and approachable leadership style. One person told us, "I have been with this agency for many years and I can say the care has certainly improved with the arrival of the 'new' manager. He is held in high regard by everyone." A second person remarked, "The [registered] manager is a very efficient and approachable leader. Things have improved one hundred percent since he took over…I have every faith in him."
- Managers understood their responsibilities with regard to the Health and Social Care Act 2008 and were aware of their legal obligation to send us notifications, without delay, of events or incidents that affected their service and the people using it.
- We saw the service's previous CQC inspection report and ratings were clearly displayed in the agency's offices and were easy to access on the providers website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Continuous learning and improving care

- It was clear from comments we received from managers they understood the importance of quality

monitoring and continuous learning and improvement.

● The quality and safety of the service people received was routinely monitored. For example, we saw the office-based managers were in regular contact with people using the service through weekly telephone calls to find out how they were and quarterly monitoring visits to people's homes. These monitoring visits known as spot checks were used by managers to observe staff working practices during their visits and to check records were being appropriately maintained. The office-based manager also routinely checked medicines administration records, care plans, complaints, safeguarding incidents and accidents.

● The provider also used a range of electronic systems to monitor the quality of the service they provided. For example, electronic information technology was used to alert the managers when staff were late or missed a visit and when their employment checks, training and supervision needed refreshing or updating.

● Managers told us they routinely analysed the results of all the audits described above which helped them identify issues, learn lessons and develop action plans to improve the home care service provided. In addition, two separate quality monitoring audits conducted by Healthwatch in April 2019 and the local authority in October 2019 showed both these external professional bodies were satisfied with the way this home care agency was managed. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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

● The provider used a range of methods to gather people's views about what the agency did well or might do better. For example, people had regular opportunities to share their views about the quality of the home care service they received through regular telephone and home visit contact and satisfaction questionnaires. One person said, "I have been asked to complete a questionnaire about my degree of satisfaction with the service on a few occasions."

● The provider also valued and listened to the views of staff. Staff had regular opportunities to contribute their ideas and suggestions about the agency through regular one-to-one meetings with their line manager and group meetings with their fellow co-workers. The registered manager told us they had introduced an employee of the month and year scheme to recognise and reward the achievements of staff who had performed well. Several staff told us they liked the reward scheme because it incentivised them and helped motivate them to do an even better job.

Working in partnership with others

● The provider worked closely with various local authorities and community health and social care professionals including GP's, district and community psychiatric nurses, social workers, occupational therapists and hospital discharge staff.

● The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff team. A community professional told us, "If there have been any concerns or issues I've raised I feel they [the provider] has acknowledged and addressed them", while a second community professional remarked, "I have been impressed with the way Agincare work jointly with us. I feel we have a very positive and professional working relationship with them.