

Agincare UK Limited

Agincare UK Ferndown

Inspection report

483 Ringwood Road
Ferndown
Dorset
BH22 9AG

Tel: 01202897770
Website: www.agincare.com

Date of inspection visit:
03 July 2019
05 July 2019
08 July 2019

Date of publication:
21 August 2019

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 Ferndown is a domiciliary care agency that provides personal care and support to people in their own homes.

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

People were protected from abuse and avoidable harm. People said they felt safe with staff, who had the training and skills they needed to provide care safely and effectively.

Care plans were detailed and explained how people liked personal care provided and what activities they enjoyed. Risk assessments were in place to ensure people's safety. Staff knew how to recognise and report abuse and were confident any concerns raised would be responded to by their manager.

Medicines were managed and administered safely and recruitment practises continued to be followed. There continued to be a range of checks in place to ensure people and staffs' safety. Staff were well supported through training and supervision.

The manager was readily available to people, relatives and staff. They had an open and honest approach to complaints.

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

Rating at last inspection

The last rating for this service was good (published 13 December 2016).

The overall rating for the service has remained good. This is based on the findings at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our 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 ●

Agincare UK Ferndown

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 Care Act 2014.

Inspection team

The inspection team consisted of one ASC inspector and an Expert by Experience who made telephone calls to people, their relatives and staff. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. However, a recently appointed manager had applied to be registered with the CQC. Until there is a manager registered with us the provider continues to be 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. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 July 2019 and ended on 8 July 2019. We visited the office location on 3 July 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information

we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the manager and area manager.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service, including quality monitoring and complaints and compliments.

After the inspection

We requested further information from the registered manager related to the service. This was provided promptly.

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 and relatives said they felt safe with staff. Relatives described how staff made people feel: "Secure", and, "They are very nice, professional and have never been threatening or discourteous."
- Staff had a good understanding of safeguarding and whistleblowing procedures and knew how to identify and act on any concerns.
- Safeguarding incidents had been reported appropriately to the local authority and the CQC.

Assessing risk, safety monitoring and management

- Assessments were carried out to identify any risks to people and to the staff providing their care. This included any environmental risks in people's homes and risks associated with people's care needs. Staff said, "When we go in we identify hazards", and, "I'm following the care plan and make sure their home is safe, for example lock up their home."
- There was a contingency plan for dealing with unexpected or adverse situations, such as shortage of staff due to illness.

Staffing and recruitment

- The manager and area manager confirmed there had not been any changes in the staff recruitment processes since the last inspection where we found the systems to be safe.

Using medicines safely

- Medicines continued to be managed safely and people received their medicines as prescribed. Comments made included, "They [staff] make sure mum gets her medication on time. They write it up in their report" and, "They give me my medication from my blister pack."

Preventing and controlling infection

- Staff had access to and wore personal protective equipment such as disposable gloves and aprons. They had received training in this area. One member of staff said, "I wear apron and gloves when providing personal care."

Learning lessons when things go wrong

- Accidents, incidents and complaints were recorded and reviewed for themes that might suggest further action was required.
- Lessons learned were shared with staff through supervision or team meetings as appropriate.

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.

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

- Assessments and care plans were comprehensive and easy to follow. They reflected people's individual needs and gave clear instructions for staff.
- Care plans were regularly reviewed and updated with the person, their family and professionals when appropriate.

Staff support: induction, training, skills and experience

- Staff knew people and their needs well and were skilled in caring for people. People said of the staff, "They are ever so good", and, "They are a very good crew."
- Staff told us they had received training in subjects such as, manual handling, diabetes, epilepsy, nutrition, including safeguarding and infection control. Staff were up to date with training. Most staff said they preferred practical training rather than work books. Comments made included, "I feel we could do with more visual training", and "The books are okay but I think it would be helpful to see things and know how things are practically done."
- Staff were supported through regular supervision and appraisals with opportunities to discuss any concerns, how best to meet people's needs, and their own personal development
- New staff had an induction and were expected to attain the Care Certificate if they did not have qualifications and experience in care work. The Care Certificate represents a nationally accepted set of standards for workers in health and social care.

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

- Staff assisted some people to eat and drink. Care plans made it clear whether people needed support from staff, and if so, what assistance was required.

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

- Care plans addressed any support people needed to manage their health.
- The service was proactive about referring to health professionals if there were any concerns about people's health. Care records contained details of contact with an occupational therapist and GP. Comments made included, "[their relative] was getting a bed sore and the carer noticed it and called the doctor." One person described how staff recognised they were not well and called their GP.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the deprivation of liberty safeguards cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Staff understood people had the right to make their own decisions about their care unless they lacked the mental capacity to do so.
- People's consent to their care as set out in their care plan was recorded in their care records.
- Staff told us how they supported people to make decisions about their care and support. People confirmed that staff asked them before supporting them in tasks or with personal 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.

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's assessments and care plans set out clearly what was important to them, including protected characteristics such as religion where these were relevant.
- Training records showed that all staff had received training in equality and diversity.
- People and relatives described the staff as being "calm in their manner and approach" and "very nice". Another person said, "They do more than they have to do. Yesterday the carer cleaned the floor and dishwasher for me. I'm more than happy with the girls that come here. They are always very kind and ask if there is anything I need before they leave."
- Staff had developed positive relationships with people and spoke about people in ways which demonstrated they cared for them.

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

- People were able to express their needs and choices and staff understood their way of communicating. One person said, "Every time they change my care one of the managers comes and we discuss it and agree on changes or not to change it. They don't tell me what to do but gives me ideas. They make suggestions about things I can do stop getting bored."
- People were encouraged and supported to maintain contact with those important to them including family and friends.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of supporting people to do as much as they could for themselves. One person described how staff, "Encourage me to do things that I can and help me if I need it."
- Regular spot checks on staff considered how they respected and promoted dignity, such as closing curtains when providing personal care.

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 good. At this inspection this key question has remained the same. 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

- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. These were regularly reviewed to ensure they remained current and provided accurate information about how to meet the people's needs.
- When asked if people had regular staff who arrived when expected, there was a difference of opinion. Some people said, "On the whole regular staff who are on time. We have a weekly rota which is always helpful", and, "More or less on time unless they have an emergency. They often phone and let me know." However, another person said, "They post a rota every week but I'm not sure it tallies with the times they appear. Sometimes they are early." Another person described staff as, "Very busy but they spend the right time here." No one felt rushed when staff were supporting them.

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.

- Assessments and care plans detailed people's communication needs and how staff were to support them with these.

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

- People were encouraged to pursue interests and participate in the local community, where this formed part of their contract with the service. One member of staff said they, "Helped a client to visit relative in a care home and we arranged for her to visit the home. And people attended day centres, days out to the beach and meals out."

Improving care quality in response to complaints or concerns

- Complaints had been responded to. People and relatives were confident that when they had raised any issue they were listened to and action was taken to resolve the problem. One person recalled how they called the office when a carer hadn't arrived when expected, which was dealt with to their satisfaction.
- Staff described how they knew if people were not happy by how they expressed themselves. They explained how they responded to this at the time to try and resolve the issue.

End of life care and support

- During the inspection the service was not supporting anyone who was anticipated to be close to the end of

their life.

- People's assessments and care plans reflected their preferences for end of life care.
- Staff said they had received training in end of life care, which would be refreshed if someone using the service was nearing the end of their life.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A new manager had had their application to register with the CQC accepted. This meant the process for being registered was underway. Some people said they had met the new manager, whereas others had not. The manager told us they had been in post for two weeks and intended to visit everyone receiving the service. Staff described the manager as being "Very approachable and has introduced herself."
- People and relatives expressed confidence that the service was well run. Comments made included, "I phone the office to say what a brilliant job they do. I nominate carers for Carers Award. Agincare are exceptional", and, "Absolutely fine. I'm totally satisfied with my care."
- Staff said, "Communication is very good. Text messages are sent if something has changed on the day. For example, if a client medication changes it would be sent to everyone. Sometimes the office phone and let us know. We are well informed", and, "The office staff are approachable. They don't mind you going in and speaking to them. They are very understanding."
- The service was monitored through a range of audits. Action was taken on any areas identified as needing improvement.

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

- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. Staff described how they had opportunities to celebrate good practice which made them feel valued. As well as being able to share and learn from experiences in meetings and supervisions.

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

- The manager was aware of their responsibilities under the duty of candour and this was promoted to staff via staff meetings and supervisions.
- Legal requirements, such as displaying the rating from the last inspection and notifying CQC of significant incidents, were met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff had training in equality and diversity and described how "each client is very different".
- The manager participated in local networks for providers and registered managers, and had support from

another registered manager within the Agincare UK group for peer support.

- Staff said the service's management were caring and supportive and that everyone worked well as a team.
- People's opinions about the service was sought in many ways, such as telephone surveys, reviews and during staff spot checks.
- Regular staff meetings took place to ensure information was shared and expected standards were clear.