

Agincare UK Limited

# Agincare UK Worthing

## 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 Worthing is a domiciliary care agency that was providing personal care to people living in their own home. People supported by this service included; older people, people living with dementia, younger adults and those with a physical disability and a sensory impairment.

People's experience of using this service:

People and their relatives told us they received a good quality, safe and effective service. People summarised their experience in comments such as "Wonderful" and "Caring". People said they would recommend this service to others.

People's needs were met by kind and caring staff and care plans described the person-centred care people required to meet their needs.

People and their relatives spoke highly of the leadership of the service and described this as "very good". Staff told us they were supported in their role and acted in line with the provider ethos to deliver a supportive, person centred approach which placed meeting people's needs at the heart of the service.

Rating at last inspection: The last inspection took place on 1 September 2016 and was rated Good. At this inspection the overall rating remained Good.

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

Follow up: We will continue to monitor this service and plan our next inspection in line with our methodology unless we receive any information of concern in which case we may bring this inspection forward.

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

## 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 remained Safe.

Please see our findings detailed below.

**Good** ●

### **Is the service effective?**

The service remained Effective.

You can see our findings detailed below.

**Good** ●

### **Is the service caring?**

The service remained caring.

Please see our findings detailed below.

**Good** ●

### **Is the service responsive?**

The service remained responsive.

Please see our findings detailed below.

**Good** ●

### **Is the service well-led?**

The service remained well-led.

Please see our findings detailed below.

**Good** ●

# Agincare UK Worthing

## 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:

- This inspection was carried out by one inspector.

Service and service type:

- Agincare UK Worthing is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults, including people living with dementia, younger adults, people with a sensory impairment and people with a physical disability.
- 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 24 hours' notice of the inspection to make sure the manager and people we needed to speak with would be available.

What we did:

- We reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law. We looked at the Provider Information Return (PIR). Providers are required to send us key information about their service what they do well, and improvements they plan to make.

During the inspection we spoke with the registered manager, the recruitment and admin coordinator, a care coordinator, and the area manager. We obtained feedback from seven care workers. After the inspection we obtained feedback from six people and three relatives. We also reviewed feedback questionnaires from

people and their relatives.

We looked at the following records;

- □ Five people's care records and Medicine Administration Records (MAR)
- □ Records of accidents, incidents and complaints.
- □ Audits and quality assurance reports.
- □ Four staff recruitment records.
- □ We looked at the provider's training matrix, supervision, appraisal and spot check matrix.
- □ Policies and procedures including; Safeguarding, recruitment, end of life care, and the Mental Capacity Act (2005).
- □ After the inspection we obtained feedback from six people and three relatives. We also reviewed feedback questionnaires from people and their relatives.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe with the care staff who supported them. One person said "I feel safe with the staff who come to see me".
- Staff knew how to recognise the signs of abuse and knew how to report it. Two staff members explained how safe moving and handling practice and the monitoring people's emotional wellbeing were important factors in safeguarding two particular people.
- Staff completed training in safeguarding.
- The registered manager understood and acted on their responsibility to investigate and report any allegations of abuse to keep people safe.

Assessing risk, safety monitoring and management.

- People's needs were assessed and plans to mitigate risks were in place.
- Staff confirmed there was adequate guidance in people's risk assessments to assist them to provide safe and appropriate care, and people told us they were cared for safely. For example, people told us the right number of staff supported them with their moving and handling needs and used the right equipment. One relative commented, "Mum has a double up because she needs two staff to move her" and "They use all the correct equipment and they understand what information is in the care plan".
- A staff member said, "We have risk assessments in place to ensure people are cared for and supported safely". We saw environmental and lone working risk assessments were carried out regarding the safety of the environment and for any potential fire hazards.

Staffing and recruitment.

- There were enough staff deployed to meet the needs of people.
- Staffing was provided by a stable and consistent staff team who knew and understood the needs of the people they supported.
- Effective recruitment procedures were in place which supported safe recruitment.
- Staff completed training in safety related topics and were assessed as competent through regular spot checks which included observations of safe practice in relation to medicines, moving and handling and health and safety.

Using medicines safely.

- People's medicines were managed safely; medicines systems were organised and people were receiving their medicines when they should.
- Staff completed training in the care and administration of medicines and were observed and assessed as competent to administer people's medicines.
- Records demonstrated any errors in medicine management were investigated and dealt with

appropriately.

- Preventing and controlling infection.
- People told us that staff practiced safe infection control by using Personal Protective Equipment (PPE). This included the use of gloves and aprons to protect people from the spread of infection. Staff completed training in infection control and a staff member said, "We make sure we keep our hands clean and we always have access to additional protective equipment if we need it".

Learning lessons when things go wrong.

- There was a system in place to record and analyse incidents, information was shared between the registered manager, nominated individual and supervisory staff to check appropriate actions were taken and to address any action required.
- We discussed an incident with the registered manager. An investigation into the incident had been carried out and an analysis of the incident had taken place to identify how to prevent a reoccurrence. The registered manager explained the learning from the incident and how this was used to improve staff practice to promote people's safety.

# 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

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 needs were assessed prior to using the service. People told us they had received a visit from the registered manager or/and other senior staff to carry out a needs assessment and to explain what the agency could provide. People's comments included, "Yes everything was explained to me" and "We were given a booklet with details in it in case we had any problems".
- Needs assessment included details about people's choices and preferences relating to the protected characteristics, under the Equalities Act (2010). Staff commented positively about how they respected people's individual characteristics and told us plans would be developed if needed to ensure people's choices were promoted and respected.

Staff support: induction, training, skills and experience.

- We received positive feedback from people and relatives about the competence of care staff. People told us their needs were met by staff with the right skills and experience and when new staff were introduced they shadowed more experienced staff prior to supporting people alone.
- Training records confirmed staff completed training in subjects relevant to people's needs and this included dementia awareness, Parkinson's disease, moving and handling and behaviours that may challenge. A staff member told us how useful the dementia awareness training had been in supporting them to understand the experience of people living with dementia. They said, "I learned so much and have really made sure I am more understanding and patient when it comes to looking after people".
- Staff were supported in their role through supervision and appraisals. Staff told us they received the support they needed on a day to day basis from care coordinators or the registered manager.

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

- People we spoke with who were supported with eating and drinking told us they were satisfied with the support they received. A person said, "They make me a cup of tea and sometimes they prepare a meal or make me a sandwich" and "If I am not drinking much they remind me to have a glass of squash or a cup of tea".
- People's needs and preferences for food and drinks were recorded in their care plans.

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

- People told us that staff acted on any healthcare concerns. One person said, "I needed to see the GP pretty quickly, so the staff helped me organise it and everything got sorted". Other people said staff monitored their skin for any changes which could mean they required healthcare support.
- Records showed people were supported by other healthcare professional as required, for example for the treatment of skin damage. The service also worked with occupational therapists to ensure staff were trained

in the moving and handling needs of people and to support people with their changing mobility needs.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People told us staff asked for their consent with meeting their needs. People's comments included, "They explain everything" and "They ask for permission first".
- Staff completed training in the MCA. Staff we spoke with understood the principles of the Act and how they used these to support people with making their own choices, and decisions. One staff member said, "The MCA is about assuming people have capacity to make their own decision and if you don't think they do then we assess it and write it down".
- In the care plans we reviewed we saw evidence that people had consented to their plan of care. Where people had a legal representative, we saw the service checked this person's authority to act on their behalf.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

- Staff understood the importance of respecting people's individual rights and choices.
- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence.
- Care plans included what people could do for themselves and where they needed support.
- Staff received training as part of their induction to ensure they treated people with dignity and respect.
- Staff described how they promoted dignity. For example, one staff member said, "We always make sure the curtains are closed and we cover people up as much as possible when delivering personal care".
- People told us they were treated with dignity and respect. One person commented, "I trust them [staff] very much, they are always chatting to me and they ask me if it's ok to do personal care".

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

- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met.
- Staff were knowledgeable about the Equalities Act 2010 and they had received training to support their understanding.
- Relative comments confirmed people were supported in a non-discriminatory manner.

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

- Staff spoken with recognised what was important to people and ensured they supported them to express their views and maintain their independence.
- Care records contained evidence the person who received support had been involved with and were at the centre of developing their support plans.
- Information was made available about advocacy contacts, should someone require this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.
- Records contained information about people's current needs and choices.

# Is the service responsive?

## Our findings

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

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

- People's likes, dislikes and preferences were documented in their care plans which were detailed and easy to read.
- We saw evidence of positive outcomes for people. For example, one person was supported to maintain their independence in respect of their mobility and another person was referred to the community mental health team to receive emotional support in relation to depression.
- There was information about people's backgrounds and what was important to them. This helped staff engage meaningfully with people and build an understanding of their needs. A member of staff told us, "We support a lot of the same people but if we meet someone new then there is usually information in their care plan for us to learn a little bit about them".
- Records documented the care needed to support people to maintain good skin integrity, assistance required to take medicine safely and the care needed to support people with catheter care.
- Relatives told us that they were kept fully informed of people's care and support and were consistently happy with the support people were receiving.

All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need.

- Information was available for people in accessible format. For example, large print documents could be produced for people who were unable to read small type.

Improving care quality in response to complaints or concerns:

- People knew how to make a complaint and they were confident their complaints would be listened to and acted upon.
- Documents demonstrated that the complaint log was completed, and complaints were followed up and dealt.
- The registered manager was approachable and people and relatives felt confident any concerns raised would be dealt with properly.

End of life care and support:

- At the time of our inspection no one was receiving end of life care.
- The provider had a policy, based on national guidance, in place to provide support to staff about the actions to be considered when a person was approaching 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

Good: 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.

- The registered manager understood their responsibilities of their registration. The previous inspection rating was on display and notifications had been submitted to us, as required by law.
- There was a clear staff structure throughout the agency and the registered manager had developed lines of delegation with the senior staff for the day-to-day running of the service.
- There were systems in place to monitor the safety and the quality of the service. Audits were completed on a regular basis and where shortfalls were identified, these were addressed in an action plan.
- The area manager was a regular presence at the office and was knowledgeable about challenges and the positive outcomes staff had helped people to achieve.

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

- Staff said they were listened to by the registered manager. They were clear about their roles and responsibilities towards people they supported. They felt confident about raising any issues or concerns with the manager at staff meetings or during supervision.
- Staff understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the service.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation.

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

- The registered manager regularly sought the views of people, their relatives and visiting healthcare professionals and the feedback had been used to continuously improve the service.
- Staff were routinely verbally asked for their feedback and consulted with regarding proposed changes to the service.
- The registered manager had forged good links for the benefit of the service within the local community.
- The registered manager kept up-to-date with best practice initiatives and was part of forums and networking groups to share good practice ideas and drive improvement throughout the service.
- The service engaged with multiple different health and social care professionals.
- We saw a number of professionals had fed back positively to the service about the high level of

engagement from staff. Records showed multi-agency support had positively impacted on people's lives.