

Agincare UK Limited

Agincare UK Medway

Inspection report

Nelson Court Care Centre
Nelson Terrace
Chatham
Kent
ME5 7JZ

Date of inspection visit:
23 February 2016

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21 March 2016

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

We inspected the service on 23 February 2016. This inspection was announced. We gave short notice of the inspection because the registered manager was often out of the office supporting staff and some of the people using the service were often out at their daily activities. We needed to be sure that they would be available to speak with us. We made telephone calls to people that used the service and staff on the 26 February and 3 March 2016.

Agincare UK Medway is a domiciliary care agency which provides personal care to older people, including people with dementia and physical disabilities. Agincare UK Medway also provides a Medway Carers Respite Service. This is a four hour service, usually once a week that enables the relative of the person needing support to have a period of time for themselves. The agency provides care for people in the Medway area and the office is situated in Chatham. There were over 200 people receiving support to meet their personal care needs on the day we inspected.

The service had a registered manager. 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.

People's views about the service they received were positive. People told us staff were kind, caring and communicated well with them. Communication between staff within the service was good.

The service had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the agency's whistleblowing policy. Staff were confident that they could raise any matters of concern with the provider, the registered manager, or the local authority safeguarding team. Staff were trained in how to respond in an emergency (such as a fire, or if the person collapsed) to protect people from harm.

The registered manager and staff had received training about the Mental Capacity Act 2005 and understood when and how to support people's best interests if they lacked capacity to make certain decisions about their care.

People were able to express their opinions and views. The field care supervisors involved people in planning their care by assessing their needs on their first visit to the person, and then by asking people if they were happy with the care they received. There was a strong emphasis on person centred care. People were supported to plan their support and they received a service that was based on their personal needs and wishes. The service was flexible and responded positively to changes in people's needs.

The field care supervisors carried out risk assessments when they visited people for the first time. Other assessments identified people's specific health and care needs, their mental health needs, medicines

management, and any equipment needed. Care was planned and agreed between the service and the individual person concerned. People were supported by their family members to discuss their care needs, if this was their choice to do so.

People were supported with meal planning, preparation and eating and drinking. Staff supported people, by contacting the office to alert senior staff of any identified health needs so that their doctor or nurse could be informed.

People were supported and helped to maintain their health and to access health services when they needed them.

There were suitable numbers of staff available to meet people's needs, and people were informed if their planned care had been allocated to another member of staff.

The service had robust recruitment practices in place. Applicants for post were assessed as suitable for their job roles. All staff received induction training which included essential subjects such as maintaining confidentiality, moving and handling, safeguarding people and infection control. New staff worked alongside experienced staff and had their competency assessed before they were allowed to work on their own. Refresher training was provided at regular intervals. Staff had been trained to administer medicines safely. Staff received regular support and supervision from the branch manager and the field care supervisors.

People said that they knew they could contact the registered manager or senior staff at any time and they felt confident about raising any concerns or other issues. The field care supervisors carried out spot checks to assess care staff's work and procedures, with people's prior agreement.

The service had processes in place to monitor the delivery of the service. As well as talking to the field care supervisors at spot checks, people could phone the office at any time, or speak to the senior person on duty for out of hours calls. People's view and experiences were sought through review meetings and through surveys.

Incidents and accidents were recorded and checked by the registered manager to see what steps could be taken to prevent these happening again. Risks were assessed and the steps taken to minimise them were understood by staff. The registered manager ensured that they had planned for foreseeable emergencies, such as severe weather conditions, so that should they happen, people's care needs would continue to be met.

People told us that the service was well run. Staff were positive about the support they received from the registered manager. They felt they could raise concerns and they would be listened to. Audit systems were in place to ensure that care and support met people's needs.

People's information was treated confidentially. People's paper records were stored securely in locked filing cabinets.

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.

Safe recruitment procedures were in place.

There were enough staff deployed to meet people's needs.

Risks to people's safety and welfare were managed to make sure they were protected from harm.

People were protected from abuse or the risk of abuse. The registered manager and staff were aware of their roles and responsibilities in relation to safeguarding people.

Is the service effective?

Good ●

The service was effective.

Staff had received training relevant to their roles. Staff had received supervision and good support from the management team.

People gave us positive feedback about the choices they were supported to make and the support they received at meal times.

Staff had a good understanding and awareness of the Mental Capacity Act.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. Staff knew people well.

People were involved with their care. People's care and treatment was person centred.

People's confidential information was respected and locked

away to prevent unauthorised access.

Is the service responsive?

Good ●

The service was responsive.

The service was flexible and responded quickly to people's changing needs or wishes.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

The service had a complaints policy, people were aware of how to make a complaint. The registered manager had responded to complaints appropriately.

Is the service well-led?

Good ●

The service was well led.

There were systems in place to assess the quality of the service.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

The registered manager and nominated individual were aware of their responsibilities.

The service had a clear set of values and these were being put into practice by the staff and management team.

Agincare UK Medway

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 February 2016, was announced, and carried out by one inspector. 48 hours' notice was given of the inspection because the registered manager was often out of the office supporting staff. We needed them to be available during the inspection.

Before the inspection, we reviewed notifications we had received. A notification is information about important events which the service is required to send us by law.

We telephoned 11 people and five relatives to ask them about their views and experiences of receiving care. We spoke with three staff during the inspection, which included the registered manager and telephoned eight staff members to interview them.

We looked at records held by the provider. These included 15 people's care records, risk assessments, staff rotas, 12 staff recruitment records, meeting minutes, policies and procedures.

This was the first inspection since registration as Agincare UK Medway, in March 2014.

Is the service safe?

Our findings

People said they felt safe receiving care from the staff at the service. People who used services said that they felt safe with their support staff and had no cause for concern regarding their safety or the manner in which they were treated by staff. People told us, "Yes, definitely safe", and "I feel safe as I have the same support staff all the time". One relative said, "My wife recognises the staff and feels safe. I am at ease when I go out".

People were protected from abuse and mistreatment. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager understood their responsibilities and knew how to report safeguarding concerns to the local authority. Staff had completed safeguarding adults training. Staff understood the various types of abuse to look out for and knew who to report any concerns to in order to ensure people were protected from harm. Staff told us they were confident to report abuse to management or outside agencies, if this was needed. Staff also knew how to blow the whistle on poor practice to agencies outside the organisation.

Safeguards were in place around people's finances. Staff carry a receipt book and complete a record on a financial transaction sheet. Regular checks were made to ensure that, where staff were helping people manage their money, the correct procedures had been followed to safeguard their funds.

Before any support package was commenced, the field care supervisors carried out risk assessments of the environment, and for the care and health needs of the person concerned. Environmental risk assessments were very thorough, and included risks inside and outside the person's home. Outside if there were any steps to negotiate to enter the property, and whether there was any outside lighting. Risk assessments for inside the property highlighted, if there were any obstacles in corridors and if there were pets in the property. Also, checking if any electrical sockets were overloaded, and checking if medicines were safely stored in the home.

People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, the moving and handling risk assessment detailed if there had been any falls in the last year. Some people had restricted mobility and information was provided to staff about how to support them when moving around their home. In this way people were supported safely because staff understood the risk assessments and the action they needed to take when caring for people.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. The provider had an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time. Staff received training in how to respond to emergencies. The registered provider had a policy in place to reduce the risk of people not receiving a service in the event of inclement weather. Staff who lived nearby people's homes were made available to cover if required.

Staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. Incident and accident reports were detailed and included information about the steps staff had taken to support people following an incident or accident. The registered manager told us that the management team reviewed accidents and incidents monthly and took any required action.

Staffing levels were provided in line with the support hours agreed. The staffing levels were determined by the number of people using the service and their needs. Currently there were enough staff to cover all calls and staffing numbers were planned in accordance with people's needs. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased as required. Staff were allocated to support people who lived near to their own locality. This reduced their travelling time, and minimised the chances of staff being late for visit times.

The service had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. These included checking prospective employees' references, and carrying out Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identify if prospective staff have had a criminal record or have been barred from working with children or vulnerable people. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment, and a copy of key policies and procedures such as maintaining confidentiality, emergency procedures and safeguarding. New staff were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely.

People were supported to manage their medicines safely and at the time they needed them. Checks were carried out to ensure that medicines were stored appropriately, and support staff signed medicines administration records for any item when they assisted people. Each person had an assessment of the support they would need to manage their medicines themselves. This varied from people who were able to manage the whole process independently to those who required full assistance. Staff had been trained to administer medicines to people safely. Staff were informed about action to take if people refused to take their medicines, or if there were any errors. Records showed that people received the medicines they needed at the correct time.

Is the service effective?

Our findings

People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs. Most people told us that staff were good at their jobs and had the necessary skills. People said that they thought the staff were well-trained and attentive to their needs. Feedback from people was very positive, and people commented, "I am very grateful that there is a service like this available", and "The staff provide good support for my wife". One relative told us, "I can always contact the office if I need to; they are always very helpful when I speak to the staff".

People received care and support from staff who had been trained to meet their needs. All new staff completed an induction when they started in their role. Learning and development included face to face training courses, eLearning, on the job coaching and workbook assessments. The induction and refresher training included all essential training, such as moving and handling, fire safety, safeguarding, first aid and infection control. Staff were given other relevant training, such as behaviours that challenge, dementia awareness and health conditions such as stroke. This helped ensure that all staff were working to the expected standards and caring for people effectively, and for staff to understand their roles and responsibilities.

Staff had or were undertaking vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. Staff did not work alone until they had been assessed as competent to do so. Staff told us their training was continuous. This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff told us they were supported through individual supervision and appraisal. Records seen supported this. Spot checks of staff were carried out in people's homes. A spot check is an observation of staff performance carried out at random. These were discussed with people receiving support at the commencement of their care support. At this time people expressed their agreement to occasional spot checks being carried while they were receiving care and support. Relatives confirmed that spot checks had been carried out. People thought it was good to see that the care staff had regular checks, as this gave them confidence that staff were doing things properly. Spot checks were recorded and discussed, so that care staff could learn from any mistakes, and receive encouragement and feedback about their work.

Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put these into practice and ensure people's human and legal rights were respected. The staff had a clear understanding of people's rights in relation to staff entering their own homes.

People were always asked to give their consent to their care, treatment and support. Records showed that staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were taken in people's best interests, with the involvement of the right professionals. Where people did not have the capacity to make decisions they were given the information they needed in

an accessible format, and where appropriate, advocates or their friends and family were involved.

Staff skills were matched to the people they were supporting as far as possible, so that they could relate well to each other. People got to know the same staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness.

People were supported to maintain a balanced diet. Care records evidenced the care and support needs that people had in relation to maintaining their health through eating and drinking. Care plans encouraged staff to offer plenty of drinks and staff said that they always left drinks in reach of people before leaving. People were referred to their GP if there were concerns about their food and fluid intake or if they had lost weight.

People were involved in the regular monitoring of their health. Staff identified any concerns about people's health to the senior staff, who then contacted their GP, community nurse, mental health team or other health professionals. Each person had a record of their medical history in their care plan, and details of their health needs. Records showed that staff worked closely with health professionals such as district nurses in regards to people's health needs. Occupational therapists and physiotherapists were contacted if there were concerns about the type of equipment in use, or if people needed a change of equipment due to changes in their mobility. Staff gave examples of the action they would take if they were concerned about a person's health such as if someone was not acting in their usual manner or that they were showing signs that the person had experienced a stroke. This meant that people's health needs were met by staff.

Is the service caring?

Our findings

People told us that staff were kind and caring and treated them with dignity and respect. People said, "The staff are very nice and friendly", "All staff are caring and friendly", "I have a good relationship with the carer, they are spot on and I am treated with dignity and respect", "I have got to know the carers and they are very friendly. I look forward to them coming to me they are all nice", and "I have the same carers every week and have built up such a bond with the carers that come into me. They have been fantastic. I am happy with the service they provide".

One relative told us, "It is lovely to have a bit of support. My relative does not want to go out but comes back in a better mood. It does give me a bit of breathing space. A nice young lady comes and it is all working out very well. The girls have been very nice and good for my relative".

People were involved in their care planning and their care was flexible. Records evidenced that if people wanted to change their care and support, they contacted the office and requests were met where possible. People's care plans detailed what type of care and support they needed in order to maintain their independence. For example, one person's care plan detailed that they liked to drink tea with milk but no sugar. Another person's care plan detailed they needed support with serving their meals, and another person needed assistance with toileting needs.

Daily records evidenced that people had received their care and support as detailed on the care plan. People told us that staff wrote in the daily records at every visit. Staff were aware of the need to respect choices and involve people in making decisions where possible. A staff member told us they gave people prompts and praise to ensure people were in control and encouraged people to make decisions.

Regular reviews were carried out by the field care supervisors. Any changes were recorded as appropriate. This was to make sure that the staff were fully informed to enable them to meet the needs of the person. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

Staff maintained people's privacy and dignity. Staff we spoke with all told us that people were treated with dignity and respect. Staff were discreet when discussing people's needs, moving to quiet areas of the office as required. Staff communicated effectively with each person using the service, no matter how complex their needs. People and relatives said that staff respected them. One relative told us, "They felt comfortable and respected by staff".

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Is the service responsive?

Our findings

People told us they had access to their care plans and documents and knew how to complain. People described their staff as being 'supportive' and 'caring'. People said, "I would telephone and speak with the manager if I wanted to complain, but I have not had anything to complain about", and "The staff help me to do the things I want to do". Relatives said they had the contact number for the office and if they had any concerns they would contact the office.

Staff told us there was always a care plan and risk assessments in place giving them all the information they needed to provide care and support. They explained that the field care supervisors conducted an assessment visit prior to the care package starting. During assessments people were asked if they would prefer a male or female staff member and their preference was noted and respected where possible. People's care records contained care plans, risk assessments, and care reviews. The care plans included information on; personal care needs, medicines, nutritional needs, as well as people's preferences in regards to their care. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for staff assisting new people, or for staff covering for others while on leave, when they knew the person less well than other people they supported, although they had been introduced. People's plans were reviewed on a regular basis or sooner if their needs changed and they were provided with support that met their needs and preferences.

The service was flexible and responsive to people's individual needs and preferences. One member of staff told us how supportive the office staff had been when they telephoned about a person who was unwell. Responsive action was then taken and an ambulance was called.

The provider had a complaints and compliments procedure. The complaints procedure was clearly detailed for people within the 'service user guide'. The complaints policy available in the office showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included The Care Quality Commission (CQC) the Local Government Ombudsman (LGO). Complaints records showed that issues had been fully investigated and responded to by the registered manager and provider within appropriate timescales, people had received an apology when one was required. One person told us, "If I had any concerns I would speak to a staff member in the office who is always very helpful". One relative said, "I have a copy of the complaints procedure in the folder of information provided by the service. I have on a couple of occasions spoken to the manager with concerns and was satisfied with the action taken to resolve these issues".

The service kept a log of any missed calls. Missed calls were taken very seriously and records showed that once alerted, action had been taken to cover any missed call.

Is the service well-led?

Our findings

People told us the service was well managed. People and their relatives were consistently positive about the service they received. People and relatives said they would recommend the service to other people.

People knew who the manager was and confirmed that someone visited them in their homes to check on the care and support they had received. Comments included,

The service had a clear management structure in place led by a registered manager who understood the aims of the service. The aims were that domiciliary care enables individuals to maintain independence by assisting them with as much or as little home care support as the need on a daily basis.

The management team encouraged a culture of openness and transparency. Their values included an open door policy (anyone who wanted to bring something up with them just had to walk through the door and ask), management being supportive of staff and people, respecting each other and open communication. Staff demonstrated these values by being complimentary about the management team.

The provider and registered manager had developed a positive culture in the service encouraging staff and people to raise issues of concern with them, which they always acted upon. Staff said they felt they could speak with the provider, registered manager or senior staff if they had any concerns. Staff said they liked working for the service. Our discussions with people, their relatives, registered manager, and staff showed us that there was an open and positive culture that focused on people. Staff told us they were free to make suggestions to drive improvement and that the provider and registered manager were supportive of them.

Staff felt that they had good support from the management team and providers. They were given opportunities to grow within the organisation and develop themselves. One staff member said, "I get support from my supervisor and if I ring the office the staff are always helpful". Another staff member told us, "The manager is helpful and friendly, I can talk to her about anything".

Staff also received support and guidance by attending staff meetings. These were held regularly, records of these evidenced that staff discussed practice issues and explored other ways of providing support following good practice guidance.

There were systems in place which meant that the service was able to assess and monitor the quality of service provision and any concerns were addressed promptly. The ethos of providing good care was reflected in the record keeping. Clear and accurate records were maintained and comprehensive details about each person's care and their individual needs. Care plans were reviewed and audited by the registered manager and senior staff on a regular basis. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe.

There were a range of policies and procedures governing how the service needed to be run. The registered

manager followed these in reporting incidents and events internally and to outside agencies. The providers kept the registered manager up to date with new developments in social care.

The provider had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. The policy stated that staff were encouraged to come forward and reassured them that they would not experience harassment or victimisation if they did raise concerns. The policy included information about external agencies where staff could raise concerns about poor practice, and also directed staff to the Care Quality Commission.

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as serious injuries, safeguarding concerns, deaths and if they were going to be absent from their role for longer than 28 days.