

Agincare UK Limited

Agincare UK New Milton

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 New Milton is a care service providing personal care to people in their own homes. At the time of the inspection the service was supporting 70 people with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and relatives told us they very happy with the good care they received from staff at Agincare New Milton. Staff were patient, kind and friendly. They treated people with dignity and respect and listened to what people had to say. People felt involved in their care and were encouraged to maintain their independence.

Recruitment processes were in place which ensured suitable staff were employed. There were enough staff on duty to meet people's needs and people and relatives told us staff provided their care without rushing. Risks to people's health and wellbeing had been identified and measures were in place to minimise risks. Safeguarding procedures were in place for identifying and reporting abuse and these were understood by staff.

Staff obtained consent from people for day to day decisions. People were encouraged to have maximum choice and control of their lives, such as how they wanted to spend their time or when they did not want to receive their care. People were supported to access healthcare services when required.

People's care plans were developed with them and included their preferences and wishes for their care. Staff were responsive to people's individual needs and encouraged them to share their views. People and relatives had no complaints but knew how to contact the registered manager if required.

The provider had developed a range of quality monitoring systems, such as surveys and audits, and feedback was used to help drive improvement. People and relatives spoke highly of the service. Staff felt very well supported by the registered manager who was hands on and approachable. Issues raised during the inspection were dealt with promptly by the registered manager.

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 27/1/2017).

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 New Milton on our website at 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 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.

Detailed 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 New Milton

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 was carried out by an inspector, an assistant inspector and an Expert by Experience. 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 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

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 November 2019 and ended on 4 December 2019. We visited the office location on 27 November and 4 December 2019. Our Expert by Experience carried out telephone interviews with people using the service on 29 November and 2nd December 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with six people and five relatives by telephone and visited two people and in their own home so they could tell us their views of Agincare UK New Milton and the way staff provided their care and support. We spoke with the registered manager, a field care supervisor, a regional field care supervisor and four care staff. We also spoke with the business development manager who attended to support the inspection.

We reviewed six people's care records and medication records and pathway tracked 2 people's care. Pathway tracking enables us to check that people have received all the care they required. We looked at four staff files in relation to recruitment and staff supervision and other records relating to the management and monitoring of the quality of the service such as audits and surveys.

After the inspection

We continued to seek clarification from the provider to validate evidence found, including training and audit information. We were unable to obtain feedback from care and health professionals.

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 rated as good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had been assessed for individual risks, such as risk of falls or skin breakdown and risks associated with medicines. Measures were in place to guide staff in how to manage these risks. For example, staff ensured people used their pressure relieving equipment where required, that it was in good order and ensured mobility aids, such as walking frames, were always left within the person's reach at the end of a visit.
- Environmental checks were carried out in people's homes to ensure people and staff were safe. For example, electrical appliance checks, identifying trip hazards, safe working methods and fire safety.

Staffing and recruitment

- Recruitment procedures were in place which ensured only people suitable to work in a social care setting were employed. Staff had provided a full employment history, previous employment references and proof of identity. All staff had received a criminal check from the Disclosure and Barring Service (DBS). A DBS check helps employers to make safer recruitment decisions.
- The registered manager was in the process of recruiting new staff who were awaiting the completion of relevant checks before commencing employment.
- There were enough staff to meet the daily visit schedules and when there was a need, the registered manager and senior staff stepped in to cover. Rotas were sent through to people and staff in advance. Any changes to the rotas were communicated to staff through the electronic care system on their mobile phones to ensure all visits were covered.
- Staff told us they had enough time to complete their visits although sometimes travel time was insufficient. Late calls were not highlighted as an issue by people who told us staff were on time most of the time. One person said, "They have always turned up, never let me down. They are late sometimes, there might be a hiccup with the person before me and traffic can hold them up."

Systems and processes to safeguard people from the risk of abuse

- There were policies in place to safeguard people. Staff received training in safeguarding people and information was available to them to refer to. Staff understood the process for reporting any concerns, including external agencies such as the local authority and CQC.
- People and relatives told us they felt safe with staff when receiving care. One person told us, "Oh yes. I do feel safe. Everything is done right."

Using medicines safely

- People required varying levels of support from staff to take their medicines, for example, either by reminding them, removing tablets from the packets or by physically administering their medicines. Where

appropriate, risk assessments were in place with any mitigating actions to ensure people were safe to take their own medicines. Staff were trained to administer medicines and were regularly re-assessed for competency.

- People were responsible for ordering their own medicines, however, we noted several instances where medicines had run out of stock. We discussed this with the registered manager who said they would review this with people to see if they could reduce the risk of this happening in future.
- Protocols were in place for PRN (as and when required) medicines to provide additional guidance for staff about when and why these should be given.

Preventing and controlling infection

- Staff understood and maintained appropriate hygiene practices to minimise the risks of cross infection. There were ample supplies of personal protective equipment (PPE), such as gloves and aprons for them to use during visits to people. The registered manager and supervisors carried out unannounced spot checks to ensure staff were working to expected standards, including the use of PPE.

Learning lessons when things go wrong

- The registered manager recorded and reported incidents and accidents to the local authority and senior managers. Any learning was shared with staff and used to minimise risks of re-occurrence.

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; good. 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

- People received an initial assessment of their care needs before their care package was agreed. This ensured the service was appropriate to meet people's needs. People's initial assessments included, for example; communication, eating and drinking, continence, mobility and skin care and also took account of their wishes and preferences. This information was then developed into people's individual care plans which provided guidance for staff in how to provide people's care in line with their needs and wishes.
- Where required, people had been assessed for risks using nationally recognised assessment tools. For example, skin integrity.

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

- Some people required support with preparing their meals and snacks and staff assisted with this appropriately. For example, heating up pre-prepared meals or making sandwiches. Most people were able to eat independently, however where people were at risk of not eating, staff told us they would stay and ensure they were encouraged to eat.
- People told us staff always offered them drinks and ensured they always had drinks to hand before they left.
- Where people had specific nutritional requirements, staff were knowledgeable and supported people to manage these. One staff member told us they supported a person with diabetes who didn't want to follow their GP's advice. They told us, "It's their choice. I can only explain the good and bad things."

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

- Some people were supported by family members to manage their health conditions, whilst staff supported other people who needed this assistance. One person told us, "They do pick up on it when I'm not well." Another person said, "Once or twice I've had to have the doctor in if I've not been well. They've sorted that out for me. They're very good like that." A staff member told us when they visited one person they had very high blood sugar levels so they called the GP who came to see them. They told us, "We all work together."
- Care records confirmed people were supported to access healthcare services when required, such as their GP, dentist, district nurse and the falls team.

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 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.

- The registered manager and staff understood their responsibilities under the Act. People being supported had the capacity to make day to day decisions and give their consent for care. A staff member told us, for example, "Just because someone might not want their tablets doesn't mean you can force it. You can try again later and explain why they need it, but you can't force them."
- Records showed people had the capacity to make decisions and had signed consent forms for their care.

Staff support: induction, training, skills and experience

- Staff received regular training to ensure they had the skills and knowledge to carry out their duties effectively. People told us they thought staff were well trained. Comments included, "Yes, I should think they have. The new carers shadow the regular carers as well," and "My husband..... won't wash for me, but the carers persuade him to let them help him to wash and get dressed. Without them I would struggle to get him to do anything. They make such a difference to us." Another relative said, "My husband has a shower. It takes two of them to hoist him out of bed and shower him. They're very skilful the way they do it."
- Staff told us they felt well supported with training and had the skills to carry out their roles, although one staff member said they had not felt prepared to support two people who used specialist continence aids. They had received the guidance from the people themselves. Senior staff had since completed the training and cascaded it down to relevant staff. Staff also completed the Care Certificate as part of their induction. This is a nationally recognised standard which all care staff should meet.
- Staff received observed practice sessions which helped the registered manager and senior staff to monitor their care practice and identify areas for improvement. Staff confirmed they had regular spot checks and supervision sessions which they found useful.
- Staff had annual appraisals which ensured they had an opportunity to review their performance and identify areas for development.

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 remains rated as good. 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 and relatives spoke very positively about the way staff treated them. They told us, "They're a lovely lot," and "They are delightful," and "They are all very nice. We get on ever so well. They joke with me all the time and I love that." Another relative told us, "They are very nice to my wife. They chat away with her while they look after her." Another person told us, "Everyone respects me and are so good to me."
- Staff understood the importance of supporting people at their own pace and not rushing them. One staff member told us, "[Name] sometimes gets more confused in the evenings so you have to take a bit more time and be patient."
- Staff spoke fondly of people and clearly enjoyed spending time with them and finding out about their life. Comments from staff included, "I just love people, they are so interesting and it's wonderful when you're talking to them and tap into their past," and "It's about getting to know people, spending extra time to find out what they like and don't like. Records tell you what to do but spending time with people is what really tells you about them."
- There was positive, friendly interaction between the field care supervisor and people during our visits to them at home. People clearly knew the field care supervisor well and were relaxed and at ease with them, sharing jokes and banter.

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

- People told us they felt involved in their care and support. One person told us the staff always asked them how they felt and what they wanted so they still felt in control. A relative told us, "On one occasion [name] had fallen over. They rang me [afterwards] to see if I was happy with what they had done to help him. They were fantastic." Staff supported people to make decisions. A staff member told us, for example, "One client would like to wake up after 11am so we spoke to the office and they changed her time. It's things like that to make people feel okay." One person had had male carers three days in a row which meant they hadn't wanted a shower. We discussed this with the registered manager who arranged to go and meet with the person and review the rota to resolve this.
- People were encouraged to express their views by speaking with staff or providing written feedback which was positive. Comments in the compliments folder included, "Best care my dad has ever had. The carers are pleasant, friendly and efficient" and "Couldn't get better care, always go the extra mile."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. During our visits to people at home, we observed the field care supervisor respected people's privacy, knocked on people's front doors and called out before

they entered. People told us staff respected their homes and checked with them before carrying out any tasks, such as emptying the bins when they unable to do this themselves.

- People were encouraged to maintain their independence. One person told us, "I'm very independent but do need help getting washed and dressed." Care plans were person centred and recorded where people could manage their own care. For example, "[name] is capable of washing his upper body....and completing his own oral care." Records showed where people had declined to receive care when this was their wish.

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; good. 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

- Person centred care plans were agreed with each person before they started to receive care which included for example, health, mobility, skin care, oral health and religious needs. Plans also included people's preferences, such as their preferred name, when they liked to get up and how they liked to spend their time. The registered manager told us they were in the process of completely rewriting people's care plans in a new format which was a work in progress. Staff had immediate access to people's care plans on the electronic care system which meant they could refer to them during a visit if required.
- Staff knew people very well and promptly identified if people's needs had changed. One staff member told us about one person who started to become agitated after showering. They worked with the person and found they liked to dry off in the bathroom but also liked a second towel in the bedroom, even if they were already completely dry. They told us, "It's about talking to people and understanding them. We have to work together."
- Care plans were reviewed with people and, where appropriate, their relatives, and any changes were communicated to staff straight away through the electronic care system on their mobile phones.

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.

- People's care plans described how people communicated and where they used communication aids such as hearing aids or glasses. Staff knew people well and how they communicated. One staff member told us, for example, "Just because someone is non-verbal doesn't mean they don't have capacity [to communicate]. There are gestures, noises, even blinking. If you build a rapport you can learn how they [people] communicate." The field care supervisor knew the people we visited and explained about a relative who was hard of hearing. When we arrived at their home, the field care supervisor sought the relative's permission to arrange the seating so our inspector could sit on their 'best' side for their hearing.

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

- Some people lived with relatives or had friends who visited them and therefore had opportunities for socialising. Staff tried to encourage other people, who did not have those connections, to access their community. Where people declined support with socialising this was recorded. One person's care plan

stated they had been offered support but preferred their own company and watching TV and did not want to socialise or engage in leisure activities.

Improving care quality in response to complaints or concerns

- The service had a complaint policy which people were aware of. People told us they had no complaints but felt confident any concerns would be addressed. One person told us the service was responsive, "Any problems and I ring them straight away and we sort it out." There were three complaints recorded in 2019 which had all been dealt with according to the provider's complaint policy which included providing feedback and learning. For example, concerns had been investigated and discussed with family members to agree actions. Informal coaching had taken place with staff and the care plan was updated.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. However, the service had received support and training from a local hospice to enable staff learning around how to care for people at the end of their lives.

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 rated as good. 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.

- The registered manager had been in post for seven months and had focussed on developing positive working relationships with staff following a long period of change within the management team. This had helped build trust and confidence within the staff team.
- Staff we spoke with were very happy working at Agincare New Milton. They told us the registered manager who was approachable and was always available for advice and guidance. One staff member told us, "Yes, definitely approachable. Compared to previous managers you can see the impact it's had on the carers [staff]." Another staff member said, "They're doing the best they can. It's been a tough year because we've had so many changes with management but they're doing very well under the circumstances and I do admire them." A third staff member told us, "We're all working together to get up to one of the best companies to be. We're going there and we're trying."
- The provider had implemented an electronic care system to support staff to record people's care in real time. This could be monitored in real time which ensured there were no missed visits and that all care had been given as required. Care plans were also now held on the electronic system and updated on the system as required, giving staff immediate access to any changes to people's care. Staff told us the new system was proving to be beneficial.
- The provider had systems in place to monitor the quality and safety of care and to help drive improvement. The registered manager completed monthly audits to check the quality and relevance, for example, of care plans and medicines management. The regional field care supervisor completed external quarterly audits of, for example, safeguarding, training and performance, recruitment and management systems. An action plan was developed from the audits where areas were identified for improvement. These were reviewed at the following audit to ensure actions were being completed. Where we identified issues during the inspection these were addressed promptly by the registered manager.

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

- Most people told us Agincare New Milton was a good company and provided good care. A relative told us, "They give a very good service." Another relative told us the funding had been cut by the funding authority for their family member at weekends but that, "[Agincare] has been very good. They go over their time at weekends otherwise he wouldn't have a full wash and shave." One person told us, "I've got dressings on both my legs.....the carers put plastic bags over the dressings to keep them dry so I can still have a shower."

- One relative told us their family member used to refuse food so the staff [from a previous agency] used to leave without him eating. They told us, "Agincare carers don't do that. They just get on and make a meal and talk to him. He usually eats now."

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 registered manager understood their responsibility under the duty of candour. They were open and honest with people and their relatives when things went wrong and had procedures in place to respond promptly and appropriately.

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

- People and relatives had opportunities to feedback on their experiences of care. We reviewed ten telephone surveys for people from November 2019 and saw all the comments were very positive. For example, "The carers are excellent and go the extra mile..." And, "I'm happy with the carers. They look after me well and my dog." Staff surveys from November 2019 were also positive with staff saying they understood their roles and received relevant support and training.
- The registered manager held staff meetings where staff were kept up to date and had opportunities to share their ideas. Minutes of the most recent staff meeting in October 2019 showed staff had discussed reporting concerns, training, medicines, new staff and policy updates. They had also awarded the 'carer of the month' award which demonstrated the registered manager valued their staff team.
- Staff worked closely with other agencies, including health and social care professionals, which ensured the best outcomes were achieved for people.

Continuous learning and improving care

- The registered manager and staff knew people very well. Where incidents happened, these were investigated and addressed promptly. Where any learning was identified, this would be shared with staff through team meetings and hand overs and any urgent information through the electronic care system.