

Agincare Live-in Care (Central) Limited

# Agincare Live-in Care (Central)

## 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 Live-in Care (Central) is a live-in care agency providing 24-hour personal care and support for people in their own homes across Central England and Wales. At the time of our inspection, they were supporting 42 people.

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

All the people and relatives we spoke with commended the service. People felt safe and well cared for. People's preferences were respected, and staff were sensitive and attentive to people's needs.

There were sufficient numbers of staff employed to ensure people's needs were met.

Recruitment practices were safe and staff received the training they required for their role.

Risks to people's health, safety and well-being were assessed and care plans were in place to ensure risks were mitigated as much as possible.

Staff were aware of their responsibilities to safeguard people and the service had robust procedures in place.

People's care plans contained personalised information detailing how people wanted their care to be delivered.

Staff were keen to ensure people's rights were respected including those related to ethnicity.

People received their medicines safely and as prescribed. Medicine management practices were safe.

People were supported to eat and drink enough. Staff supported people to live healthier lives and access healthcare services when required.

Consideration was given to providing leisure and social activities for people to enjoy.

Quality assurance systems were in place to assess, monitor and improve the quality and safety of the service provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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

#### Rating at last inspection

This service was registered with us on 03/08/2018 and this is the first 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 of our safe findings are below.

Good ●

### Is the service effective?

The service was effective.

Details of our effective findings are below.

Good ●

### Is the service caring?

The service was caring.

Details of our caring findings are below.

Good ●

### Is the service responsive?

The service was responsive.

Details of our responsive findings are below.

Good ●

### Is the service well-led?

The service was well-led.

Details of our well-led findings are below.

Good ●

# Agincare Live-in Care (Central)

## **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

This inspection was conducted by one inspector.

### 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 unannounced.

### What we did before the 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 (PIR). 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 three members of care staff, the registered manager, two people who used the service and three relatives. We reviewed a range of records including four care records, medicine administration records, three staff recruitment files and training matrix. We also looked at a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There was a robust safeguarding policy in place that sets out actions to take in the event of a safeguarding concern. We saw that the registered manager had raised safeguarding alerts appropriately.
- The registered manager conducted monthly safeguarding audits which identified trends.
- The provider's training records confirmed staff had undergone safeguarding training.

Assessing risk, safety monitoring and management

- Each person had risk assessments in place to mitigate the risk of avoidable harm. Risk assessments were reviewed and updated regularly.
- Risk assessments were up to date and available to relevant staff.

Staffing and recruitment

- Safe staff recruitment processes were in place with appropriate criminal and reference checks taking place prior to staff starting work with vulnerable people.
- There were enough staff to meet people's needs.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed.
- Only staff who had been trained in the safe management of medicines, and whose competence had been assessed, administered medicines to people.

Preventing and controlling infection

- Staff had access to protective clothing such as aprons and gloves to reduce the risk of the spread of infection and this was confirmed by people receiving the service.
- The services training records confirmed that all staff had received infection control training.

Learning lessons when things go wrong

- The provider kept records of incidents and the registered manager was able to show us actions taken following incidents and learning shared with staff. An example of this was when a person had followed a staff member outside the premises whilst they were on their break. Subsequently, the person injured themselves. The relevant authorities were notified, and the provider reviewed their smoking policy. This was communicated to all staff across the organisation and preventative measures were put in place.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Assessments identified people's care needs and provided staff with guidance on how to meet their needs and preferences. For example, manual handling risk assessments were in place to ensure staff mobilised people safely.
- Care reviews took place regularly to ensure changes to people's needs were identified quickly.
- People had been involved in the planning of their care and their wishes were respected.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was aware of their responsibilities relating to MCA.
- Training records confirmed staff had received appropriate MCA training.
- People's mental capacity was recorded on care records.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to do their job. A relative stated, "staff were well trained and could cope well."
- The provider had a training plan in place which identified when training was due.
- Staff were offered additional vocational training to enhance their professional development.
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals.

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

- Care plans were in place which identified people's meal preferences and included likes and dislikes.
- Staff received bulletins which advised care staff to give people additional fluids during periods of hot weather.
- Training records confirmed staff had undergone nutrition training.

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

- People's healthcare needs were being met.
- Records showed referrals were made to the GP and community nursing services when required.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 were supported by staff who knew their needs, likes and dislikes well. A person told us "The service is absolutely brilliant." Another person stated, "The service is very good it sits well with [Person] needs."
- Staff told us they enjoyed working at the service.

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

- People were involved in the planning of their care. Their care plans clearly show how people preferred to receive their care. A person stated, "[Staff] came out and carried out a review they were very thorough, asked [Person] questions about likes, dislikes and lifestyle questions."
- People's views were sought, listened to and used to plan their care and improve the service.
- Care plans included information about people's personal, cultural and religious beliefs.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People received care and support in a way that was flexible and responsive to their needs.
- Staff knew people well and could describe their likes, dislikes and preferences. Staff were aware of people's history and used this information to tailor their support and interactions with people. A person stated, "[Staff] has been really fabulous I'm so glad we had them for the last nine months. They were was so good with my [Person] taking them out and caring for them like no other."
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences and which promoted their independence.

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 communication needs were identified. The service could provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard.

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 told us they participated in a range of activities. These included supporting a person to study full time at university as well as escorting a person to piano lessons.

Improving care quality in response to complaints or concerns

- There was a robust complaints procedure in place and records were maintained.
- The registered manager had a complaints log which tracked trends.

End of life care and support

- The provider had an end of life policy in place and we could see that if people were willing to discuss it, their end of life wishes were recorded in detail on their care records.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider was offering person centred care to people and this was evident from talking to people and looking at there care records.
- People told us the service was provided in the way they wanted.
- The registered manager was open and transparent throughout the inspection and people and spoke highly of the service.

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

- The registered manager undertook quality audits in a number of key areas including accidents, incidents, safeguarding and complaints. There were systems in place to prompt supervision, training and competency checks.
- Staff were clear about their roles and told us they were supported.
- The registered manager had made notifications to CQC and the local authority as required to do so.

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

- People and their relatives were involved in the setting up of their care.
- The provider had asked people to complete quality questionnaires so that areas of improvement could be identified.
- Staff team meetings took place and staff told us they could give their views on how best to meet people's needs.
- The provider worked closely with GP's, and other healthcare professionals, to ensure people's needs were met.
- The registered manager was supported by a deputy, coordinator and team leader. Each had recognised responsibilities and there were clear lines of accountability.