

Agincare UK Limited

Agincare Worcester

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 Worcester is a domiciliary care agency. People are supported in their own homes so that they can live as independently as possible. The domiciliary care agency is registered to provide a service to younger adults, older people, people living with mental health, dementia, people living with sensory impairments, physical disabilities and people living with a learning disability or autism.

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 told us they felt safe and were cared for and supported by a staff team that were caring and compassionate, and led by a highly motivated management team.

Staff understood how to recognise the signs of abuse and what action to take to protect people who used the service. The provider followed safe recruitment processes which included undertaking background checks on potential new staff before they started working for the service.

People were supported to manage and take their medicines safely where required. There were sufficient supplies of personal protective equipment, (PPE) and people confirmed staff wore this. Staff had received appropriate training including in infection control. The management team reviewed any accidents or incidents to identify any actions needed to keep people safe and reduce the risk of reoccurrence.

Risks to people had been assessed and were kept under review. People were involved in their care planning and encouraged to decide what care they wanted.

Staff completed an induction and ongoing training which enabled them to carry out their role effectively. Where people required support with their meals and drinks staff assisted them and understood people's individual nutritional needs and preferences.

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

People told us they valued the bonds they had developed with staff and were treated with dignity and their rights to independence and privacy were respected. People gave us examples showing how staff encouraged them to continue to administer their own medicines and be involved in their personal care, so their independence would be maintained.

There was a strong person-centred culture that was embedded within the service. Staff knew people well and had established positive relationships with them. Staff encouraged people to live as full a life as possible and assisted them to achieve the best possible outcomes. People received person-centred care which was tailored to meet their individual needs. People's wishes at the end of their lives had been identified and staff had received training to ensure people's choices were promoted.

People and their relatives were aware of the process to raise concerns or complaints and were confident they would be listened to.

People and staff told us the service was well led and managed effectively. People and staff also said the registered manager and senior team were interested in their wellbeing and were approachable. Staff told us they felt supported to provide good care as the team worked well together, and staff morale was good.

People and their relatives were encouraged to provide feedback about the service they received. The registered manager and provider checked the quality and safety of the care provided. They used the findings from their checks and feedback from people, relatives and staff to drive through improvements and to develop the service further.

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

Why we inspected

This service was registered with us on 11 May 2020 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Agincare Worcester

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out 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 in the community.

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 48 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 11 March 2022 and ended on 18 March 2022. We visited the location's office on 14 March 2022.

What we did before the inspection

We reviewed information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us. We sought feedback from the local authority. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public

about health and social care services in England. 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 five people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, care co-ordinator, field care supervisor and care staff.

We reviewed a range of records. This included four peoples' care records and risk assessments. We looked at two staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, including accident and incidents, safeguarding records, complaints, quality assurance records and other documentation relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, audits and analysis and policies and procedures.

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 of 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

- People were supported by staff that knew how to protect them from the risk of abuse. Staff completed safeguarding training and all staff we spoke with demonstrated a good understanding on how to recognise the signs of abuse.
- People we spoke with told us they felt safe. One person said, "I definitely feel safe, they [staff] are wonderful."
- Staff told us they were confident to raise any concerns about people's safety. One person said, "I've never had to raise any but know any raised would be acted on."
- The provider had a safeguarding policy. Staff knew how to access this and to report any concerns they had.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and identified. These included mobility, skin care, medicines and home environment risks.
- Guidance was in place for staff to manage people's risks.
- Risk assessments were in place and specific to people. These were regularly reviewed and updated as and when people's needs change.

Staffing and recruitment

- Staff told us they had sufficient times for visits. If staff were to be delayed, for example, due to traffic, people and relatives were notified. People confirmed this. The management team also covered calls when required.
- The provider had robust recruitment processes in place.
- Recruitment records evidenced staff had been recruited safely to ensure they were of good character to support people in the community. This included Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- For people that needed support with taking their medicines, systems and procedures were in place. This ensured this was done safely and people received their medicines as prescribed and on time.
- Staff were trained in the administration of medication and regularly had their competencies checked.
- Staff could describe what action to take if any errors with people's medicines were to occur.
- Audits were regularly carried out by senior management to identify and address any issues.

Preventing and controlling infection

- The management team ensured staff were provided with personal protective equipment (PPE) to ensure staff were protecting themselves and people using the service.
- Staff completed infection prevention control training. Regular spot checks were carried out on staff practice to ensure staff were using PPE effectively and safely.
- The provider's infection prevention and control policy was up to date and regularly reviewed and updated to reflect current guidance.

Learning lessons when things go wrong

- Staff knew how to record and report any accidents and incidents.
- The management team regularly reviewed any reported accidents and incidents to identify if there were any themes and trends or any shortfalls that needed to be addressed to keep people safe.
- Where shortfalls were identified prompt action was taken and communicated to staff.

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

- The provider carried out an assessment prior to a person receiving a service to ensure they were able to meet their care and support needs.
- Assessments were detailed and looked at people's physical, emotional, communication and health needs.

Staff support: induction, training, skills and experience

- People using the service told us staff were skilled and competent in their role. One person said, "They [staff] are wonderful, can't do enough for me, good as gold."
- Staff received a comprehensive induction which included two days in branch, mandatory training, shadowing more experienced staff and completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were required to undertake regular refresher training once induction was completed. We saw this happening.
- Staff told us they were supported in their role. One staff member said, "I'm supported 100%, had years of experience working in care and Agincare Worcester is one of the places felt had most support. Management and office staff are fantastic, carers are amazing, I couldn't be happier in my role."

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

- For people requiring support to remain healthy and well, guidelines were in place for staff to follow. This included ensuring food and drinks were accessible to people to prevent the risk of malnutrition and dehydration.

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

- Staff told us they knew what to do if they had concerns that required the assistance of a healthcare professional such as GP and District Nurses.
- Staff supported people and their relatives to access appropriate healthcare services when required such as Occupational Therapists, arranging hospital transport.

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 MCA 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity had been considered in line with guidance and where they were able to, people signed to consent to the care and support they received.
- Care records contained information relating to whether relatives had lasting power of attorney.
- People told us they were asked for their consent prior to being supported by staff.
- Staff received MCA training.

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

- The registered manager was passionate and committed on providing person centred care.
- People we spoke with were complimentary about staff describing them as kind and caring. One person said, "I'm absolutely happy, [staff] are so lovely." Another person said, "They, [staff] are a lovely bunch." And another said, "The staff that come are very good."
- The provider had received compliments for the whole staff team from people and their relatives. For example one read, "Carers were friendly and approachable and sorted out teething problems very quickly, very happy with all the service."

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

- People told us they were involved in their care and were able to express their views. Care records reflected this.
- Care plans detailed people's history, likes/dislikes, preferences, relationships important to them and individual needs and routines so staff had guidance to follow.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. People confirmed staff treated them in a way that ensured privacy and dignity when receiving care. Observations of staff during spot checks included whether people's privacy and dignity during personal care was respected by staff.
- People were supported by consistent staff where possible.
- Staff explained the importance of supporting people to remain as independent as possible, so they can live safely in their own homes.
- Care records promoted people's independence, highlighting what people were able to do for themselves.

Is the service responsive?

Our findings

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

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 were involved in the care planning process. Care and support was personalised and tailored to meet individual needs and preferences.
- People's care and support needs were regularly reviewed with people and any changes to people's needs was effectively communicated to staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us any communication needs would be identified during the initial assessment and information would be provided to people in their preferred format. For example, large text, easy read.
- People's communication needs had been assessed and were documented within care plans. Care plans described how people communicated and any support required for staff to follow.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to keep in contact with those people important to them.
- Care records gave details of people's hobbies and interests and described what people like doing now. For example, watching favourite TV programmes, spending time with family and friends.

Improving care quality in response to complaints or concerns

- People told us they could speak to staff or the management team if they had any concerns.
- The provider had a complaints policy and procedure which people were aware of. Records showed one complaint had been received which was dealt with promptly and appropriately and in line with the provider's policy.

End of life care and support

- The provider was not currently supporting any end of life care at the time of our inspection.
- End of life care planning was discussed as part of people's care assessment. Where information was provided this was documented within care plans.

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

- All people and staff we spoke with were positive about the service and spoke highly of the management team. They told us they could raise concerns and would be listened to. The team were described as approachable, supportive and always there. One staff said, "[Registered manager name] is fair, won't take any messing, knows how to run (the service) and runs it properly, (I) honestly feel anything raised would be acted on. [Registered manager name] is responsive and supportive, they are the best manager ever had." One person said, "They [all staff] are wonderful. I can ring the office and the registered manager."
- The registered manager and staff spoke passionately about the people they were supporting. They told us they were allocated the time required to provide good care. One staff member said, "The culture is so positive everyone treats people as you would treat your family."

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 was aware of their legal responsibilities under the duty of candour.
- The registered manager understood their responsibilities to notify external agencies and the Care Quality Commission (CQC) of certain events and their legal obligation of being open and honest with people who used the service.

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

- The registered manager was passionate and motivated about the work they do. People and staff comments supported this.
- All staff spoke highly of the registered manager and the support they received to enable them to carry out their roles to a high standard. One staff said, "It's a really good company, [registered manager name] always listens, good manager, puts self above and beyond everybody." Another member of staff said, "Agincare Worcester best company worked for."
- Job roles and responsibilities were clear. Staff knew what was expected of them. All staff spoken to told us they were one team who help and support each other.
- There were effective quality assurance systems. These included audits of people's plans of care, medicine records and accidents and incidents. Any shortfalls were identified and used to drive through improvements in people's care.

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

- People and their relatives were asked for feedback on the service they received and anything which could be improved on. This took place in the form of monthly telephone surveys. All comments we saw were positive and people were happy with the care and service being provided.
- Staff told us they were able to speak up and make suggestions and described the management team as approachable and responsive.
- Management and senior staff carried out spot checks and observations on staff performance and practice to ensure they continued to provide safe, high quality and compassionate care.

Continuous learning and improving care; Working in partnership with others

- Audits were carried out which ensure the service was working in line with policies and procedures and identified any improvement needed.
- Managers and staff worked closely with health and social care professionals such as GP practices, district nurses and occupational therapists to ensure positive outcomes for people.