

Agincare Live-in Care (South East) Limited

# Agincare Live-in Care (South East)

## 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 (South East) is a domiciliary care agency (DCA). The service provides personal care services to people in their own homes or people in supported living arrangements. The service provides live-in care.

At the time of our inspection 100 people received personal care as the regulated activity.

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 their relatives were positive about the service and the care provided. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. People received their medicines regularly and systems were in place for the safe management of medicines.

People were encouraged to maintain good diet and access health services when required. People were supported to avoid social isolation.

Incidents and accidents were investigated, and actions were taken to prevent recurrence. Enough staff were available to meet people's needs and people told us when they needed assistance, staff responded promptly. Training records confirmed and people told us staff followed infection control and prevention procedures.

Care was delivered by staff who were well trained and knowledgeable about people's care and support needs. People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance.

People's dignity, confidentiality and privacy were respected, and their independence was promoted. People's rights to make own decisions were respected. 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.

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

Agincare Live-in Care is not a new service, following changes to the organisation's structure the provider registered as a new legal entity which meant they needed to register as a new provider. They registered with us on 3 August 2018 and this was their first inspection.

#### Why we inspected

This was a planned, routine inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 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 Live-in Care (South East)

## 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 team consisted of one inspector, two assistant inspectors and three Experts 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 live in care agency. It provides personal care to people living in their own houses and flats and specialist housing. The service did not have 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. However, we saw evidence that an application had been made to The Care Quality Commission for the regional operations manager to become the Registered Manager.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 17 people and 16 relatives about their experience of the care provided. We spoke with eight members of staff including the provider and regional operations manager.

We reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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

- People told us they were safe. One person said, " My carer is absolutely fantastic. I'm definitely safe. They are the best carer I've ever had".
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member described the different types of abuse they may come across and what action they would take as a result.
- The provider had safeguarding policies in place and the operations manager worked with the local authorities' safeguarding teams and reported any concerns promptly. Staff knew how to report concerns externally. One staff member said, "I would report to the local authority safeguarding team or ring CQC (Care Quality Commission)".

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, nutrition, medicines, environment and emotional wellbeing. For example, one person was at risk of falling. Two staff were required to support this person to transfer, to ensure they remained safe. We saw two staff were consistently deployed to support this person.
- Staff had a good knowledge of people's risks. Staff were trained to meet each person's needs and to understand the risks involved.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing and recruitment

- The service had enough staff to support people in a consistent way. Staff told us they had regular breaks at a time that suited the people they supported. During breaks we saw that other staff were deployed effectively to provide the care people needed.
- The staffing rotas confirmed there were sufficient staff deployed to meet people's needs.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Using medicines safely

- People received their medicines safely and as prescribed.
- The provider ensured people's medicine were administered by trained and competent staff.
- Some people received their medicines covertly (medicine which is put in food or drink without the person knowing), records confirmed that mental capacity assessments and covert administration assessments had been completed. We noted that people's families and healthcare professionals had been involved in

best interests meetings.

Preventing and controlling infection:

- People told us staff washed their hands and used disposable gloves and aprons where required. One person told us "[Staff] washes her hands all the time and when I shower in the morning [staff] wears an apron".
- Staff were trained in infection control and had access to protective personal equipment such as gloves.

Learning lessons when things go wrong

- The provider ensured they reflected on occurrences where a lesson could be learnt and the team used this as an opportunity to improve the experiences for people.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents at group supervision and on an individual basis.
- The provider had systems to reduce the risk of accidents reoccurring. For example, following a fall, people were referred to relevant healthcare professionals to reassess their support needs.



# 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 ensured people's needs were assessed before they started with the service to ensure their individual needs could be met. People and relatives told us they were involved in the assessment process.
- Assessments took account of current guidance. This included information relating to National Institute for Health and Care Excellence guidance, data protection legislation and standards relating to communication needs.
- People's expected outcomes were identified and care and support was regularly reviewed and updated. Where necessary referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- People were supported by well trained staff. All staff completed an induction programme when they first started work. Staff told us, and records confirmed, that they had the necessary training to support people effectively.
- Staff told us, and records confirmed, that they received regular supervision and appraisals.
- Staff told us they felt supported in their roles. One of member of staff told us "I get regular supervision, we speak about what's going well and what's not going so well. I feel totally supported". □

Eating and drinking:

- Care plans contained details of people's meal preferences, likes and dislikes. Any allergies were highlighted in care plans.
- People were supported with their meals appropriately. One person said, "[Staff] definitely knows what she's doing. She makes all of my meals".
- Records confirmed people were supported by staff to maintain good nutrition and hydration.

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

- People were supported to live healthier lives through regular access to health care professionals such as their GP's or opticians. One person told us "The carers are very good at chasing up the health professionals".
- Where appropriate, reviews of people's care involved relevant healthcare professionals. Guidance and advice from healthcare professionals was incorporated into people's care plans.
- Staff worked closely with other agencies to provide effective care to people. One carer described how they regularly spoke with a healthcare professional to share information to ensure they provided the best care for

a person.

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. 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 rights to make their own decisions were respected. One person said, " They always ask me what I want. Especially for my meals".
- People were supported by staff that knew the principles of the MCA. One staff member said, "The Act supports people's rights to make their own decisions".
- Where people had a legal representative to make decisions on their behalf this was detailed in their care plans. Decisions were made in people's best interests and where necessary people were referred to appropriate bodies for decisions to be made.

# 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 diverse needs of people using the service were met. This included individual needs relating to disability, gender, ethnicity and faith. We saw one example of how staff had responded to one person's needs and supported them effectively in relation to their protected characteristics.
- People were extremely positive about the care they received and told us staff were very caring. One person said, "We have a very nice relationship. We have nice chats, we put the world to rights.". A relative said ""The carers are well matched, and they do a brilliant job. They are amazing, I cannot fault them in way, they know what to do and how to do it and that's all that matters."
- Staff talked about people with real consideration and kindness and emphasised their desire to be kind and compassionate in the support they provided. One staff member said, "It's important we treat people as individuals and with the respect they deserve".

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

- Care plans were completed with people to ensure they reflected people's wishes. One person told us "Yes, they do what I want. They changed the (care plan) when it needed it".
- Records clearly showed that people's views and needs were considered, in particular what was important to people had been identified and staff demonstrated through talking with us that they knew people well.
- Staff described how they assisted people to make decisions. Examples included listening carefully and speaking slowly to people when appropriate and always asking them and involving them in decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff were motivated and keen to support people to the best of their ability, treating them with dignity and respect. We saw one example of where staff had supported a person to avoid social isolation. We spoke with this person's relative and they told us "They take him out in the wheelchair, so he can do the things he likes". Another person said "[Staff] definitely promotes my independence. She takes me out for walks in my wheelchair.
- People told us staff always made them feel comfortable when supporting them with personal care; they gave reassurance and treated them with dignity at all times. One person told us "They always let me know what's going on". A relative said "They are very pleasant, caring and do the best they can".
- People's personal files were kept secure with only designated staff having access which ensured confidentiality. Staff used individual logins to access electronic records.

# 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's individual care needs had been identified and care plans had been developed and regularly reviewed with the involvement of the person and their family members where appropriate. One relative said "Yes, we are involved and (Agincare) are flexible".
- Care plans contained detailed information about people's likes and dislikes in order to help staff get to know people and provide person-centred care and support.
- Staff we spoke with were knowledgeable about the person-centred information within people's care records. For example, one member of staff told us about a person's favourite pastimes and the person's dislikes. The information shared with us by the staff member matched the information within the person's care plan.

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 initial assessments captured people's communication and sensory needs.
- Care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met the communication needs of people with a disability or sensory impairment.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per provider's policy.
- People told us they knew how to make a complaint. People and their relatives told us any concerns were dealt with immediately. One person told us "I would never have anything to complain about. But I would definitely know how to make a complaint". A relative said, "Yeah, I do know how to. I ring the manager. She pops in. I hope they deal with it alright. They did the last time".
- People told us their care records which were kept at their homes contained information on the company's complaint procedure.

End of life care and support

- Staff understood people's needs and were aware of good practice and guidance in end of life care. Staff respected people's religious beliefs and preferences.

- At the time of our inspection no one was receiving end of life care (EOLC). However, records confirmed that staff had received appropriate training in EOLC.
- Staff told us when needed, they would involve professionals to ensure people have a dignified and a pain free death.

# 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.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care:

- The service did not have 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.
- The operations manager was in the process of applying to become the registered manager. In the absence of a registered manager the provider had monitored the quality of the service provided. A range of audits were conducted by the provider and care coordinators that included, care plans, risk assessments, medication and the day to day running of the service.
- Findings from audits were analysed and actions were taken to drive continuous improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and how the provider understands and acts on duty of candour responsibility

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.
- From speaking with staff and the manager and provider it was clear there was a positive culture at the service and staff worked within the values of person-centred care. One staff member said, "It's a great team we work well together and there is always support if you need it".
- The provider and all the staff we spoke with, demonstrated a commitment to provide person centred, high-quality care. They placed people using the service at the centre of everything they did. The staff we spoke with talked about the satisfaction they gained from making a positive difference to someone's life.

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

- The provider involved people in various ways. People had opportunities to complete surveys or raise any comments via an open-door policy at any time.
- Staff, the manager and provider demonstrated a commitment to providing consideration to peoples protected characteristics.
- Staff told us they felt listened to, valued and praised the team work. One staff member said "If I need to speak to anyone at any time then I can. Everyone is approachable".

### Working in partnership with others

- The service had a strong community involvement. They were supportive of and involved with an innovative community project which helped people to be discharged from hospital and back into their communities within a reasonable timeframe. The service worked with a NHS provider to achieve this.
- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development.
- We found an open and transparent culture, where constructive criticism was encouraged. The provider and staff were enthusiastic and committed to further improving the service for the benefit of people using the service.