

Agincare UK Limited

Agincare UK - Ash Lea Court Extra Care Scheme

Inspection report

Ash Lea Court
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24 July 2023

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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 - Ash Lea Court Extra Care Scheme is an extra care housing scheme for older people, comprising of individual flats in one large building. The agency supported people living in 2 Extra House Schemes within close proximity of each other.

Ash Lea Court Extra Care Scheme had some communal areas, and an onsite restaurant. People who lived within the 2 housing complexes had a separate care and tenancy agreement. At the time of our inspection, the service supported 21 people with personal care. Other people required support with social, domestic visits or welfare calls only.

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 spoke positively about the service they were receiving. It was evident recent improvements had taken place such as ongoing recruitment and training ensuring people received care from staff that they knew well.

People received care that was safe, effective and responsive to their needs. People's care and support needs were assessed before they started using the service. 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.

Staff understood their role in keeping people safe including safeguarding and how to report concerns. Safe recruitment practices were being followed. Risks to people were known and recorded, helping to keep them and staff safe.

People were supported to maintain a healthy balanced diet and had access to healthcare professionals when they needed them. Where people needed support with their medicines this was done safely.

People and relatives told us the staff were kind and caring and their privacy was respected. Their independence was promoted. The service took the views of people and their relatives into account. Complaints and suggestions were listened to and acted upon.

Staff received a thorough induction and then a programme of training giving them the skills and knowledge to support people safely and effectively. Staff received regular supervision and annual appraisals. Spot checks were used to observe staff practice to ensure they were supporting people appropriately and in line with the provider's expectations.

There were systems in place to monitor and make improvements to the quality and safety of the service. The service worked in partnership with health and social care providers to plan and deliver an effective service. The registered manager had taken action during the inspection to ensure any notifiable incidents and accidents were reported to us and assurances were provided that this would be monitored to ensure no delays moving forward.

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

Rating at last inspection and update

This service was registered with us on 19 December 2022, and this is the first inspection.

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Why we inspected

This was a planned inspection to provide the service with a rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was not responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Agincare UK - Ash Lea Court Extra Care Scheme

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 an 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 provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

Inspection activity started on 19 July 2023 and ended on 24 July 2023. We visited the location's office/service on 19 and 24 July 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since their registration with us. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, a peripatetic manager, the area manager, two scheme managers and five care staff. We reviewed a range of records including 4 people's care plans, medicines administration records and risk assessments. We reviewed recruitment records for 3 care workers, training records and records relating to the management of the service.

We spoke with 8 people using the service and 2 relatives. We received feedback from 5 health and social care professionals. and 3 care workers. You can see what they told us in the main body of the report.

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 confirmed they were safe. Comments included, "Yes, I feel safe they look after me", "It's probably one of the safest places I know. I think I am safe" and "There are always people coming in and I have my own front door". A relative told us, "Safe and secure and well looked after".
- Systems were in place to safeguard people. This included policies and procedures explaining to care staff their role and who they needed to report any concerns to. Staff were provided with safeguarding training, and this was updated regularly.
- Staff described to us their roles in keeping people safe and the importance of reporting any concerns they had about the welfare of people they supported.
- The registered manager had made improvements to their systems to report, record and monitor matters of a safeguarding nature to reduce risks. This was monitored by the provider, so they had oversight of any risks and could monitor the actions being taken to safeguard people.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. Systems were in place to ensure information was gathered before people started to receive care from the service. This was an opportunity to discuss any risks and any support needed.
- The assessments promoted positive risk taking and encouraged independence. People were supported to live in their own flats within the housing scheme, continuing to live as they wished.
- Risk assessments were in place and kept under review. These included risks such as falls, pressure wounds, moving and handling, skin integrity, and eating and drinking. Care staff knew people well and understood their risks and how to manage them safely. Concerns were escalated to the registered manager such as where people were refusing care.
- Environmental risk assessments were completed to ensure people's flats were safe. These initially did not include information about how they could turn off water, gas, or electricity supply in the event of an emergency in a person's flat. This had been updated by day 2 for everyone using the service.
- There was a business continuity plan that covered emergencies, such as systems failure, flooding, or staffing. This included access arrangements to people's flats in the event of an emergency.
- As part of the business contingency plan, people were prioritised in respect of visits such as time specific medication, no family support and their dependency on the staff support in the event of an emergency. This would enable the registered manager to plan, ensuring all critical visits were completed.

Staffing and recruitment

- People were overall satisfied with the care staff that were supporting them. Comments included, "Yes

there are enough staff that care for me", "Never miss calls they always come" and "They do seem to be organised and seem to come on time". Staff said there were enough staff, but the morning rota could be busy. A professional told us, "We are seeing much more consistency of the care staff on site and retaining".

- The registered manager told us there had been no recent missed visits. The scheme managers or themselves picked up the visit to ensure it took place and people received the care they needed. This was confirmed in conversations we had with people. The registered manager told us "Most definitely we have enough staff for both schemes. With staff on standby almost daily".
- There was a core team that worked across each scheme providing 24-hour care for those people that needed additional support throughout the night. Staff confirmed they got their rotas in advance and knew who they were supporting.
- Safe recruitment practices were being followed. The provider ensured safe recruitment decisions were made. This included completing Disclosure and Barring Service (DBS) checks which 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

- People received their medicines safely and as prescribed. People's care plans included information on the support they needed in respect of their medicines.
- People confirmed they received the support they needed. One person told us, "They take them out of the cupboard and let me know what they are then they give them to me". Other people told us they were independent in this area and one person told us a member of staff collect their medication from the pharmacy.
- Care staff received annual medicines training and had their competency assessed.
- Monthly audits of people's medicines and the medicines administration record (MAR) charts was completed. There was a policy and procedure for the safe administration of medicines.

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination. There was an infection control policy and staff received training in this area to keep people safe. A relative told us, "Absolutely, she went in after covid and the feedback about how the staff had handled it was superb". People confirmed staff wore aprons and gloves when supporting them with personal care.
- Staff were provided with suitable personal protective equipment (PPE) such as aprons, masks, and gloves, and were able to obtain these when they required. A care staff told us, "We do not generally wear masks now unless one of our clients prefer us to". This was in line with government guidance.

Learning lessons when things go wrong

- A tracker was in place, which included any safeguard concerns, complaints and accidents. This provided information on the initial assessment, any action taken to keep people safe, who was informed, and any lessons learnt to prevent minimise further risks.

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

- People's needs were assessed before they were provided with a care package.
- People's protected characteristics and diversity were considered and acted upon; staff took into account characteristics such as disability and religion when planning people's care.

Staff support: induction, training, skills and experience

- Staff confirmed they had a comprehensive induction when they first started working. This included a combination of face to face training and training completed electronically. One care staff told us they were new to care and found the training comprehensive enabling them to fulfil their role.
- New staff shadowed more experienced staff enabling them to get to know the people they were supporting. Staff completed 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.
- There was a programme of training, supervision and annual appraisals. Staff confirmed they were supported in their roles.

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

- People's care plans included information about the support they needed to ensure they had enough to eat and drink if this was part of their commissioned service. This included people's likes and dislikes.
- People had access to a communal restaurant within the housing scheme at Ash Lea Court. Some people were supported to go to the restaurant for breakfast and lunch or had their meals delivered by the care team.
- People confirmed they were supported where required with eating and drinking and confirmed they were provided with choices. A relative told us, "She is supported to cook meals from scratch, or she can go to the restaurant and take food to her room, she has lots of options", and another relative told us the staff always made sure there were bottles of water available.

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

- Care plans included information about people's health conditions and the support they needed. Where care staff were concerned about a person's wellbeing, they contacted the office staff to support the person to seek medical advice or make health care appointments. Some people were completely independent in this area.
- Where people's needs had changed, contact had been made with the appropriate health and social care

professional. For example, where a person was having difficulty mobilising an occupational therapist and physiotherapist referral had been requested. A person told us they were waiting for an occupational therapist as their walking aid was no longer suitable.

- Social worker referrals were made where needs had changed to ensure the care package was appropriate. The registered manager gave examples where people had made a recovery post hospital and their package had been reduced and another example where a person's hours were increased to ensure they were safe due to being high risk of falls.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager told us there was no one subject to a deprivation of liberty safeguard.
- Care records included assessments in respect of people's mental capacity and whether there was any lasting power of attorneys in place. People confirmed they were involved in making decisions about their care and support.
- Staff confirmed they sought people's consent before completing any care and support.

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

- Everyone we spoke with confirmed they were treated respectfully and supported in a way they liked. Comments included, "They are respectable all the time", "They are all different, but they all care for me the same", and "I cannot fault them".
- A relative told us, "Oh yes, they are kind and caring to me and my mum, they are lovely" and "She has a loving rapport with them and a good personal relationship, she loves the staff".
- Care staff had attended training in equality and diversity. Care staff spoke about the people they were supporting in a kind and caring way recognising their individual characteristics.
- A social care professional told us, "I have seen several people move into Ashlea Court and have had lots of compliments from the people that I have worked with about how they are treated". Another professional told us, "I feel the Agincare staff are good workers and are able to adapt to the service user needs".

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

- People and their relatives were supported to express their views about the care and support that was provided. The registered manager had introduced monthly questionnaires for people to seek their views, which were completed alongside the provider's annual survey. Feedback from the telephone calls completed in July 2023 was positive.
- Resident meetings were organised by the extra housing manager where people could discuss or raise any concerns or make any suggestions in respect of their housing or care support. The registered manager told us they attended every two months.
- People confirmed their involvement in their care plans and how care was to be delivered. One person told us they would prefer an earlier call in the morning. This was shared with the registered manager who confirmed they would follow this up with the person. It was evident the registered manager tried to ensure people received their calls at suitable times which met people's preferences.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated in a dignified way and their privacy was respected. A person told us, "They (staff) always knock on my door before entering" and another person told us, "Yes When I have a shower, they use towels to cover me up it's very private".
- Staff described how they maintained people's privacy and dignity, which included shutting curtains, providing personal care behind a closed door and always seeking consent to enter a person's flat before entering.
- People's care plans included what they could do and where they needed support. For example, what clothes a person could put on and where they needed help. Staff told us they always asked people how they

wanted to be supported and offered a choice such as a shower or a full wash. People's flats had a shower but there was a communal bath within the housing scheme that some people liked to use.

- The provider followed data protection law. People's information was kept securely so their confidentiality was maintained.

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 care and support was planned with them and their families. Care plans were personalised, detailing the support people needed at each care call and any health conditions that staff needed to be aware of. Care reviews were planned with people to ensure they were current and up to date.
- People's history and interests were described. Along with people's likes and dislikes. For example, giving a pen picture of the person's career journey and social relationships. The plans included their preferences for the times of their calls and the gender of staff they would prefer to support them.
- Health and Social care professionals felt there had been improvements in how the service responds to people. Comments included, "I have generally found the staff and management at Ash Lea Court to be very responsive to my service user's needs and have worked with me on solutions to meet his care and support needs".
- Whilst another professional said the staff had not promptly reported some changes in a person's presentation. They acknowledged there had been some improvements in this area since it was brought to the management team's attention and communication was more effective ensuring the service was responsive to people's changing needs.

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 provider ensured any key information was provided to people in alternative formats if necessary.
- People had their communication needs detailed in their care plans. This ensured care staff communicated effectively with people. For example, one person used communication cards to enable them to effectively communicate with care staff.

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's care plans included information about important people in their life, their hobbies and interests.
- Social events were organised within the housing scheme by the housing officer and the staff from Agincare. A recent survey was completed by the management team to ascertain what people would like. In response staff from Agincare organised a men's Club and an arts and craft group, both organised on a

weekly basis. This enabled people to spend time with others to avoid social isolation.

Improving care quality in response to complaints or concerns

- People received a client handbook when they started using the service, which clearly explained how they could complain to the provider and other agencies.
- People we spoke with told us they knew who to talk to if they had any complaints. One person told us, "Yes I have complained, it did get better as everyone was involved", and another person told us, "Never had to complain". The registered manager maintained a log of complaints and the actions that had been taken to address the concerns.

End of life care and support

- No one at the service was receiving end of life care. The registered manager said they would work in partnership with the person's GP and the palliative care team to ensure the person received the care they needed. It was evident they would respect the wishes of the people they supported should they want to remain in their home at the end stages of life.
- Staff had completed training in end-of-life care.

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

- People were involved in their care and were encouraged to be as independent as possible, enabling them to remain in their own flats within the 2 housing schemes. People confirmed they had regular contact with the management team and had good relationships with the care staff.
- The management team encouraged an open and inclusive culture. They were visible, approachable and evidently took an interest in people's lives and that of the staff team. They were knowledgeable about the individuals receiving a service. The office was based within Ash Lea Court and people were seen coming into the office speaking with the management team.
- Feedback from people, visiting professionals and staff highlighted there had been a period earlier in the year where some people's care was not satisfactory, staff had not picked up changes in people's presentation or support needs and visits were missed.
- The registered manager and the area manager were open and shared with us the action that had been taken to address these areas of concern which included recruitment of new staff and training. They were confident that these improvements had been embedded.
- Staff told us they liked working for Agincare. Feedback from a recent staff survey confirmed this further with staff stating, 'Love my job this is the best thing I've done', 'A lovely experience my colleagues are very friendly and such nice people to work with, as well as the residents I care for', and 'Friendly environment helpful management'.

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 and the provider had not always notified us of significant events, such as safeguarding that had been reported to the local authority, a medication error which involved a controlled medication and an incident where the police were called to the scheme. These had been sent retrospectively to us by day 2 of the inspection. The registered manager provided assurances that moving forward notifications would be sent promptly.
- The registered manager and the provider were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The provider and registered manager were open and honest throughout the inspection process. They were receptive to feedback and committed to ensuring people received the service they needed.

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

regulatory requirements

- There had been some workforce pressures at the beginning of the year, where some people had experienced missed or late visits. The registered manager said this had improved recently with the recruitment of new staff and now they had capacity to take on new clients within the housing schemes. Assurances were provided and the registered manager was monitoring this alongside provider and the housing manager for the scheme.
- Systems were in place to monitor the quality of the service. This was a team approach with the scheme managers completing audits on care plans and medicine management. This was overseen by the registered manager, the area manager and the provider's quality leads.
- Risks were shared with the provider on a weekly basis such as staffing, complaints, safeguarding and accidents, along with the actions taken to minimise any further risks.
- The area manager visited the office frequently and was kept up to date with what was happening in the service. They monitored the quality of service delivered and any improvements.
- The registered manager had a good overview of the service. The management team covered care calls and undertook staff observation 'spot checks' to ensure staff worked safely and effectively and in line with the provider's expectations.

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

- People, their families and staff were asked for their views of the service. These were used to improve the service. The registered manager told us this was completed annually by the provider but since June 2023, they were now seeking 10% of the views of people and staff on a monthly basis via telephone calls and surveys to ensure ongoing improvement in the service.
- Staff had monthly meetings where they had the opportunity to talk about the support being provided to people, training or any concerns or any changes within the service. Staff told us they felt supported in their roles.
- Monthly meetings were taking place between the housing office and the management team of Agincare. This ensured risks were shared and demonstrated partnership working to the benefit of the people living in the housing schemes. The housing managers of both schemes reported open and positive working relationships with the staff and the management team of Agincare.

Continuous learning and improving care; Working in partnership with others

- There was a programme of mandatory training for staff, which was monitored by the provider and the registered manager. In addition, training was provided to support staff to have a better understanding of people's medical conditions such as diabetes or supporting people living with dementia.
- The management team worked with health and social care professionals. This enabled people to access the right support when they needed it. A professional told us, "The manager is great in her role and is very on the ball" and another told us, "The care manager and senior team are very open and transparent. Where problems are identified they do not hesitate to notify us and keep us updated".