

Agility Care LTD

# Agility Care

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Agility Care is a residential care home providing accommodation and personal care for up to 5 people with a learning disability and autistic people. At the time of the inspection 4 people were living in the service.

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

**Right Support:** People living at Agility Care were kept safe. Care plans and risks assessments were effective in keeping people safe and free from harm. We have made a recommendation around the provider's management of analysing accidents and incidents. The home met people's individual needs and promoted people's independence as much as possible, such as accessing the local community, shopping, household chores and visits to and from family and friends. 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.

**Right Care:** People received care from staff who were patient, kind and passionate about their roles and determined to make a difference to people's daily lives. Staff knew how to safeguard people and how to recognise and report potential abuse. People had their own care plans providing detailed guidance on how they wished to be supported. People were supported to make choices about what to eat and drink and were involved with the weekly menu planning.

**Right Culture:** People were supported by staff who had been recruited safely, were trained to carry out their roles effectively and who understood people's individual care and support needs. Quality assurance audits were undertaken to monitor the quality of the service.

People and relatives were given the opportunity to provide feedback on how the service could be improved and things which were working well or not so well to enable the registered manager to make improvements where possible. Staff told us they felt supported in their roles and were able to speak up freely and openly.

### Rating at last inspection and update

The last rating for this service was requires improvement (published 29 March 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider considered current best practice guidance for the

safe recruitment of staff. At this inspection we found the provider had acted on our recommendation and recruitment processes had improved.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Agility Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service was effective.</p> <p>Details are in our effective findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Agility Care

## 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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 1 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.

Agility Care is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Agility Care is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### 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

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 26 July 2023 and ended on 10 August 2023. We visited the location's service on 2 August 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from 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 annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 6 relatives about their experience of the care provided. We spoke with 4 members of staff including the registered manager and care staff.

We reviewed a range of records. These included 2 people's support plans and 2 people's medicines records. We looked at 2 staff records and 1 agency profile, in relation to recruitment and training. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

#### 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people had been assessed and were regularly reviewed and updated where necessary. This enabled staff to consistently support people and manage their associated risks in relation to their care and treatment.
- The registered manager carried out monthly health and safety audits to review the safety of the service.
- The registered manager and staff carried out weekly fire alarm checks. People using the service were involved in these checks and knowing when and how to respond. A member of staff told us, "[Person] and [Person] go to their bedrooms, they know when the light flashes in their rooms they have to leave and make their way to the front of the building."
- The registered manager had an incident matrix overview in place. However, only the name of the person and date of incident was recorded. This did not provide a clear overview of incidents which had occurred at the service. We were not assured this system was an effective analysis tool which would be able to identify any trends or themes to prevent future reoccurrence.

We recommend the provider seek advice and guidance from a reputable source about how the management of analysing accidents and incidents within the service can be further developed to identify trends, themes to prevent future reoccurrence.

### Staffing and recruitment

At our last inspection we recommended the provider consider current best practice guidance for the safe recruitment of staff.

- The registered manager carried out checks on all staff before they commenced working at the service. These included employment references, proof of identification and Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by a small consistent staffing team who knew them well. Relative told us there was enough staff to safely support people. One relative told us, "Improved one to one care, they have extra staff in there now."

### Systems and processes to safeguard people from the risk of abuse

- Staff had received training on how to recognise and report abuse and knew how to apply it. One member of staff told us, "If I suspected any type of abuse to a person, I would inform the registered manager, and record any information I had. If I was not satisfied, I would take my concerns to CQC or the local authority."

- Relatives were confident their loved ones were kept safe whilst living at the service. Comments included, "Yes, definitely safe, no problems with [name of person] health, nothing untoward going on there." And "Certainly very safe."

#### Using medicines safely

- Staff had received training in safe medicine management, and they were assessed as competent before administering medicines and knew how to report errors.
- People's medicines were reviewed by prescribers in line with STOMP (stopping over-medication of people with a learning disability, autism, or both). The registered manager and staff supported these principles.
- One staff member told us when being asked about 'as required' PRN medicines to support a person expressing their emotions or distress, "We have to discuss with the registered manager first and these would only be administered as a last resort and if de-escalation techniques were not effective."
- People's medicines were audited daily by staff to ensure medicines were being administered correctly and balances reconciled.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

Relatives told us they were able to visit anytime and there were no restrictions in place. Comments included, "No none at all." And "No, none whatsoever."

#### Learning lessons when things go wrong

- Although there had been no incidents or safeguarding issues raised recently, the registered manager was able to describe how they would respond and learn from incidents should they arise.
- Staff knew how to raise concerns and record incidents to help improve the service.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. 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, 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.

At our last inspection, the provider failed to have robust processes in place to assess people's capacity to consent or support their decision making. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Staff had received training in MCA and understood the importance of implementing this legislation in their day-to-day practice. One staff member told us, "You must always assume a person has capacity, even to make the simplest of decisions or choices day to day. People have the right to be listened to."
- The registered manager had submitted DoLS applications in line with best practice. We found mental capacity and best interest assessments for people were completed relating to specific decisions and how support would be provided, such as accessing the community, confidentiality, privacy, and dignity and maintaining safety.

Assessing people's needs and choices, delivering care in line with standards, guidance, and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The provider had carried out a care needs assessment prior to people using the service. This captured all relevant information relating to an individual to ensure their care plans were reflective of their care and support requirements. At the time of or inspection there had been no new admissions into the home for a long time.
- People had a Health Action Plan (HAP) in place as part of their care plan. This detailed what was needed to promote the person's good physical and mental health, their likes, dislikes, and triggers for anxiety or distress. This also included a hospital passport which contained information about people's health and communication needs. This was used to ensure staff had relevant information about people when they went into hospital.
- People were supported to access their healthcare or routine appointments. Relatives told us, "[Staff] look after [person's] health and take [person] to the doctors once a month." And "Yes, [staff] are on it, and the GP is lovely, [person] goes for medication reviews."
- The service worked well with health professionals to ensure people received the right care and support. Records confirmed a range of healthcare professionals were involved in people's care including the GP, community learning disability team and specialist doctor.

#### Staff support: induction, training, skills, and experience

- People were supported by staff who had received training relevant to their role. Staff told us, "I have completed all my mandatory training, my induction went smoothly, and the training course were quite in depth." And "I have recently completed my medication champion course and my Level 4 in Health and Social Care."
- Staff had 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.
- Relatives we spoke to told us staff were knowledgeable in their roles. One relative said, "[Name of person] has good contact with all staff. Absolutely [staff] understand [person], they look after [person] extremely well."
- Staff received regular supervisions and the opportunity to reflect on their practice and discuss their professional development with the registered manager. Staff told us they felt supported by their colleagues and the registered manager. One staff member said, "We are a small team, staff morale is high, and we work together in the best interests of the people we care for."

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

- People received support to eat and drink enough to maintain a balanced diet, and people's individual specific dietary requirement were tailored to their needs.
- People were involved in choosing their food, shopping, and planning their meals via a weekly meal planner which people were supported to look at and have an input into their meal choices. These could be changed or adapted to suit what people preferred.

#### Adapting service, design, decoration to meet people's needs

- The environment although a little tired in some areas felt homely and was over 2 floors and accessible to meet people's support needs. Only 1 bedroom had ensuite facilities, however there were adequate bathroom facilities to accommodate people. People had access to a large shared kitchen and dining area, living room, conservatory, and outdoor garden area.
- We observed some of the bedrooms had a single sink unit and the melamine had become scuffed and chipped round the edges. The registered manager told us these were not in use anymore and they were looking to remove them in the future.
- In 1 person's bedroom we found their toilet flush button was broken. When bringing this to the attention

of the registered manager they were already aware and were in the process of sourcing the correct size to replace it.

- Although the registered manager did not have a service improvement plan in place general repairs and maintenance works identified were logged onto the monthly health and safety/Infection control audit.
- We observed people's bedrooms and saw they had been personalised to each individual's taste. People had their own personal items to enable them to pursue their interests such as film and music collections. We saw a vast array of musical instruments where a person enjoyed playing these in their room.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this Inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the provider failed to have robust processes in place to monitor the safety and quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The registered manager had systems in place to monitor the quality of the service. This included auditing of people's medicines, health and safety and infection control, people's care plans and risk assessments.
- We have made a recommendation around the provider's system and processes to effectively analyse any accidents or incidents which occur in the service for themes and trends to prevent future reoccurrence.
- The registered manager understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

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

- There was a positive culture at the service. The home felt relaxed and had a calm atmosphere. We saw people and staff had good relationships whilst interacting with one another.
- Staff we spoke with understood the importance of providing good quality care to people. One staff member said, "Being with the residents, this is the reason why I love my job. Going out with them and looking after them, it should be all about them."
- The registered manager told us, "I am present here day to day, I lead by example, treat people how I would want to be treated, with dignity and respect. Staff have the opportunity to attend training courses to further enhance their skills and knowledge to support the people we care for. We have short conversations; I carry out observations to see how staff are working and we have discussions around day to day practice."

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

- People who used the service were involved in monthly meetings which were provided in a way to make

written information easier to understand, by using simple language and illustrating the information with pictures. This was to enable people to participate and engage. The previous meeting notes were revisited to ensure any comments or actions had been met since the last meeting.

- Staff were complimentary about the registered manager and told us they felt supported. Comments included, "It is a good place to work, I feel supported, the managers are always there to us. We work as a team and support each other." And "I feel supported, the team are positive and upbeat. I work with a good team."
- Staff told us they were kept updated of any changes through regular daily, weekly meetings and Senior meetings, handovers and 1:1 supervision. One member of staff told us, "We have a lot to discuss during our handovers."

Working in partnership with others; Continuous learning and improving care

- The registered manager worked in partnership with many external professionals. This was to ensure people had access to and received the right care, treatment, and support individual to them.
- We received positive feedback from healthcare professionals who visited the service. One told us, "We have a great channel of communication with the registered manager, we are in weekly contact by protocol and more often if required or urgent." And "I have found the home to be run professionally and safely. Staffing levels appear to be adequate for the service users' needs and staff present as experienced and very caring towards them."
- The registered manager and staff wanted to continue to improve and update their skills and knowledge in order to provide people with the care they needed. Further training was being undertaken to enable staff to become champions in Autism, Dementia, Sepsis Awareness, and Infection Control.