Agincare UK Limited

Agincare UK Eastbourne

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 11 and 12 February 2016. This was an announced inspection. This means the provider was given notice due to it being a domiciliary care provider and we needed to ensure someone was available. The inspection involved visits to the agency's office and telephone conversations with people and their relatives.

Agincare UK Eastbourne is a domiciliary care company based in Eastbourne. They provide support and care for predominately older people living in their own homes. The age range of people was receiving support was between 50 to 95 years of age. Some people were at risk of falls and had long term healthcare needs. Agincare UK Eastbourne provide their services within an approximate 10 mile radius from their office in Eastbourne. At the time of our inspection 80 people were using the service. There was a registered manager in post, a registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We last inspected Agincare-Eastbourne on 13 February 2014 where we found they were compliant with the regulations inspected.

People spoke positively about the services they received from Agincare – Eastbourne and told us they felt safe using their services. However we found there were inconsistencies in regard to how the provider managed the administration of medicines. All staff had an understanding of safeguarding and different types of abuse, however not all staff knew the procedure for reporting abuse beyond the provider.

When people started using the service they underwent a pre-assessment which identified their care and support needs. Risk assessment was completed for areas where people could be at risk of harm, such as with their walking and the environment. People's support needs were generally, unless an issue was identified by staff, reviewed on an annual basis. We found there was a reliance on care staff to identify changes to people's risk level and care needs within this intervening time period rather than the provider. This increased the risk changes in people's support needs could be missed or overlooked.

People told us they were usually supported by staff who knew them well and had the appropriate level of experience and knowledge to meet their needs. However care documentation did not consistently reflect the care delivery that was being provided. Care plans were focused on a specific task list which care staff were to complete and did not always provide detail on how the individual could be best supported for each identified need.

Although the feedback received on the provider was positive we found they did not have robust quality assurance systems in place which were capable of identifying the areas of improvement we found during the inspection. For example in relation to people's care and medicine documentation. We found additional areas which required improvement were related to the leadership of Agincare - Eastbourne such as the

submission of statutory notifications to the Care Quality Commission.

Care staff told us they felt supported in their roles. A supervision programme was in place which was used to support them in their roles. People were cared for, or supported by, sufficient numbers of experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work for Agincare - Eastbourne.

Care staff had an understanding of the requirements of the Mental Capacity Act 2005 (MCA) and care documentation reflected action had been taken and appropriate agencies involved where necessary.

People told us they felt their care needs were met by friendly, reliable and caring staff. People had been involved in their care and were clear how to raise concerns if they had any. The feedback we received about the service was positive. There was a philosophy of care at the service which was familiar to and understood by staff. This included the importance of people's independence.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider's management of medicines were not consistently safe.

Staff were confident in identifying types of abuse however not all staff were aware of how to report abuse beyond the scope of the internal management at the service.

People told us they felt safe whilst supported by staff and told us there were sufficient staff available to support them.

All staff had undergone a robust recruitment procedure before starting employment at Agincare – Eastbourne.

Is the service effective?

Good

The service was effective.

Care staff had appropriate skills and knowledge to support people.

People who required assistance with food and drink were supported effectively.

The provider and staff understood the requirements of the Mental Capacity Act 2005 (MCA) and obtained consent from people appropriately.

Care staff had regular supervision which they told us supported them well.

Is the service caring?

Good

The service was caring.

People told us they were supported by staff who were caring and kind.

People were treated with dignity and respect by staff who took the time to listen and communicate.

People's confidentially was protected by staff correctly implementing the services policy.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not consistently contain all the necessary information to inform staff how to respond to their care needs.

People's choices were respected and supported.

There was a complaints procedure and people felt comfortable raising any concerns or making a complaint.

Is the service well-led?

Requires Improvement

The service was not always well led.

There were systems to assess the quality of the service provided to people, however these had not always been effective at identifying areas requiring improvements. Not all areas of quality assurance had been considered by the provider.

Statutory notifications had not been always been submitted to the Care Quality Commission.

People spoke positively about the provider and staff were well supported in their roles.

Agincare UK Eastbourne

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place between the 11 and 12 February 2016. This was an announced inspection. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available. The inspection was undertaken by one inspector and an expert by experience who made telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection process we spoke with ten people who used the service and eight relatives. We asked what it was like to receive care and support from Agincare UK Eastbourne. We reviewed ten people's care documentation and associated records. We spoke with five care staff, the care supervisor, the care co-ordinator, the deputy manager and registered manager. We also spoke with staff who were responsible for recruitment and training.

We looked at staff's recruitment, supervision and training records, and spoke with the registered manager about the systems in place for monitoring the quality of care people received. We reviewed comments staff had made in a feedback survey and looked at a variety of the service's policies such as those relating to accidents and incidents, medicines, complaints and quality assurance.

Before our inspection we reviewed the information we held about the agency, including previous inspection reports. We reviewed the provider's information return (PIR) and responses from questionnaires sent by us to people, their relatives and staff. We considered the information which had been shared with us by the local authority and agencies, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they believed Agincare UK Eastbourne offered a safe service and felt safe whilst they were being supported by staff. Of the people who responded to our pre-inspection survey, 16 (100%) told us they felt safe using the services. One person told us, "My daughter and family are much happy knowing that the carers are coming in to help me." Another said, "I've never felt anything but safe when the carers are with me." Although people were positive regarding the service they received we identified issues with the running of the service in relation to medicines that placed people at risk.

People and their relatives told us that they were satisfied with the support they received with regard to their medicines. Where required, people stated they received their medicines correctly and on time. However, we found some areas which required improvement. We looked at peoples medication administration records (MAR) and within four we found gaps. These people's daily visit records identified they had received care calls on the dates in question and should have been assisted with their medicines. However, the gaps in these MAR meant people may not have received their medicines correctly on the dates the MAR had not been signed. The registered manager could not explain why there were gaps in the MAR records we identified.

The provider had policies in place for medicines and guidance for the administration of medicines. However we found these had not been consistently followed. For example, care staff were routinely dispensing medicines for multiple people to take at a later point in the day. The provider's policy stated, 'Medication should not routinely be left out in open, unlabelled containers. In exceptional circumstances where medication may be required to be left out when care staff are not present, a risk assessment needs to be carried out.' The provider accepted that this was not good practice and acknowledged these people should have had a risk assessment in place to make sure it was safe to leave medicines out of their original packaging.

Some people who received support from Agincare UK Eastbourne were prescribed 'as required' medicines known as PRN. We saw some people had a PRN protocol in place to provide guidance for staff. However, other people's records identified their pain relief medicines were for 'pain relief'. The lack of clear guidance for care staff as to why they would be offering PRN medicines meant there was a risk they were not being provided consistently. We found some people who had been assisted with PRN medicines did not have a clear rationale as to why it had been given on their MAR. This meant there was an increased risk a reoccurring pattern of pain could be overlooked and not referred to another health care professional in a timely manner.

We could not be assured that medicines were safely and properly administered and found a breach of Regulation 12 HSCA (RA) Regulations 2014.

There were policies to ensure staff had guidance on how to respect people's rights and keep them safe from harm and abuse. Records confirmed staff received safeguarding training on an annual basis. All care staff demonstrated a good understanding and were able to describe different types of abuse. However two out of

the five care staff spoken with were unsure of whom to report suspected abuse to other than 'their manager.' The registered manager stated they would speak with these staff members to ensure they were aware of the safeguarding reporting protocol. The care supervisor stated they would adapt their supervisions with staff to include a 'scenario type' refresher on this issue. This is an area that requires improvement.

When people began using Agincare UK Eastbourne services they underwent an assessment by a senior member of care staff. The information collected included various risk assessments for areas such as continence, skin condition and mobility. However, we found inconsistencies with risk assessment that could place people at risk of not receiving effective and safe care. For example within one person's moving and handling assessment it identified their skin condition as 'good' however their skin condition risk assessment, which hadn't been totalled, scored them as 'at risk.' This person's assessment by the local authority classified them as 'at high risk of skin breakdown.' Their use of specialist skin pressure relieving equipment indicated they were at risk however the assessment undertaken by senior care staff had not correctly identified these risks. People's risk assessments were reviewed annually unless care staff, people or their relatives raised issues or concerns. The registered manager told us all people were contacted by telephone on a rolling three monthly cycle to complete a questionnaire; some questionnaires we reviewed contained information related to people's care package. These calls were usually completed by a member of the office staff. Although all office staff had received training as carers and on occasion, when operationally required, went out on care calls; they were not responsible for routine care delivery and did not undertake annual care reviews. The registered manager and care coordinator told us they would review how care reviews were undertaken to ensure all potential changes to peoples care needs were identified. The registered manager acknowledged peoples' support needs could change significantly in a year and a more in-depth interim care re-assessment by a member of the care staff would be more appropriate. During our inspection we saw the registered manager was putting systems in place to ensure more regular reassessment was undertaken. This is an area that requires improvement.

All people spoken with stated they were happy with staffing levels. Staffing levels for individual care calls were determined during a person's initial assessment of needs. People told us they felt staffing levels were correct for their calls. One person told us, "No problems, I'm more than happy with the support I get." Another said, "The right number of staff always arrive."

Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff described the recruitment process they had gone through, which further evidenced correct procedures were followed.

The provider had made provision to ensure peoples care was safely managed 'out of hours'. A small group of senior staff team held the out of hour phone on rotation. The staff member with responsibility was able to adjust staffs routes and contact people to communicate key messages. One person said, "I've never had a problem getting hold of them, even at the weekend."

Good

Is the service effective?

Our findings

People and their relatives told us they were happy with the care they received from Agincare UK Eastbourne. One person told us, "I've been very pleased with the service they have provided."

The majority of the initial training staff received was undertaken face to face, in a classroom setting, at the Agincare Eastbourne office. The office had a training area where staff were able to interact practically with aspects of their training such as mechanical moving and handling equipment. Staff covered core mandatory topics annually such as infection control and moving and handling. There was additional e-learning learning available to staff to support people in their own homes, such as dementia care, equality and diversity and nutrition.

Staff were positive about the induction and training they received. A newly appointed member of care staff told us, "I found my induction good, this is my first job in care and it covered lots." All staff told us they had the opportunity to shadow an experienced member of staff before working on their own. One staff member told us, "Although I was a bit nervous when I first started going out by myself I felt confident in being able to support the people I was visiting."

There were opportunities for staff to complete further accredited training such as NVQ (National Vocational Training). NVQ's are work based awards that are achieved through assessment and training. To achieve NVQ candidates must have proved that they have the ability and competence to carry out their job to the required standard. One member of staff said, "I was really pleased to have completed my NVQ, it was really helpful and I want to do the next level next."

Care staff underwent regular supervision with either a care supervisor or the deputy manager. Staff told us these were useful and a chance to talk through all aspects of their roles. On the first day of our inspection staff were seen arriving for pre-booked appointments. Staff told us they were also assessed on their performance by a system of 'spot checks'. A senior member of care staff would arrive unannounced either prior or during a member of staffs care call to a person. Areas reviewed during the spot check related to staff competencies in areas such as medicines and moving and handling. The care supervisor told us they varied the times and days they undertook these spot checks so, "I can get an honest and realistic picture of how they perform." The information collated from these spot checks was fed back in staff supervision. Records we reviewed identified that two staff had recently been taken off care calls which required the use of mechanical equipment as a result of concerns identified at a spot check. The care supervisor said, "They have been brought back into the training room to build their confidence and check they have their knowledge refreshed."

Staff we spoke to had a basic understanding of the principles of the Mental Capacity Act 2005 (MCA). Staff were aware decisions made for people who lacked capacity had to be in their best interests. Peoples' care folders contained a signed service user agreement that identified what services the person consented. It was evident, where appropriate, family and advocates had been involved in this process to support people. People we spoke with were aware of these documents and most could recall signing it. Within one person's

'capacity assessment' it stated, 'needs to be allowed time to communicate at their own speed.'

One person told us, "My family buys my food but carers often prepare it for me." People's nutritional needs, where necessary, had been assessed and care plans showed what support people required to ensure they had sufficient amounts of suitable food and drink. This included meeting dietary requirements for people with health conditions such as diabetes. People's preferences were recorded and most care plans prompted staff to respect people's choices about food. Risk assessments demonstrated where people had been assessed as being at risk of not eating and drinking sufficient amounts, extra measures had been put in place to support them. These included support with shopping and meal preparation to ensure that people were eating food that was appropriate for them. One person said, "I've noticed that my regular carer will often say to me after looking in the fridge that I'm about to run out of bread or something similar." Staff told us they routinely asked people what they had had to eat and drink that day and checked care notes and food supplies in the person's home. One person told us, "My regular carer comes and makes breakfast for me, and although I very often just have cereal, they don't mind doing me something like eggs on toast or something similar for me at breakfast if I fancy something a bit different."

The service operated a system whereby if staff noticed anything 'out of the ordinary' either with a person's health or wellbeing a concern form was completed and returned to the office. These were reviewed by senior staff. People told us, if required staff, would assist to ensure they received appropriate medical care. One person told us, "They (the staff) always make sure I am ok, they have got hold of my GP for me in the past." Staff told us they were clear on their duties and responsibilities as carers and if there were changes in people's health and well-being they would raise these concerns with the provider and other health care professionals.

Good

Is the service caring?

Our findings

People told us they had a good relationship with care staff. A person told us, "My carer couldn't be nicer. She comes and we have a bit of a laugh while they are looking after me, it is so nice to see a bright face every day because some days I don't see anybody else." People told us staff were mostly prompt and reliable and came at the times they expected. Staff spoke about the importance of compassion and empathy, particularly where people had received bad news or feeling unhappy.

All of the people we spoke with said that staff were approachable and felt they could chat with the staff and were listened to. Staff we spoke with were aware of the principles of equality and diversity and gave examples of how they reflected these values in their work. For example making adaptations to the way they supported people. One staff member told us, "Little things can make a difference, like being aware where you put things back in the fridge for clients that have sight problems."

We saw people were involved in planning their care and the routines staff followed whilst with them. People told us they were regularly consulted regarding the care they received. One person told us, "I have had quite a few phone calls to check things are going ok with our arrangement." One person's relative told us, "The care staff have so far been really good and switched on to how we like things done."

A staff member told us, "Keeping clients independent is so important, especially for older people living by themselves, I will always see if clients want to do things for themselves if possible." Another staff member told us how they always encourage a person to help with 'folding clothes.' People told us that staff, although busy, were not rushed. One said, "They are busy when they come in but will find time to a chit chat." A staff member told us, "If I feel I don't have enough time I will speak to the office and see what can be done."

One person said, "Carers have been professional, they look after me well." Staff were aware of the importance of respecting people's privacy and providing dignity. They provided examples of how they did this, such as by keeping doors closed and covering people when supporting with personal care. A relative told us, "Our main carer has a unique rapport and connection; they can really bring them out of themselves by doing simple things like holding their hand." Care staff showed a caring attitude towards people. One care worker said "I always try and do a good job for my clients, I love my work, caring is very rewarding." One person said, "My carer is sometimes more attentive than me. In the past they have pointed out to me that the blouse I went to put on is dirty and puts it straight in the laundry basket and helps me find something else to wear."

Care staff had a good understanding of confidentially. Staff gave examples of how they would redirect conversations with people if they wished to discuss 'other clients or staff.' Care plans were held securely in the office and another copy was kept within people's homes. The care supervisor told us that protecting people's personal information was important. They said, "Staff are regularly reminded about the importance of privacy of client's personal records."

Requires Improvement

Is the service responsive?

Our findings

People's needs had been assessed before they began using Agincare - Eastbourne. People and their relatives told us they felt they had been involved during the initial discussions regarding their care needs. Although assessments and care plans identified what people's support needs were, they did capture sufficient detail to provide clear guidance for care delivery for staff to follow. For example within one 'health assessment' it referred to a person needing, 'all personal care required'. However their care plan contained limited guidance for staff regarding how they should specifically offer support. It stated, 'assist with personal care.' Most care plans focused on specific tasks care staff were required to undertake whilst supporting a person. They were not clearly broken down into care support areas such as personal care, mobility, continence care or behaviours instead guidance for staff was 'list based'. This meant care plans provided limited reference to a 'person centred care' approach. Person centred care is a way of thinking and doing things that sees the people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs. All care staff we spoke to were clear on people's individual support needs however parts of this information had not been included within people's care plan. We reviewed data in relation to how many staff visited people within a seven day period. This identified some people had a high proportion of different staff visiting them in their homes. This meant the content of care documentation was important as it would provide specific guidance for care staff who may visit some people infrequently. We noted senior staff had recently responded to concerns raised by a person's relative who identified that on one occasion two care staff had arrived at a care call and were not familiar with their support needs and did not know how to use the person's mechanical moving and handling equipment. The staff on this occasion did not have an up-to-date care plan to guide them. The staff telephoned the office to request advice and up-to-date guidance on how to support this person. The areas identified related to care planning requires improvement.

However we found other people had a good level of continuity of care staff visiting them in their homes. The care co-ordinator said, "I will do all I can to make sure clients see their preferred carers, it's not always possible with annual leave but we do our best." Most people told us that they saw the same care staff on a regular basis. One person said, "There is a core team who come regularly to see me, it's nice to have the same faces." Staff told us they felt they generally had enough time to spend with people and if they ever felt rushed they would raise this with the office. One member of care staff said, "Timings are usually just about right, I would flag up with the office if things were tight time wise." We saw examples where senior care staff had liaised with families and commissioners regarding the amount of time people had with care staff to ensure needs were responded to. We saw people's wishes for specific care staff to attend care calls were managed effectively.

We saw people's choices were respected. For example, people had been asked about their preference on gender of care staff. One person told us, "I do not want a male carer and this has always been taken care of." We saw evidence where people had been consulted via their three month telephone questionnaire and requested a member of care staff did not visit them anymore. The care coordinator said, "We will always make sure if a client says they do not want a particular carer that they do not go back to that client."

No people spoken to identified concerns with missed or late care calls. One person said, "I've know them to be running late now and then if something has caused a delay, I'll always get a call from the office though." Another said, "Never been a problem for me." Staff told us they had sufficient travel time between care calls. One told us, "Some of the routes have recently been re-jigged and it has really helped." The service had suitable systems and resources in place to be able to respond if a staff member was delayed. The registered manager said, "Most office staff are trained and able to undertake care calls if the 'operation' requires." On the first day of our inspection we heard office staff speaking with people on the phone informing them their care call would be slightly delayed.

People and their relatives told us they would be confident to speak to care staff or the office if they had a complaint or concern. One person told us, "I would just call the office if I had any issues; they are good at getting back in touch." The service had a complaints policy and people received information in a suitable format when they began using the service. The guidance for people contained whom to contact if the complaint was not resolved to their satisfaction. Care staff were clear on how to support people if they were concerned about anything. At the time of our inspection there no 'open' formal complaints however we saw recent complaints had been responded to in a timely manner and in line with the providers policy. One person told us, "I have never really had to complain about anything. I have the rota come every week; I think it's been months since I had to call even the office. It is lovely not to have to worry, because I know everything is going to be alright."

The service provided a telephone number where people could speak to a member of staff 24 hours a day 365 days a year. The registered manager said, "It can be reassuring for clients and their relatives to know that can get hold of us when the office is closed." People we spoke to were aware they could call this number if required.

Requires Improvement

Is the service well-led?

Our findings

Although all people, relatives and staff told us they considered the service was well led. We found Agincare – Eastbourne was not consistently well led.

Although there were systems in place to undertake regular checks on the quality of the service at Agincare Eastbourne we found there were gaps and inconsistencies with aspects of the quality assurance processes. For example there was no system in place to be able to audit late or missed care calls. This meant there was an increased risk that patterns of concern could be overlooked or missed. The providers electronic system used to track when care staff arrived and left a person's home was unable to collate if and when people had received a late or missed call in a designated timeframe. There were no manual processes in place to capture this information. This meant the registered manager could not accurately identify how effective their service was in this area. During the inspection the registered manager liaised with the providers head office IT function to implement some additional IT data collection tools. We were unable to determine the effectiveness of this addition during our inspection and will review how it has been embedded within the quality assurance systems when we next inspect.

Senior staff undertook a range of routine audits to check the quality of the service, these included areas such as people's care plans and MAR documentation. On reviewing a recent audit of people's MAR we found it had not been completed accurately and errors in the MAR documentation had not been identified in the MAR audit. This meant the staff who had made these errors would not be made aware of their shortfalls. We found the focus on 'tasks' within people's care documentation rather than the person being cared for, had not been identified through the audit process. We spoke to the registered manager regarding the quality assurance systems. They told us they were currently undertaking a dual role. They were the registered manager at Agincare – Eastbourne and also had 'area manager' responsibilities for several other of the providers domiciliary care agencies. A new appointed deputy manager was in post at the Eastbourne office, they had recently joined the company with a view to becoming the registered manager once more established and knowledgeable about their role and the service. Staff told us the registered manager was now not at the Eastbourne office as regularly since they had taken on additional responsibility. The PIR identified, 'Senior management support the branch through audits and evaluations of service provision.' However the registered manager acknowledged the Agincare – Eastbourne branch had not received a quality assurance audit from a regional manager for ten months. We discussed the areas we found requiring improvement with regard to quality assurance, the registered manager told us they had, "Slightly taken their eye off the ball regarding the Eastbourne branch."

Accident and incidents forms had been comprehensively completed by care staff and placed in people's care folders, however most forms did not identify what actions had been taken in response to the accident or incident and the managers comments box was blank. Although there was a document which kept a 'rolling tally' of all accidents and incidents was no system for trends to be identified or to evidence staff learning from these. This meant there was a risk patterns could be missed.

The provider had not taken steps to ensure the medicines training care staff had received matched the

guidance within the provider's own medicines policy in relation to risk assessments for leaving medicines out for people.

The issues identified with governance are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One member of staff was predominately accountable for undertaking all new pre- assessments on new people to Agincare -Eastbourne, the writing and review of all peoples' care plans, spot checks on care staff and most care staff supervisions. From discussion with this person it was evident the volume of work they were managing was causing them anxiety. The registered manager had failed to identify this individual as having difficulty managing the current scope of their role and had put limited support systems in place for this key role. This is an area that requires improvement.

The provider had not consistently notified the CQC of incidents that affected people. Under the Health and Social Care Act 2008, providers are required by law to submit statutory notifications. A notification is information about important events which the provider is required to tell us about. We identified an incident which had not been notified to us. This is an area that requires improvement.

During 2015 there had been two staff meetings for care staff. We saw the importance of completing people's MAR was discussed at one of these meetings. Staff offered mixed comments on these meetings. Some told us they could not recall attending one whilst others told us it had been, "A while since I've been to one." Staff who had attended told us they had found them a useful way to share experiences. One staff member told us, "They can be tricky to sort out but would be good to have them more often." We saw the registered manager used a system of newsletters and memo's to communicate with staff.

There were systems in place to seek the views of people. People were contacted by office staff on a three monthly rolling basis to ask them questions related to the quality of the service. We saw people had made comments regarding various aspects of the service they were receiving. In the main this was positive; however where people had identified an issue there was no system in place to record what actions had been taken to respond. The provider also conducted an annual satisfaction survey. We saw the most recent had been undertaken in April 2015. The results of which were seen to be positive, for example 100% of people would recommend the service.

People spoke positively of the service and its senior staff. Most people who responded to our pre-inspection questionnaire stated they knew how to contact the agency if they needed. All people stated the information they received from the provider was clear and easy to understand. One person said, "I know I can always get hold of them." The registered manager told us they had an 'open door' policy with regards to staff. Staff we spoke to confirmed that this was the case. One said, "I come into the office regularly, I usually ask a question or two and always helpful."

People received information about the service's vision and aims when they began using the service. Staff were able to broadly describe these and said the service focused on providing care that was caring and encouraged people's independence. One staff member told us, "It's the best care company I have worked for." Staff told us that they liked working for Agincare- Eastbourne.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected by the proper and safe management of medicines.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were not effective systems to assess, monitor and improve the quality and safety of the services and mitigate risks relating to the health, safety and welfare of people.