

Agincare UK Limited

# Agincare UK Eastbourne

## Inspection report

Ground Floor Office & Suite 2  
13 Gildredge Road  
Eastbourne  
BN21 4RB

Tel: 01323638042  
Website: [www.agincare.com](http://www.agincare.com)

Date of inspection visit:  
18 February 2021

Date of publication:  
05 March 2021

### Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Agincare UK Eastbourne is a domiciliary care agency providing care and support to 52 people, some of whom were older people, had physical disabilities, and people living with dementia.

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 had benefitted from improvements the service had made since the last inspection. Improvements in care planning gave staff the information they needed to support people safely and effectively. Systems were effective in ensuring that people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had access to a robust complaints system that addressed any concerns they had.

Systems for monitoring quality and managing risks had improved. There were arrangements to support governance and to provide management oversight of the service. People told us they were happy with the care they received, and that staff helped them to feel safe.

People were supported by staff who had received appropriate training to meet their needs. Assessments of people's needs were thorough and supported people's diverse needs. Staff supported people to have enough to eat and drink and to access the health care services they needed.

People were supported by staff who showed compassion and respect. People spoke highly of the care staff that supported them and said that they had developed good relationships with them. Staff knew people well and had the information they needed to provide good responsive care to them.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 29 August 2019) and there were three breaches of regulation. 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.

### Why we inspected

We carried out a comprehensive inspection of this service on 15 July 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do

and by when to improve Effective, Responsive and Well Led.

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 of Effective, Responsive and Well Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Agincare UK Eastbourne 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service responsive?

Good ●

The service was 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 Eastbourne

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by two inspectors, an assistant 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service notice of the inspection. This was to establish the safest and most appropriate way of carrying out our inspection visit during the COVID-19 pandemic. Inspection activity and planning started on 11 January 2021 in preparation for the inspection and ended on 18 February 2021. We visited the office location on 18 February 2021.

#### What we did before the inspection

We reviewed information we had about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including a care coordinator, a senior carer and five care workers.

We reviewed a range of records. This included eight people's care records. We looked at a variety of records relating to the management of the service, including policies and procedures, complaints management and quality assurance systems.

During the inspection

We spoke with the registered manager. We reviewed a range of records, including multiple medication records. We looked at a variety of records relating to the management of the service, including quality assurance systems and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at updated training records and sought further information about end of life support.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

At our last inspection the provider had not ensured they were following the principles of the MCA. 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.

- People were supported in accordance with the MCA. Improvements in assessing people's capacity had ensured that people were involved in their assessment and captured their views. People's capacity was assessed on whether they could consent to specific decisions and tasks being undertaken.
- The registered manager had taken steps to ensure that the correct and appropriate documents were obtained that confirmed the legal authority of others to make decisions on people's behalf.
- Staff continued to receive training and updates on the MCA and understood the importance of people being involved and making their own decisions. One carer said, "Everyone is assumed to have capacity unless proven otherwise. If someone doesn't have capacity, decisions must be in their best interest." Another carer emphasised the need to ensure people could make those decisions, "Yes, they have to have enough information for the person to come to a decision."

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

- People were supported to eat and drink enough. Care plans documented people's food preferences and how they wished to have their food. People told us they were happy with the support care staff provided to

them.

- Risks associated with people's eating and drinking had been assessed. Some people were at risk of not eating or dehydration. Staff knew these risks and ensured that these were closely monitored and escalated when needed. One carer said, "We have a food and fluid chart in place too so we can monitor what they have at all times."
- Some people needed additional support to eat and drink safely, and they had been assessed by a Speech and Language Therapist (SaLT). For example, some people required fluids to be thickened as they had difficulty swallowing. Guidance was in place for staff on how to safely prepare drinks to the correct, and assessed, consistency.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Peoples' needs and choices were assessed in a holistic way to take account of people's diverse needs and preferences. The registered manager or senior staff met with people before setting up the care package to ensure they could effectively meet their needs.
- Technology and equipment were used by staff to enhance the delivery of effective care. Staff used equipment to safely move people with reduced mobility.

Staff support: induction, training, skills and experience

- People and their relatives told us they had confidence in the skills and knowledge of the staff. One person said, "They are jolly good, they could not be kinder. They help me to wash and get up and get my meals ready, I do my own medication. I am very lucky with them."
- Staff told us that their induction and training gave them the skills to undertake their roles effectively. One carer said about their induction, "We did three days training and then two days shadowing with the option of shadowing more if we needed to." Another carer said, "Whilst I shadowed, I watched staff doing moving and handling and they told me how to do things."
- Staff had access to specialist training so that they could safely support people with specific health needs such as catheter care and diabetes. Effective systems ensured that staff were competent and continued to deliver care efficiently through spot checks, observations and competency assessments. Staff were supported with supervision and appraisals.

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

- People were supported by staff to access health care services if they needed to.
- Staff had made timely and appropriate referrals to health professionals when people required additional support. For example, to district nurses when people needed help to maintain their skin integrity. One relative said, "Oh yes, a couple of months ago the carer noticed she had a swollen arm. They took a photo of it and sent it to the GP."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to ensure an effective and accessible system for identifying, receiving, recording, handling and responding to complaints. This was a breach of regulation 16 (Receiving and acting on complaints) 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 16.

- The registered manager had ensured that there was an effective complaints system in place.
- Complaints were acknowledged, and investigations carried out in a timely way. People and their relatives had been informed of the outcome of the investigations and any changes that had been made to prevent reoccurrence. People had access to the complaints policy and process within their home folders.
- The registered manager carried out monthly audits of complaints to identify any themes or trends which could then be addressed.
- People were aware of the complaints process and told us that concerns had been dealt with. One person said, "I ring the manager, I make requests and not a complaint. And they have all been dealt with well."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

- At the last inspection, people's needs had not always been reflected in their care plans. The registered manager had ensured that all care plans had been reviewed. Care plans now provided specific information on people's needs and guidance so staff could support them effectively. For example, one person was experiencing difficulties with their emotional and mental wellbeing and this was reflected in all areas of their care planning. Staff continued to understand and respond to people's needs.
- Care plans were detailed and provided personalised information for staff. Regular reviews had ensured that information was kept up to date, identified changes in people's needs and reflected the care that was provided. Information about people's personal history were captured within assessments.
- People were supported to go out to reduce risks of social isolation and maintain relationships that mattered to them. Care plans captured social contact and leisure activity needs and detailed what carers should do to support these. For example, carers supported one person to go for walks every lunchtime which helped their mobility needs and their emotional wellbeing.
- Peoples social, religious and cultural needs were recorded. Actions on how staff could support people to

meet these needs were captured in their care plans.

#### End of life care and support

- Improvements had been made to how people's preferences and wishes were to be carried out at the end of their lives. Cultural and spiritual wishes were discussed, and people's preferences about how they wanted to be supported were identified.
- The registered manager continued to discuss and identify people's wishes through the care review process.
- Staff had supported people at the end of their lives. People were supported with the management of pain-relieving medicines, and staff assisted one person with making arrangements for receiving religious support at home.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in detail within their care plans. Staff were provided with person centred guidance on how to communicate with people in ways that they preferred or required.
- For example, one person required a high level of pain medication and their communication plan detailed how staff needed to give them additional time to explain their wishes and what they required. Another person living with dementia struggled to retain information given to them. Staff were encouraged to tell the person exactly what was happening throughout their calls, including repeating information that may not have been processed.
- The registered manager confirmed that no one receiving support from the service required information provided to them in a different format, but told us that they previously supported people with visual communication aids.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection, the provider had not ensured that the quality assurance checks were sufficiently robust to identify the shortfalls we found in relation to records. 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 worked proactively to address the shortfalls in quality assurance systems identified at the last inspection. An action plan was already in place prior to that inspection and records showed that there had been a consistent approach to making improvements. For example, issues around the management of people's mental capacity and complaints had been acknowledged and improvements had been made to address these.
- All care plans had been fully reviewed and updated with more specific person-centred information. This ensured that staff had the correct information to support people safely and effectively. For example, care plans now contained specific details on how staff could safely support people with their thickened drinks, and how staff should respond to changes in people's skin integrity. When people needed support to manage their emotional needs, these were recorded and reflected throughout each element of their care and support. Staff supported people in the way they preferred and in line with their care plan.
- The registered manager ensured that systems were in place to make sure that care and support was of good quality and to drive improvements. Regular audits and monitoring were completed on areas such as medicine management, staff training, recruitment and complaints.
- The registered manager was aware of their responsibilities for reporting to the CQC and their regulatory requirements. Risks were clearly identified and escalated where necessary.
- People spoke highly of the carers and the service they provided. They said that staff knew their needs well, provided them with a person-centred service, and treated them with respect and compassion. One person said, "The carers are so happy and kind and pleasant." Another person told us, "They are very nice and caring and kind, gentle, you can't fault them."
- Staff performance and the quality of care they provided was regularly checked by the management team. Staff received informal coaching and supervision to promote continuous improvement, while spot checks

were carried out to ensure people were receiving the appropriate care.

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

- The registered manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. The registered manager had acknowledged any incidents or concerns with people's relatives and been open to the reasons that caused them. One relative said, "We are quite pleased. We have never been misled or misguided. We are happy with the carers that come in and pleased with the communication."
- People and their relatives told us they felt involved and that staff respected their opinions. The management conducted telephone surveys each month to identify any issues that had arisen. One relative said, "They understand her, they have a nice chat. The communication is good with her."
- Staff were engaged and could provide feedback on the service. Staff completed monthly surveys with the office and analysis of these results was completed by the registered manager. Where issues had been highlighted, action had been taken to address them. For example, one staff member had been contacted and directed to the training portal when they asked about specific training. Staff were able to complete an annual survey, the results of which were which was addressed by the provider.

Working in partnership with others

- Staff had developed positive working relationships with a range of health and social care professionals to support the care they provided. Staff had implemented guidance provided by professionals such as speech and language therapists, district nurses and GPs.
- Since the last inspection, the registered manager had worked proactively with the local authority market support team to identify any areas that needed to improve and implement these into practice.