

Agacia Care Ltd

# Agacia Care Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Agacia Care is a domiciliary care service providing personal care to people living in their own homes. 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. The service was providing personal care to 10 people at the time of the inspection.

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

People were protected from abuse and avoidable harm; staff had completed training in safeguarding and recognising signs of abuse. People and their relatives told us they felt safe with the service. One person said, "I feel very safe with my carers, they are like family to me."

Medicines and infection control were managed, and lessons learned if things went wrong. Staff had been recruited safely and attended training to prepare them for their role. One member of staff said, "Great training resources which make me feel comfortable doing the job."

Peoples' needs were assessed, and person-centred care plans developed with them. Care workers had enough information to provide safe care for people. Staff had access to policies and procedures to guide them in their day-to-day work. Care plans were monitored and reviewed regularly.

People and their relatives spoke highly of the care workers, describing them as "Kind, compassionate, caring and friendly". One person told us, "They are good, fun and never dull. I'm happy they are here." A relative told us their relative was always happy to see them.

The registered manager was committed to providing a high-quality service and worked in partnership with other professionals, such as the local authority and primary health care services. One person said, "The manager calls me every couple of weeks to ensure everything is going well and whether I need any changes."

Managers carried out appropriate checks to ensure that the quality of the service was continually reviewed and where necessary improved. People, relatives and staff told us the registered manager was approachable and supportive.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

This service was registered with us on 21 March 2022 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the timescales for unrated services.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

# Agacia Care Ltd

## 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 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses or flats.

#### 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.

#### What we did before the inspection

We reviewed the information we received about the service which the provider is required to tell us about, such as serious injuries or safeguarding concerns. 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 information gathered as part of monitoring activity that took place on 8 December 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people who used the service and 3 relatives about their experience of the care provided. We spoke with the registered manager and the deputy manager. We obtained feedback from 3 care workers. We reviewed a range of records, including 3 peoples' assessments and care records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff rotas, training and supervision records, audits, meeting notes and the service user guide were reviewed. We received feedback from 3 professionals who worked with the service.

# 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 were protected from the risk of abuse. Staff told us, and records confirmed they had received training in safeguarding and knew how to spot signs of abuse and report concerns.
- The provider was alert to safeguarding concerns; records showed that concerns were reported to the appropriate authorities and the management team cooperated with investigations. The provider had a safeguarding policy in place. Staff could access the policies electronically.
- People and their relatives told us they felt safe with the service. One person told us, "I feel very safe with my carers. They check to make sure there is nothing around to trip me up and they always ensure my door is locked when they leave." Another person said, "I did fall and break my hip so the carers ensure I am safe and have left nothing in the way that I could fall over." A relative told us, "My [relative] is absolutely safe with the care workers."

Assessing risk, safety monitoring and management

- Peoples' care records contained detailed risk assessments to keep people safe. These included risks associated with peoples' health and care needs. Risk assessments were reviewed and updated regularly to ensure they were still appropriate.
- Risk assessments gave clear guidance to staff, detailing how to safely work with people in all areas, including medicines, mobility and nutrition. Staff confirmed that the care plans gave them enough information for them to support people safely. Staff had access to the electronic care system on their devices. One staff member told us, "We have all the details we need to be able to care for our service users safely and with their best interests at heart."
- Environmental risks were considered for each person, including the location, external lighting and access as well as potential risks inside the person's home.

Staffing and recruitment

- There were enough staff deployed to provide safe care for people; absences were covered from within the team. The provider had run a successful recruitment campaign and new starters were going through pre-employment checks and induction training. Recruitment was ongoing.
- Rotas were managed safely to ensure staff had enough time to travel between each person. The registered manager and deputy were actively involved in care delivery, both routinely and to cover emergencies. People told us they had never had a missed call.
- Staff told us they had enough time to provide safe and effective care to each person and enough time to travel between care visits. Two staff were allocated where this was required for people's safety; staff confirmed this always happened.

- Staff were recruited safely. Records were maintained to show that checks had been made on employment history, references and Disclosure and Barring (DBS) records. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.

#### Using medicines safely

- Medicines were managed safely. Medicine administration records were completed and up to date. The registered manager did regular audits on medicine administration records.
- Not everyone needed help to take their medicines, some people just needed reminding. Some people needed full support with their medicines. People and their relatives told us they received their medicines as prescribed. One relative said, "The carers ensure [relative] has taken her medication and they record it on the care system."
- Staff had received training in medicine administration and competencies were checked. Records showed training was up to date. Staff told us they were confident supporting people with their medicine.

#### Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection. Staff had received appropriate training to learn how to minimise the risk of infection spreading. Gloves and aprons were available; staff could replenish their stock from the office or it would be delivered by one of the managers.
- People and their relatives told us care workers adhered to good infection control practices. One person told us, "They wear gloves, and they wear a uniform that always looks clean and tidy." Another person said, "They wear gloves and aprons and always leave my house clean and tidy." A relative told us, "They wash their hands and use the anti-bacterial gel. They leave [relative's] room clean and tidy and put rubbish in the appropriate bins."

#### Learning lessons when things go wrong

- Care workers knew what to do if someone had an accident or an incident. Accidents and incidents were reported and investigated.
- The registered manager had a tracker with a summary of learning included. This was used in staff meetings or through individual supervisions to share lessons learned. There was also a group chat for sharing messages between staff.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager undertook a full assessment of each person before commencing service, this assessment included the person's needs and personal choices. Details in the assessment were used to formulate and agree the plan of care with the person and if appropriate, their relatives.
- Where people had complex health needs, these were re-assessed regularly. The registered manager used recognised tools for assessing risks such as skin integrity. Relatives told us they were as involved as they would like to be in their loved one's care.
- Staff knew people well and understood their needs. A relative told us, "We have never had a carer who has not known what they need to do with [relative]. New staff are never left on their own until they know what they have to do."

Staff support: induction, training, skills and experience

- Staff received induction training, using online resources and practical sessions. Training records confirmed that staff training had been completed in mandatory areas. Staff confirmed they had received enough training to undertake their role.
- Most 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.
- Staff had supervisions and spot checks undertaken regularly and staff we spoke to said they felt supported by the management team.
- People and their relative's thought staff were well trained. One person told us, "They are really well trained and so helpful; in fact, they are brilliant. They do anything to support me." A relative said, "All the carers we have understand dementia and know how to care for [relative]; they teach me how to manage my [relative]."

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

- Some people received support to prepare meals and drinks to meet their nutritional and hydration needs. Others did not need any assistance in this area as they were either independent or received support from relatives or other agencies.
- Peoples' care records detailed when a person needed assistance with food preparation and there were instructions for care workers in how this needed to be done.
- People and their relatives confirmed staff had enough information to support them with their meals where this was included in their care plan. One person told us, "They do my breakfast but will make whatever I want. They always make sure I have drinks." Another person said, "They do my evening meal and as I can't

carry drinks, they always make me one as soon as they arrive." A relative told us, "They do breakfast and lunch. They always leave a drink within [relative's] reach before they go."

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

- Staff knew people well and knew when to report issues to the management team or inform relatives. One relative told us, "We have a communication book in the kitchen. The carers inform us if they think [relative] looks unwell so we can call the doctor or district nurse. If we are away, they always phone the GP or district nurse themselves."
- Care records contained information about interaction with other health care professionals. For example, one care record documented a referral to district nurses; another documented a visit by the physiotherapist and occupational therapist. The management team liaised regularly with GPs and other professionals when assessing and reviewing care needs.

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.

- The management team were knowledgeable about the MCA and care records contained clear guidance for staff. Staff gave people choices and encouraged people to make their own decisions, for example, what to wear, what to do or what to eat.
- Where people had capacity, they signed their own care documents and contracts and records showed that people were not restricted.
- The registered manager had made referrals to an independent advocate to support people with their decisions.

# 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

- People were treated well by staff who were described as kind and considerate. One person told us, "The carers are lovely, if they find me down in the dumps they cheer me up and the next day they will ask if I am feeling happier. They keep an eye on my wellbeing." One relative told us, "They really are kind, not just to [relative] but to me as well. They know things get stressful for me."
- The provider was committed to ensuring continuity of care by ensuring the small team knew everyone. This minimised the risk of a person receiving support from someone they did not know. People and their relatives told us new staff always shadowed experienced staff and their competence was checked before providing care on their own.
- Staff knew how to respect people's equality and diversity. For example, one person used to go to church but had not been able to do so. The service has provided support to help them go to church every Sunday, as well as bible studies and a coffee morning once a week.

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

- People were involved in their assessment and the development of their care plan. They were asked about their preferences, for example, their preferred time for care calls. One person told us, "I was fully involved in the creation of my care plan. The manager came to go through it with me." A relative said, "As a family we were involved in the plan, and we got what we asked for."
- Staff told us that they asked people's consent before carrying out any tasks. People and relatives confirmed this. One person told us, "Yes, they always ask my consent, they don't do anything before consulting me." A relative said, "Yes they ask consent and always ask what they would like to eat."
- Staff worked closely with people and their relatives to make sure people got the support they needed. One relative told us, "The hospital put the first care plan in place, and it didn't work out. I rang [registered manager] to say things weren't working. She came to see me and sorted out a new care plan which is working very well."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Staff told us they enjoyed supporting people to be independent. Staff encouraged people to do things for themselves. For example, one relative told us the staff has enabled the person to understand the controls on the recliner chair by sticking different coloured arrows on it. Now they can control it themselves." A person told us, "The carers encourage me to do what I can for myself, and they do it subtly." Another person told us, "I do what I can and only ask the carers to do what I am unable to do for myself."
- Staff treated people with dignity and respect. People told us staff closed curtains when providing personal

care. One person said, "They are very respectful and ensure I have privacy when I am washing or using the toilet." Relatives confirmed staff treated people respectfully and used towels to keep people covered and preserve their dignity.

- Information held in the office was stored securely. Paper records were stored in locked filing cabinets. Electronic records were held on secure, password protected devices. Information was securely backed up. Care workers accessed care records on an electronic device, and access to records was restricted to those who needed the information to carry out their role.

# 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; End of life care and support

- Care was person centred and care records developed in partnership with the person and if appropriate their relatives. People were given choice and control over how they wanted to be supported. For example, one person had a dog who could no longer live with them, but when Agacia Care took over the support for this person they facilitated the return of the person's much-loved pet. People told us the care was tailored to their specific needs.
- There was effective communication between people, relatives, care workers and the management team. One person said, "They are all so easy to talk to. My daughter also has a good connection with the carers and the managers." A relative said, "We can talk to them about anything, and they engage well with [relative] and have a laugh and a joke. If I am finding anything difficult to deal with or understand they are really good at guiding me in the right direction."
- Technology was used to support peoples' needs. For example, where people had given their permission, relatives were able to log in to the online system. This enabled them to read the care notes, which kept them up to date with any changes in their care and any health or social care needs. Staff used the system to log in and out of care visits and to record care delivery during the call.
- The service was able to support people at the end of their lives if this was their wish. Care plans included end-of-life plans where appropriate. Staff were trained in end of life care and the service worked closely with hospice teams to provide the required support.

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

- Some people were supported to access places outside their home. For example, some people liked to be supported to go out for walks or to the garden centre, and this was incorporated into their care plan.
- Other people were supported to attend appointments, for example, with the vet, dentist, or a hospital consultant.
- People told us care workers spent time talking to them about hobbies and interests. One person told us, "I love to talk and the carers are good with me. I love cricket and they pull my leg about it." Another person said, "I am never rushed and when there is time to spare, they sit and talk to me." A relative told us, "On [relative's] birthday the carers give her a card and flowers and have never missed it. At Christmas they bought her a stocking filled with useful things. It makes us feel more like family."

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.

- Peoples' communication needs were recorded and understood by staff. Information was available and shared with people in formats which met their communication needs.
- The service user guide was given to each person receiving care and contained all relevant information about the service and what to expect. This guide was available in alternative languages and formats if required.

#### Improving care quality in response to complaints or concerns

- People told us they knew how to complain if they had any concerns, although most people hadn't needed to raise any issues. People and relatives told us if they needed to raise a concern, they were confident it would be dealt with appropriately. One person told us they had raised a concern about a staff member and said, "The manager rectified it straight away."
- Where complaints had been received, these were logged accurately. Investigations were thorough and complainants were responded to in a timely manner. Lessons learned from complaints were shared either at staff meeting or during supervision sessions.

# 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

- The management and staff team demonstrated a commitment to providing person centred care and there was a caring, open culture.
- Staff told us they were comfortable approaching managers with any concerns. There was an on-call service to provide support and guidance to staff when the office was closed. A staff member told us, "Everything is always done in a professional manner."
- People and relatives told us the service was well run and the registered manager was approachable. One person told us, "The manager is absolutely brilliant. We all look up to them as they are a great manager and service leader with lots of experience and is very approachable." Another person said, "The manager is lovely. They run the service really well." A relative said, "The manager is excellent and does their utmost to help. In a crisis I can ring them, and they do their best to get us help. [Manager] has taught me a lot, I can't praise them enough."

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.
- People told us, and records confirmed managers had regular contact with people and their relatives if appropriate. One relative said, "[Manager] will sit and explain things to us and guide us."

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

- Services providing health and social care to people are required to inform CQC of important events that happen in the service. This is so we can check appropriate action has been taken. The registered manager had correctly submitted notifications to CQC.
- The provider had an electronic care management system in place. This enabled the management team to monitor care visits remotely and produce quality monitoring reports. Service quality was also monitored through regular contact with people.
- The registered manager and deputy conducted quality monitoring audits and checks on care logs and medicine administration.

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

- People were asked to complete feedback forms so the registered manager could monitor the service and identify where things could be improved. Feedback about the service was positive and included the following comments, "I have found Agacia Care to be very professional and focused on the wellbeing of my [relatives]. They treat them with respect and as individuals."; "Very happy with the care, staff are consistent and responsive, the manager is always helpful and just at the end of the phone."; "Excellent specialist knowledge of dementia, they are calm, patient and flexible."
- The management team had regular contact with care workers, either through telephone calls, meetings or during supervision or spot checks. Staff were invited to meetings and encouraged to share their views. One staff member told us, "I can openly express my feelings with no judgement."
- Important messages were shared with staff through the care management system, a closed electronic communication group or at meetings. For example, the manager sent regular messages about supporting people to increase their fluid intake during very hot weather.

Working in partnership with others; Continuous learning and improving care

- The provider was committed to continuous service improvement and to providing the best possible quality of care.
- Where complaints had been received, these were investigated thoroughly, and changes made in the care delivery as a result. Lessons learned were documented and shared with the team.
- The service had a good working relationship with other health and social care professionals. Staff worked closely with a range of professionals including dietitians, care managers, complex care nurses and hospice teams. One professional told us, "The manager is approachable and works hard to support people's needs and best interests." Another professional told us how Agacia Care has stepped in to support someone after a previous care service had failed. They said, "They have been fantastic. The service is well led by someone who really understand the system."
- The registered manager was involved in local manager support networks and communicated regularly with other registered managers for mutual support and sharing of best practice.