

Agape Healthcare Limited

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Inspection report

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21 August 2019

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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: Agape Healthcare is a domiciliary care agency that provides personal care and support to younger adults and older people in their own homes. At the time of the inspection, the service was providing support to 5 people.

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

People were supported by staff that were caring, compassionate and treated people with dignity and respect. Any concerns or worries were listened and responded to and used as opportunities to improve.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life histories and individual preferences. They used this information to develop positive, meaningful relationships with people.

People and their relatives told us they felt cared for by staff who treated them with respect and dignity. People were encouraged to maintain relationships and keep their independence for as long as possible.

The provider ensured people had consistency with staff members, as a result people and staff were able to build positive relationships. People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role.

Staff liaised with other health care professionals to ensure people's safety and to meet their health needs.

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.

Staff spoke positively about working for the provider. They felt well supported and they could talk to management at any time, feeling confident any concerns would be acted on promptly. Staff felt valued and happy in their role.

Audits were completed by staff and the registered manager to check the quality and safety of the service.

The registered manager and care coordinator worked well to lead the staff team in their roles and ensure people received a good service.

Rating at last inspection

The last rating for this service was Good (published 15 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was 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.

Agape Healthcare Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

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

We visited the office location on 20 August 2019.

What we did before inspection

We reviewed the records held on the service. We also reviewed notifications received from the provider about incidents or accidents which they are required to send us by law. We sought feedback from the local authority and other professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and one senior carer. We looked at three people's care records to see how their care was planned and delivered. Other records we looked at included two staff recruitment files, supervision files, training records, accidents and incidents, records relating to health and safety, safeguarding, complaints, medicine records, staff scheduling and the provider's audits and checks on the service.

On 21 August we telephone and spoke to two people who used the service, two care staff, two relatives and two professionals who have links with the service.

Is the service safe?

Our findings

Safe- this means that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse. One staff member told us, "Abuse comes in different forms such as physical, emotional and financial". Another staff member told us, "I have received safeguarding training. If I saw abuse or heard about it I would report the matter to my manager, the local authority or the police".
- People and their relatives explained to us how the staff maintained their safety. One person told us, "I always feel safe when the carers are here". A relative told us, "The carers know what they are doing, when in the home or out in the community they ensure [Name] is safe".

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments, considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm. For example, a person who was at risk of choking had a detailed risk assessment. It gave staff members clear instructions such as supervising the person during meal times, prompting the person to eat slowly and to use specialist eating utensils.
- Staff were knowledgeable about people who required support to reduce the risk of avoidable harm. One staff member said, "[Name] is at risk of falls and has poor blood circulation. We make sure there are no obstructions when they are mobilising and the equipment they use is in good condition.". A relative told us, "The carers are very knowledgeable about [Name's] condition and needs."
- Risks to people were regularly reviewed and amended to reflect any changes in people's care needs. The registered manager was in regular contact with staff, people and relatives to assess people's care needs and amend their care plans if necessary. We saw where new risks to people had been identified, care records and risk assessments were updated.

Staffing and recruitment

- People were supported by a consistent group of staff who knew them well. There were no staff vacancies and any sickness or absence was covered by the existing staff group. This meant people were more likely to receive care from a group of staff who knew them well.
- There was a robust recruitment process in place to ensure people were supported by safely recruited staff who had provided satisfactory references and completed Disclosure and Barring Checks [DBS] prior to being employed by the service.

Using medicines safely

- Some people needed support or reminding to take their medicines. When staff supported people in this task, staff completed appropriate medicines records.
- People and their relatives told us they were happy with the support they received to take their medicines.
- Medicines were managed safely to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and regular competency checks were carried out to ensure safe practice.
- Audits showed that Medicine Administration Records (MAR) were checked regularly to identify any errors.
- Where staff were responsible for the storage of people's medicines, people told us this was secure.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. People and relatives told us staff used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- Systems were in place to ensure lessons were learnt when things went wrong. Information on complaints, accidents and incidents and safeguarding concerns. Individual lessons were learnt and acted upon.

Is the service effective?

Our findings

Effective- this means 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before the service began to provide support and people and their relatives confirmed this.
- Care was planned, reviewed and delivered in line with people's individual assessments.
- Assessment information included consideration of any characteristics under the Equality Act 2010 such as age, religion and disability. This sought to promote people's independence and opportunity by providing the right support.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a good system to monitor all staff and had regular and refresher training to keep them up to date with best practice. Training methods included online, face to face and competency assessments. A relative told us, "They know how to communicate with [Name] which is really important, they use communication aids to support [Name].".
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their further development.
- New staff at the home received an induction that included completing training and shadowing a more experienced member of staff. The induction also included the completion of the Care Certificate. The Care Certificate is an identified set of standards that care workers must adhere too.

Supporting people to eat and drink enough with choice in a balanced diet

- For those who required support at mealtime, this was provided by staff who were aware of people's preferences and dietary needs. A person told us, "They make a meal for me, I tell them what I want". A member of staff told us, "We listen to what people want and encourage them to have healthier options".

Staff working with other agencies to provide consistent, effective, timely care.

- We noted staff worked alongside other agencies to provide person centred and effective care. From records seen, we could see staff worked closely with other agencies such as local authorities and social workers. This assisted the service to provide people with person centred and effective care.

Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health care needs and would inform relatives, healthcare professionals and management if there was any change in people's health needs. One relative told us, "The manager is in regular contact with me so I'm aware of any changes or issues.".

- Staff told us they were confident that changes to people's health and well-being were communicated effectively.
- People had access to health professionals. People saw their doctor, dentist and other health professionals when needed to maintain their health. Where advice was provided from health professionals, care records were updated, and the advice was discussed with people to ensure they understood how this might impact on their health.

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 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.

Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes. This was confirmed by the people and relatives we spoke to.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; equality and diversity

- People received care from staff who developed positive, caring and compassionate relationships with them. People and their relatives were positive about the care they received.
- People and their relatives told us staff knew their preferences and cared for them in the way they liked. Staff we spoke to knew people's life histories and individual preferences.
- Staff were kind and affectionate towards people and knew what mattered to them. One person told us, "The staff are very caring, it's not just about completing tasks, they always stay and have a chat with me.". A relative told us, "The staff are caring and have developed a genuine bond with [Name].".

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

- People were involved in day to day decisions and in regular reviews of their care. Relatives confirmed staff involved them when people need help and support with decision making.
- Staff understood people's forms of communication and behaviour and could interpret people's choices. Staff respected people's views and listened to how they wished to be supported.
- Care records held communication plans and detailed descriptions on how best to communicate with people and what signs to look out for if people [who were non-verbal] were trying to communicate with staff. For example, one person's care plan described how to use sensory activities to enhance communication. This level of detail provided staff with the information required to enable them to communicate effectively with people, to offer them choices and support them to make decisions about their day.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the registered manager told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space.
- People's confidentiality was respected and people's care records were kept securely.
- People told us staff assisted them to promote their independence. Staff were mindful to encourage and support people to do as much as they could for themselves and help them retain some level of independence. One person told us, "They don't do everything for me, they know what I can do for myself".

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were involved in the planning and development of their care. Care records demonstrated that people had been consulted as to how they wished to be supported and what staff told us about people, was reflected in their care records. For example, people's routines around their personal care and how they started their day.
- People were empowered to have as much control and independence as possible, including developing care and support plans.
- Discussions with the registered manager demonstrated how people's preferences were incorporated into their care plans and how these were monitored and reviewed to ensure these preferences were being met. Efforts were made to match people with staff who may have similar interests to them. One relative told us, "We have worked with the [registered manager] to get carers that have similar interests to [Name]. We are really happy with the group of carers that support [Name]. When [Name] is out in the community with the carers, [Name] feels like his out with his friends."
- Staff were knowledgeable about people and their needs. Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.

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.

- The registered manager told us, information would be provided in different formats if required.
- Communication care plans described support people needed to enable staff to understand their wishes.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as surveys and meetings with the management.
- People and their relatives knew how to make complaints; and felt confident that these would be listened to and acted upon in an open and transparent manner. There were no live complaints at the time of the inspection. We checked historical complaints and they were dealt with in a timely manner and resolved.

End of life care and support

- The service was able to provide care and support to people at end of life care, who wished to die in their own homes.

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 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 are clear about their roles, and understand quality performance, risks and regulatory requirements.

- At the last inspection we found that checks had not always been effective and had failed to identify when care staff regularly left calls early or records not being fully completed. At this inspection we found that improvements had been made. The registered manager completed regular audits on many aspects of the service. For example, we saw regular competency checks being completed, one check had identified two staff members arriving late to a call and not wearing the required uniform. The registered manager addressed these issues through supervision meetings and additional competency check visits. In addition, at the last inspection we found that the provider had not taken effective action to ensure that their latest inspection rating was displayed on their website. At this inspection, we found that the provider's latest inspection rating was displayed on their website and displayed in their registered office.
- The registered manager and staff understood their roles and responsibilities.
- Staff strived to ensure care was delivered in the way people needed and wanted it.
- There was a good communication maintained between the registered manager and staff members.
- Staff felt respected, valued and supported and that they were fairly treated. One staff member said, "The manager is very approachable, supervision sessions are good, if I have any issues I can speak to the manager at any time."
- The provider had a whistleblowing policy and staff understood their responsibilities to raise concerns where people are put at risk of harm.

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

- People, relatives and staff expressed confidence in the management team. One person told us, "The management are good, they do listen to any concerns." A relative told us, "I have a very good relationship with the registered manager, I can call at any time and they always keep me updated."
- People and relatives told us there was a positive and open atmosphere. One person told us, "They don't just rush through calls, they have a passion for care."
- All staff told us they received regular supervision and training. One member of staff said, "I've enjoyed the training I have completed and there are always opportunities to additional training so that I can develop."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their legal responsibility to notify us of incidents that occurred at the

service.

- Staff spoken with were aware of their responsibility to report and act on any concerns and we saw evidence of this.
- The registered manager told us if mistakes were made they took full responsibility to ensure that the same mistake was not repeated. The information was used as a learning opportunity and to improve the service.

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

- People's feedback was sought through survey's and regular review meetings. Responses and records showed they were happy with the standard of care.
- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- Staff reported positively about working for the service and did not identify any areas for improvement.

Continuous learning and improving care.

- The registered manager has clear procedures in place that were followed in practice to monitor, review and ensure personalised care was provided.
- The registered manager regularly checked that people were happy with the service they received so any concerns could be dealt with before they developed into a complaint. Any feedback received was used as an opportunity to improve the service.
- Competency checks were completed to ensure staff supported people in the right way.

Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development, including the district nursing service, physiotherapy, occupational therapy and local GP's. Systems were in place and used effectively to continuously identify, analyse, monitor and review risks so people were provided with good care.