

Agape Homecare Limited

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Inspection report

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Tel: 01939211144

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Agape Homecare Ltd is a domiciliary care agency that provides personal care and support to people living in their own homes. It provides a service to older people.

Not everyone using Agape Homecare Limited received a regulated activity. CQC only inspects the service received by people provided with 'personal care': for example, help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection 33 people were receiving the regulated activity of personal care.

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

People were protected from the risk of potential abuse because staff had been trained to recognise signs of abuse and what to do to safeguard them.

Risk assessments were in place to promote people's independence, whilst ensuring their safety. Staff were aware of measures to take to reduce or mitigate the potential risk to the individual.

People received support with their prescribed medicines from skilled staff. Systems were in place to monitor the management of people's medicines. Staff had received infection, prevention and control training and followed procedures when supporting people. People were cared for by staff who had been safely recruited.

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

There was a clear management structure in place. Effective monitoring systems were in place to ensure people received a seamless service. People and staff were encouraged to have a say in the way the service was managed. The provider engaged with other agencies to ensure people received appropriate support and care.

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

Rating at last inspection

The last rating for this service was good (published 13 June 2019).

Why we inspected

We received a number of concerns about the management of the service and allegations that abuse had occurred, and action had not been taken to safeguard people. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains good. This is based on the findings at this inspection.

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 safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Agape Homecare 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. 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

This inspection was carried out by 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 registered manager was also the registered provider who had registered with the Care Quality Commission. This means they were 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 visit because it is a domiciliary care provider and the provider is often out of the office supporting staff or providing care. We needed to be sure they would be in.

Inspection site visit activity started on 16 November 2021 and ended on 18 November 2021. We visited the office location on 18 November 2021, to see the provider and staff; and to review care records, policies and procedures.

What we did before the inspection

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 asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including two health care assistants, one senior health care assistant, two deputy managers and the registered manager.

We reviewed a range of records. These included staff files to review safe recruitment practices, complaints and staff training records. In addition, we looked at a variety of documents relating to the management of the service, including quality monitoring checks.

Is the service safe?

Our findings

Safe – this means we looked for evidence 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 now remained the same.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The registered manager told us although they were actively trying to recruit more staff members, they currently had a staff shortage. They had discussed and agreed with the local authority to reduce the call times for a few people. The registered manager told us this had been risk assessed and we were provided with evidence of this.
- People told us they had not received a staff rota for a few weeks and were often unaware of what staff would be visiting them. The registered manager acknowledged this and said this was due to staff shortages. They provided us with evidence of rotas they had recently sent out.
- People told us staff usually arrived and stayed their allocated time.
- People were cared for by staff who had been recruited safely. Where staff had a positive Disclosure Barring Service (DBS), a risk assessment had been put in place to mitigate risks.

Systems and processes to safeguard people from the risk of abuse

- We had received allegations that complaints and safeguarding concerns were not acknowledged or responded to.
 - We observed the registered manager had maintained a record of complaints and safeguarding referrals they had made to the local authority and were able to demonstrate actions taken to mitigate further risks to the person.
 - People told us they felt safe whilst receiving a service. One person told us, "I feel safe with the carers, in the way they handle me." Another person told us, "I definitely feel safe because I get on with all the staff like a house on fire." In addition to this, a relative said, "[Person's name] is safe in their care, staff are beautiful with them. They are kind and gentle."
 - The registered manager told us staff had received safeguarding training. The training records we looked at confirmed this, and staff were able to demonstrate a good understanding about how to recognise signs of abuse and what action they needed to take.
- All the people we spoke with told us staff wore a uniform and carried an identification badge. This gave them confidence that those who came to provide their care were who they said they were.

Assessing risk, safety monitoring and management

- Risk assessments were in place to support people's independence whilst ensuring their safety.
- Staff told us they had access to risk assessments and had a good understanding about how to support people safely. For example, when using appliances to assist people with their mobility.

- Staff told us risk assessments were routinely reviewed to ensure their suitability with regards to people's changing needs.

Using medicines safely

- People were supported by skilled staff to take their prescribed medicines. Staff told us they had received medicines training which provided them with the skills and understanding about how to manage medicines safely.
- Where a person required 'time specific medication,' (this is where medicines need to be given at a specific time). The person's relative told us these medicines were always given at the right time.
- Another person told us, "I get my medicines on time, as they [staff] come through the door, that's the first thing they do."
- The registered manager told us medicine competency assessments and routine spot checks were carried out to ensure safe medicines practice and we saw evidence of these.

Preventing and controlling infection

- Staff told us they had received infection, prevention and control training and we saw evidence of this on the training records provided to us. This included updated training in response to the COVID-19 pandemic.
- Access to this training should ensure staff had the skills to mitigate the risk of avoidable infections.
- Staff told us they had access to essential personal protective equipment (PPE). People who used the service confirmed staff always washed their hands when they entered and left their home and wore PPE.
- The registered manager told us regular spots checks were carried out to observe the correct use of PPE to ensure the protection of people who used the service.

Learning lessons when things go wrong

- The registered manager acknowledged the delay in sending out rotas to people who used the service and the concerns this may have caused. However, they had resolved this concern within a timely manner.
- The registered manager consulted with the local authority when finding it difficult to carry out visits and both agreed a way forward, to minimise the disruption to the service.
- The registered manager had instigated their staff disciplinary procedure to review staff's practice and had taken appropriate action to ensure people who used the service were safe.
- Systems were in place to review and monitor incidents that had occurred.

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 good. At this inspection this key question has now remained the same.

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

- The management structure consisted of a registered manager and two deputy managers. All the staff we spoke with told us they felt well supported. One staff member told us, "I have always felt supported by the registered manager and we were all supported during lockdown."
- Prior to our inspection, we had received a number of concerns about the management of the service and the registered manager's approach. However, we spoke with five staff members who told us the registered manager was approachable and they had never experienced any concerns. Staff members told us there had been some unrest with some staff in the past, but this had now been resolved. Two staff members told us, "Staff morale is good and positive."
- A relative told us, "I am aware of who the registered manager is, and they are very approachable and will deal with things. I would recommend the service."
- The registered manager acknowledged that prior to our inspection visit, there had been concerns about some staff's behaviour. They told us this had now been resolved, as these staff members no longer worked for the agency. The registered manager spoke very fondly of their staff team. They demonstrated an importance of valuing each and every staff member.
- Effective quality monitoring systems were in place which, included the review of medicine practices, to ensure staff always had access to personal protective equipment. Systems included the review of care plans and risk assessments. Welfare telephone calls were carried out to ensure people were happy with the service they received.

The Duty of Candour is a regulation which all providers must adhere to. 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.

- We saw systems in place to investigate and feedback on any incidents, accidents or complaints.
- The registered manager was able to demonstrate action taken to resolve and mitigate further concerns.
- The registered manager had appropriately submitted notifications to the Care Quality Commission.

Continuous learning and improving care

- Staff told us they felt well supported and were provided with relevant training to meet people's specific needs and the training records we looked at confirmed this.

- The management team told us they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular interactions with health care professionals.

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

- We spoke with two people who used the service, who told us the care and support they received were specific with regards to their needs and they were happy with the service.
- A relative told us, "Staff often ask if I'm happy with the service and I have completed a survey."
- The registered manager told us arrangements were in place to ensure no one who used the service would spend the festive holiday alone. A staff member would arrange a festive meal for the individual and dine with them.

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

- People told us they were involved in decisions about their care and staff respected their views.
- Welfare calls were carried out, giving people the opportunity to have a say about the service they had received.
- The registered manager told us staff meetings were carried out and staff confirmed this. This gave the staff the opportunity to have a say regarding the management of the service. Two staff members told us, "We feel like we have a voice and we are listened to. We are all equal, when things go wrong there isn't a blame culture."
- Equality and diversity were evident with regards to the care and support provided to people. Discussions with people confirmed their specific needs were met the way they liked. A relative told us, "They [staff] are very good and meet [person's name] diverse needs. They have gone out of their way to ensure [Person's name] have the necessary equipment in place to meet their needs."
- Staff recruitment procedures showed consideration had been given to different genders, such as intersex, non-binary and more.
- All the staff we spoke with told us they would be more than happy to use the service if they ever needed to. One staff member told us, "There are some really good staff working here."

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived.
- The registered manager told us about the 'Intergeneration play group.' This is where elderly people were supported to engage with young children from the local nursery.
- The registered manager had regular close contact with healthcare professionals and social workers, which people benefited from. For example, GP practices and district nurse teams.