

Agape Homecare Limited

Agape Homecare Limited

Inspection report

Unit 1
The Shopping Parade, Tilstock Crescent
Shrewsbury
Shropshire
SY2 6HW

Tel: 01743453183

Date of inspection visit:
24 May 2017

Date of publication:
23 June 2017

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

This inspection took place on 25 May 2017 and was announced. There have been no previous inspections under this registration.

Agape Homecare Limited is registered to provide personal care to people living in their own homes who are over the age of 18 years old. There were 14 people using the service on the day of our inspection.

A registered manager was in post and was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe when staff supported them in their own homes. They were supported by staff who had received training in and understood how to protect them from the risk of any harm and abuse. Systems were in place for staff to follow, which protected people and kept them safe. Staff knew how to and were confident in reporting any concerns they may have about a person's safety

People were supported by staff who were familiar to them. The staff teams provided care to the same people, which gave them reassurance. Checks were completed on potential new staff before they started work to make sure they were suitable to support people living in their own homes.

People received support from staff that knew them really well, and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided. The staff made people feel that they mattered and that they were contributing to their own care. People were supported by staff that had undergone a thorough induction programme, which gave them the skills to care for people effectively. Comprehensive and detailed training was provided to staff to help them understand the specific needs of people.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment was supported by staff. People were supported by staff who knew them well and were caring in their approach. People were treated with dignity and respect and they were encouraged to maintain their independence as much as they were able to.

People were involved in planning their own care and staff respected people's and their relative's views. Staff provided care how people wanted it and in a way that was individual to them. Staff responded to any changes in people's needs and supported them and their relatives to access other services as required.

People knew how to complain if they wished to. The management team worked in partnership with people's families and outside organisations to improve the care and support people received. They were proactive with regard to how people's support could be improved. The management team were supportive of the staff

team and respected their ideas about how the service could improve. Systems were in place to assess and monitor the quality of the service provided.

People benefitted from an exceptionally well-managed and organised service and the providers. The providers' clear vision and values underpinned staff practice and put people at the heart of the service.

Staff were aware of the vision and values, how they related to their work and spoke positively about the culture and management of the service. Staff were inspired to offer care that was kind and compassionate through the passion demonstrated by both of the providers. The providers positively acknowledge the commitment and achievements of staff.

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.

People were supported by staff who were trained to protect them from harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks. Staff were able to respond to and meet people's needs safely.

Is the service effective?

Good ●

The service was effective.

Staff received training to give them the skills and knowledge to meet people's needs effectively. Staff respected people's right to make their own decisions and supported them to do so. Where needed people were supported to eat and drink enough and to access healthcare from other professionals.

Is the service caring?

Good ●

The service was caring.

People felt that staff always treated them with dignity and respect, kindness and compassion. People were involved in the decisions about their care. Care was centred on people's individual needs. Staff maintained kind and caring relationships with people.

Is the service responsive?

Good ●

The service was responsive.

People received care and support in the way they wanted. People were involved in care planning and reviews. Complaints to the service were acted upon appropriately.

Is the service well-led?

Good ●

The service was well led.

People benefitted from a well-managed and organised service. The providers' clear vision and values underpinned staff practice and put people at the heart of the service.

People were supported by a competent and kind staff team. Staff were supported and motivated by the management team who led by example. Quality assurance systems were in place to assess and monitor the service.

Agape Homecare Limited

Detailed findings

Background to this inspection

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

This inspection took place on 24 May 2017 and was announced. The provider was given notice, because the service provides a domiciliary care service and we needed to be sure that someone would be at the location.

The inspection team consisted of one inspector.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the service. We used this information to help us plan our inspection.

During the inspection we spoke with eight people who used the service and two relatives. We spoke with seven staff which included care staff, the assistant manager, registered manager and care manager. We viewed care records for two people, two medicine records, one staff recruitment record and records relating to how the service was managed.

Is the service safe?

Our findings

Without exception, people told us they felt safe with the staff that came to their homes and the way they were supported. One person told us, "They respect me and my property. I trust them to check the house is safe and locked when they leave." Another person said, "They are 100% trustworthy. My belongings are respected all the time." A third person said, "They look out for me all the time. They check that I am walking well and that I have everything I need before they leave." People also told us that the care staff arrived at the expected time or were contacted if staff were running considerably late. One person told us, "They always come on time, I never have had to wait for them. I can set my watch by them." The staff team were provided with the phone numbers of the people they were visiting. This meant that they could contact the person directly if they were going to be delayed.

People were supported by staff who understood how to protect them from potential harm and abuse. Staff were very knowledgeable about what would constitute abuse, and were able to tell us the different types of abuse. They had all received training about how to keep people safe and recognise signs that abuse may have occurred. One staff member said, "We are always looking for any signs that people are not themselves. For example, if someone becomes withdrawn for no known reason, it may be because they have been upset by something. If this happened we would try and find out what was wrong. We would also report it to the manager." We saw that at the back of each person's support file, there were guidance notes for staff about signs of neglect and abuse, and guidance for best interest decisions. These notes were written in lay-persons terms and were also available for the person and their relatives to read.

Risks to people associated with their care and their environment were assessed and reduced where possible. Assessments were in place, which covered risks to people's wellbeing and safety. These included the use of equipment as well as risks identified within people's own homes, such as steps or other environmental factors. People confirmed that they had been involved in discussions about the risk assessments in their home. One person told us, "We had a look at all areas to make sure that the house was safe for me, and for the staff as well." Another person said, "Together we made sure that I am safe. My emergency numbers are there as well, in case I need somebody. My relative feels happier knowing that someone is coming to see me twice a day."

People were supported by staff who had received appropriate checks prior to starting work with them. We saw new staff had not been allowed to start work until criminal checks on their background had been completed to ensure they were suitable to work with people in their own homes. These checks are called disclosure and barring service checks. The provider also checked staff's employment history, obtained references from previous employers and checked their identity.

People were supported where necessary to take their medicines. Staff told us, and we saw, that they received training in the administering of medicines. They also had observed practice competency checks completed before they gave medicines alone. Staff had been supported to learn about the different medicines they were administering, including what they were for and the possible side effects. Some staff members provided support to people whose care needs were more complex. This included the

administering of medicines by Percutaneous Endoscopic Gastrostomy (PEG tubes). A PEG is a tube, which goes directly to the person's stomach to allow medicines and nutrition to be given safely if a person cannot swallow. These measures ensured they were able to support people safely with their medicines. We saw that all medicines were audited by the senior team on a weekly basis.

Is the service effective?

Our findings

People were cared for by staff who had received the training they needed to support them effectively. People and relatives we spoke with told us staff knew how to meet their needs and they felt that staff were well trained. One person told us, "They are brilliant to me. They know how to look after me well. They know what they are doing." Another person said, "I have 100% confidence in (staff) to support me." A relative told us about the high levels of training and competence the staff had to support their family member. They said, "The staff have had extra training to help [family member] with their complicated care needs. They read situations very quickly and never panic. I am delighted with the abilities of the staff."

Staff had access to training and guidance, which gave them the skills and knowledge to support people's individual needs. Staff told us they had the support and training they needed to carry out their roles. If required, the staff were supported to complete their care certificate. The care certificate is a set of standards that social care and health workers must adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. We also saw that new staff were well-supported. They received a minimum of 25 supernumerary hours with a more experienced staff member. They would not work alone until they and the registered manager were happy that they were ready. In addition, the staff never went to support a person they had not met before their visits.

All staff we spoke with were very happy with the level of training provided. In addition, staff were supported to undertake higher level diploma training to enable them to grow in their role. One staff member said, "I have been supported to do my level five (management) training. I have learned so much, any training I feel I need for my job I can ask and I will get it." They went on to tell us, "I am very passionate about supporting people at the end of their life. I am supported brilliantly by (care manager) to learn how to do it well." Another staff member said, "We all have extensive learning relevant to our role. I have been promoted since I came here. That was because the managers believed in me and have supported me to improve. This is the best company to work for."

In addition to the training received, the staff were provided with written reminders to refer to when in people's homes. These reminders gave staff guidance about recognising signs of possible abuse and recognising mental capacity concerns. This information was kept at the back of each person's support plan.

Staff were able to have personal support time with the managers in the form of supervisions and appraisal. However, staff us that they would never wait for a supervision if they needed to talk. All staff told us that the registered manager had an open door policy. The registered manager told us, "We made a promise to all staff that, as managers, we would always listen to and respect their views." One staff member said, "We all have the opportunity to speak with the managers whenever we need to. We can talk about anything with them." Another said that the registered manager was very approachable and able to keep confidences. They told us, "We can share anything with the manager. They are discreet and supportive." We saw notes from staff meetings. This was where staff were encouraged to discuss their feelings about things, which had happened within the service, such as a person dying. Staff told us that this was a very kind and effective thing to do. One staff member said, "It is as if [registered manager's name] knows when we are bothered

about something and encourages us to talk it through. It is great for us."

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. The registered manager told us that currently everyone receiving personal care was able to consent to the care and support that they provided. Staff understood the principles of the MCA they would need to follow if people were unable to make their own decisions about the care they received. We saw clear guidance about MCA and best interest decisions was available for staff within each person's support plan in their home. The registered manager told us that the information was there in case they had a concern about the mental capacity of someone they were supporting. The staff could then check the guidance and report their concerns. The staff members we spoke with felt that this was good to have in place. One staff member said, "When you are there, faced with a potential problem, it is good to have the guidance to hand to remind you of the rules."

People and relatives we spoke with confirmed staff asked them for their permission before they assisted them with their care. One person told us, "We always have a chat about what I want to do each day. The staff never make any assumptions. They have so much respect for me." We spoke with the family member of a person who had received end of life care with the staff of Agape Homecare. They told us, "Throughout [family member's] illness, we were fully involved in everything that was happening. Even when [family member] was not able to speak, the staff always made sure they knew what they wanted to do and were happy for them to do it."

People were supported with their meals and drinks, where necessary. We saw that, in each support plan we looked at, there was a nutritional screening tool that had been completed. The staff monitored and reviewed people's dietary needs and their weight if required. One person told us "The staff always make sure I have a drink before they leave and if I need any little extra help with getting my meal, they do it for me." Another person told us, "When the staff come in to see me, they also have a quick check in my fridge to see that I have plenty of food for my lunch and supper. They would never leave me without food or drinks." We saw the individual support plans recorded people's likes and dislikes with regard to their food choices. This included any religious or cultural dietary factors that needed to be considered.

People and relatives told us they made their own health appointments, but staff would support them with this if required. When needed, staff would liaise with district nurses or doctors on behalf of people to arrange appointments or seek advice.

Is the service caring?

Our findings

Without exception, people spoke positively about the care and support they received and were complimentary about the staff that cared for them. One person felt that the staff team were polite and kind. They said, "They are absolutely excellent, every single one of them." Another person told us, "I can't fault them, they are lovely. They have a good relationship with the whole family, they are like family." A third person said, "We can have a lovely natter and they are genuinely interested in learning all about me. They brighten my day, every day." We spoke with a relative who told us, "They are all very caring and kind. (Staff member's name) is absolutely lovely, so considerate. I have every confidence in leaving [family member] with the staff team if I need to pop out. I know they will have fun while I am out."

People and relatives told us that the care manager and registered manager went out of their way to ensure they received a caring service. The registered manager led by example with the staff team. They ensured staff developed caring and positive relationships with people. They told us, "You can't run this company from behind a desk. You have to be fully involved with the clients. I am part of the care and support team."

Staff were able to demonstrate a detailed knowledge about the needs of people, including the personal histories and preferences of each person they supported. Staff we spoke with showed a good awareness of people's human rights, explaining how they treated people as individuals and supported people to have as much choice as possible. The staff confirmed that the management team worked with staff to share their ethos about the importance of peoples' individuality. One staff member said, "I just have to imagine how I would feel, or my loved ones. That makes it easy to really focus on what makes the person who they are."

When new staff had been recruited, before they supported people, they would initially attend calls with existing staff to get to know the person. This helped people to develop relationships with staff before they started supporting them. One person told us, "Because I got to know the new staff and they got to know me, I knew I was in safe hands. They learned about my issues and how I needed support until they were confident. That made me confident."

People we spoke with told us that they had been involved in deciding when their support would be given. For example, people were able to choose what time they received their visits wherever possible. One person said, "If I need to change a call for any reason, the manager makes sure it happens. They bend over backwards to help." A family member responded via the feedback questionnaire, "All the (staff) are just excellent and I feel very safe with them looking after me. You have also been very obliging with doing the hours to fit around the district nurses calling times."

People and relatives, where appropriate, were involved in making their decisions and planning their own care and support, and making decisions about their daily lives. They felt that staff listened to their views on how they wanted their care delivered. They told us staff talked with them constantly about their care and support. One person told us about staff, "They are willing to do anything I ask, they always check if I need anything else doing." Another person said, "They know what I like, and how I like things done." We spoke with a relative of one person who said, "[Person's name] needs a lot of care and can get a bit down at times."

All the staff we see always ask them how they want to be supported and involve them in their own care. It helps with [person's] self-esteem.

We saw that, where people required more intensive support from staff due to their complex needs, there was much collaboration between the multidisciplinary teams. We spoke with the complex care healthcare professionals who told us, "We have found Agape helpful with more long term cases and are able to meet the needs of the clients with more complex needs such as P.E.G feeds. They ensure they have completed the appropriate training before they support people."

Agape Homecare were contracted with the clinical commissioning group (CCG) to provide care and support for people who were living with complex palliative care needs, or nearing the end of their life. The staff were supported by external palliative care specialists and the district nursing team. Palliative care is the active holistic care of patients with advanced progressive illness. We spoke with a senior team member from the CCG who worked with the Agape team. They told us, "The managers undertake very thorough assessments and takes on challenging, complex cases. The team are very flexible and always work to provide support quickly to people. Agape have supported a number of palliative clients to remain within their own home for their end of life care demonstrating a very caring and professional manner."

At the time of the inspection, Agape Homecare were providing support to five people with complex or end of life care needs. People were supported by staff who were committed to providing kind and compassionate care. They were overseen by the care manager who was experienced in palliative and end of life care. All staff received training to enable them to support people at the end of their lives. The training opportunities for staff were being constantly reviewed to ensure they were up to date with new initiatives. The registered manager had signed up to the nationally recognised Gold Standard Framework for end of life care (GSF). The GSF is a model of good practice which enabled a 'gold standard' of service to be provided for people who were nearing the end of their lives. The programme supported the aim 'to ensure people lived well until they died.'

We saw that people were supported to make their own decisions about their care and support. People receiving palliative and end of life care were supported to make advance care plans (ACP). ACPs are plans, which identify the wishes of the person as they come to the end of their lives. They can include what treatment they may or may not want, and personal things such as favourite music or flowers. Do not resuscitate (DNACPR) orders were in place where appropriate.

Staff were highly motivated and inspired to offer care that was kind and compassionate. People and their relatives valued their relationships with staff and felt that they often went 'the extra mile' for them when providing care and support. People said this made them feel special and really well cared for. For example, we saw feedback from a family of a person who was receiving support from Agape Homecare. They stated, "This service is invaluable to us as a family. Without them we would not be able to allow our loved one to remain at home. They continued, "The carers keep us informed of any worries that they may have about [person's name], which is great for me as I don't always notice small changes."

In addition, staff consistently cared for and supported the loved ones that mattered to the person who was dying with empathy and understanding. One relative, whose family member had received care and support from the staff team, told us, "We had a dream team, all of them. Their attention to detail was amazing. They always kept us informed about the smallest things. For example, [person's name] developed a rash which we did not see. They told us and we were able to sort it out straight away. It was the fact that they missed nothing when caring for [person]. They continued, "We developed close relationships with all the staff. They enhanced [person's] life as they were dying. They supported us during the sad times as well. As a family, we

found them all a pleasure to be with, even at the end."

We spoke with a healthcare professional who worked with the staff team. They told us, "We use Agape Homecare to support our clients for end of life care. They are brilliant, very accommodating. The team always work to find a way to do things for people, such as providing support at the drop of a hat, if required. They are very well organised with excellent communication in all areas."

People were supported in a dignified, compassionate and respectful manner at all times. One person told us, "The staff always make sure that I have my privacy in the bathroom and respect the fact that they are in my home. They respect my belongings as well as me." A second person said, "They (staff) are always courteous and respectful. I am very comfortable with them." A third person said, "They (staff) always ask me if it ok to do something. For example, they will ask me if it is OK to change my position, they don't just do it. I feel as though I am in charge of my care, which is good"

Is the service responsive?

Our findings

People told us they received their care the way they wanted it and that it met their needs and preferences. We saw that people's care and support needs had been assessed prior to them being offered a service. Assessments were undertaken to identify people's support needs and care plans were developed with them. Plans were reviewed on a regular basis and changes made as required. People told us they were involved their care plan development and review. Some people chose to have relatives contribute to the assessment and planning of their care. All people and relatives we spoke with knew their care plans were reviewed often and told us changes were made as required.

People and relatives told us that the staff team responded well to any issues which may arise when providing care and support. For example, the staff team would always stay over the allocated time if the person required this. They would then contact the registered manager to arrange cover for the next call. The care manager explained, "Sometimes the staff will stay longer with a person if they are unwell, or if they are waiting for a nurse or doctor to call. It is important that they (staff) feel able to make this decision themselves." This was confirmed by the staff team. One staff member said, "It is so important that we can do this and that we can make that decision at the time. It helps the service users to feel supported if they are unwell."

Staff knew people's personal histories and what was important to them. People were encouraged to talk about their past and present interests. One person told us that they enjoyed chatting with the staff about their past life. They said, "We reminisce about my younger days. We have a laugh and joke about how things have changed."

People were encouraged to give their feedback and views on the service they received. Within the service users handbook, the provider had also placed the CQC information on what to expect from a good home-care agency service. The registered manager said this information formed the basis of their service user guide, and was discussed with people when they started receiving support from Agape Homecare. They told us, "This is the level of support we work to provide. Each person is able to judge us by these standards and tell us if we are not meeting them." One relative told us they felt that the staff worked according to the information provided. They said, "The staff team, without exception, embody the standards expected of them by CQC. We are very confident in them all." People also told us they were asked for their views and opinions about the service through telephone calls, home quality visits and questionnaires.

People and relatives knew how to raise a complaint if they needed to. Everyone we spoke with told us they had no reason to make any complaints, but they would feel comfortable to do so. People told us they could approach staff if they were worried or had a concern. One person said, "If I was worried about something, I would talk to (member of staff). They are always asking if everything is okay for me, I can easily say if I had a problem." Another person said, "I would complain to (staff member) and I feel I would be listened to." Relatives said they were confident to speak to the management team if they had any concerns.

Is the service well-led?

Our findings

People benefitted from a well-managed and organised service and the providers led by example. The providers' clear vision and values underpinned staff practice and put people at the heart of the service. Without exception people gave very positive comments about the service they received. They spoke highly of both management and care staff. They told us the service was well led by the registered manager. People and relatives told us the management team were approachable, willing to listen and readily available, which was confirmed by staff. We saw the registered manager led by example with the staff team. They ensured staff developed caring and positive relationships with people. They told us, "You can't run this company from behind a desk. You have to be fully involved with the clients. I am part of the care and support team."

Agape Homecare was owned by the registered manager and responsible individual, who was the care manager. They worked within the service and also undertook care and support visits. One person commented, "We were very surprised to have the manager doing care at the weekend. They were excellent with [person's name]." The two owners told us, "We have both worked in domiciliary care before and saw some care standards we did not like. We started Agape to make sure that we could make a difference and provide the very best homecare possible." The registered manager continued, "We strive to make a positive difference every day to the quality of life for the people we support. Our focus is on the quality of care and not the quantity."

People were encouraged to give their feedback on the service they received and we saw that this feedback was acted on. For example, we saw that one person felt that they needed a bit more care time each morning. The manager met with them and this was arranged straight away. The person said, "The service I have been receiving is first class. Just excellent." In addition, people were able to give feedback about their carers which was then collated to enable the registered manager to present a 'carer of the quarter' award.

The management team provided clear leadership and all staff had a good understanding of their roles and responsibilities. Staff understood what was expected of them and were supported in their roles. They told us that they 'trusted the managers 100%.' One staff member said, "The manager would never expect us to do something they would not do themselves. They always support and work with us." Another told us, "I feel that I am part of something very special here. We are like a big family together." A third said, "I am confident to tell the manager anything. They are very caring about us staff, not just the clients." The registered manager said, "For me it is about the personal touch. As the manager I have to make sure the staff keep the values. I cannot expect the staff to do this if I don't."

All staff members spent two hours a week in the main office where they had the opportunity to undertake training and learn all aspects of how to run a care service. The registered manager told us, "We are thinking of the future for domiciliary care. These people are the care managers of the future. It is important that they learn all aspects of the role."

We saw that the registered manager was tenacious and proactive in working with people to access the right level of support for them. They worked to get the required support or equipment in place for people as their

needs changed. They said, "if someone's needs change, they need the extra hours or equipment straight away. We will always provide any extra hours if required. the care staff make that judgement and let us know they have done so."

Staff understood how to 'whistle blow' and report poor practice or any concerns they may have and they told us they were confident this would be addressed. One staff member said, "It is not about just staff, we may have concerns about other people we come across in our work. I know that the registered manager would deal with anything we bring to them."

The standard of training and support provided for the staff team was excellent. All staff were supported to learn and to question. They told us they had the opportunity to discuss concerns or ideas they had about the service or their own development. We saw that this information then formed the basis of action plans to ensure the ideas were developed. For example, the staff and registered manager had worked to identify areas with documentation which were not always user-friendly. They had developed new documents which were easier to complete and ensured improved communication between staff and families.

When mistakes occurred there was honesty and transparency from all levels of staff and management. Staff told us there was an open culture within the service and the registered manager encouraged learning from mistakes. One staff member told us, "I made a mistake, not a bad one, but I owned up straight away to the manager. I did this because I knew they would not judge me, but would support me." They said they had received constructive feedback from the registered manager to prevent a reoccurrence of the mistake. This approach motivated them to implement the guidance provided.

We spoke with a healthcare professional for the CCG, who worked with the staff team when people required end of life care. They told us, "The management team are very competent and professional. If the registered manager says they will do something then they do. We do not have to worry about anything. We have the highest confidence in the agency. They are the 'go to' agency for community end of life care."

We spoke with another healthcare professional about the management of the service. They told us, "I liaise with [registered manager] on a regular basis and we have met at client's homes to discuss any concerns and change in needs to facilitate an appropriate plan of action as required. I feel that myself and [registered manager] have established a positive professional relationship and I have confidence in their management skills." They continued, "The care notes for people supported by Agape are really good and detailed. The communication is brilliant. We have every confidence in the service to provide good care and support to people."

The registered manager was aware of their statutory requirements in relation to notifying the Care Quality Commission (CQC) of specific incidents and safeguarding concerns. They told us, and we saw, that they were supported in their role by the care manager.