

Agape Care Agency Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Agape Care Agency Limited is a domiciliary care agency providing personal care to adults in their homes. At the time of our inspection there were 4 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Assessments were in place to identify risks that impacted on people's lives and well-being. We found risk management plans did not always provide staff with detailed guidance on how to support people safely to reduce those risks.

The registered manager did not always effectively review and monitor the service and care workers to ensure people received care and support that was of a good standard. Infection prevention and control practices did not consider national guidance to reduce the risks of infection.

People were not always 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 did not support this practice.

People had care assessments that identified their care and support needs but these were not always person centred. The registered manager did not fully understand the requirements of Accessible Information Standard guidance.

Medicines were managed safely and staff were trained to administer medicines. Staff maintained medicine administration records and these were reviewed and checked for accuracy.

Staff were recruited following safe processes and enough staff were available to meet people's assessed care and support needs. Staff understood abuse, had completed safeguarding training and knew how to report concerns. Staff had ongoing training to help them in their jobs.

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

Rating at last inspection

This service was registered with us on 14 October 2021, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and quality monitoring at this inspection. We made a recommendation about person centred care planning, infection prevention, mental capacity and the Accessible Information Standard.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Agape Care Agency 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 Health and Social Care Act 2008.

Inspection team

One inspector, carried out this inspection.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and 1 member of staff. We received feedback from 3 relatives of people using the service. We reviewed a range of records. This included 4 people's care records. A variety of records relating to the management of the service, including policies and the quality of the service were reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people and their relatives using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 5 October 2022 and ended on 12 October 2022.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People had assessments to identify risks to their health and well-being. Risk assessments and management plans were developed following the care assessment. However, we found some risk management plans did not contain sufficient information to identify the level of risk or clear guidance to mitigate them.
- Risk assessments did not always contain enough information about the management of known risks to people. For example, one person's risk management plan stated, 'Bed bound, therefore high risk of developing pressure sores' and their management plan stated, 'is rotated on each visit, and this is recorded on message log and barrier cream is also applied on area of the body'. This risk assessment failed to describe how many visits the person had each day and the duration, what the person's abilities were while being repositioned, whether they were sleeping on a specialised mattress, whether they had a skin integrity assessment, how often the person was supported to move and supported to be repositioned in or out of bed. This meant risks to the person had not fully been addressed and risk management plans were not robust.
- We found another person's risk assessment did not contain sufficient details for staff. For example, their care assessment indicated they used a walking stick for their mobility needs. However, their risk assessment stated they used a walking frame for their mobility needs. In addition, they were assessed as being at risk of falls, however the last reported fall was in 2017. There was no clear guidance for staff on how to manage these risks.
- Staff did not always receive accurate information regarding people's current needs, increasing the risks to their health and well-being. We found that although risk assessments were being completed for all people using the service, some risk management plans were not as robust as they could be because they often did not outline the level of risk or specific details to minimise them.

Although we found no evidence that people had been harmed, the provider failed to have robust processes in place to support the management of risks to people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People felt safe receiving care and support from the staff that visited them. We received comments such as, "The staff are wonderful. My [my family member] is happy and safe. She has regular carers who always arrive on time and stay the full duration. She has 2 carers 4 times a day. They make sure she eats and drinks which has been a worry for me in the past" and "Knowing [my family member] is safe and well cared for takes a huge burden off me. The carers are brilliant in every way."

Preventing and controlling infection

- The provider did not have an effective infection prevention and control (IPC) process in place to manage the risks of infection.
- Staff understood that to reduce the risks of infection they would wear personal protective equipment, mainly gloves and aprons. Staff did not routinely wear masks when providing care and support to people.
- The registered manager did not have a clear understanding the national government guidance and recommendations of infection prevention and control measures that were in place at the time of the inspection. This meant that risks in relation to infection control were not identified and managed well for people.

We recommend the provider consider current guidance on infection prevention and control and take action to update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy and systems in place. Safeguarding processes helped staff to understand what actions they should take to keep people safe from harm.
- The registered manager ensured all staff completed safeguarding training specifically regarding the needs of people. The training provided staff with enough information to help them to identify potential abuse and to report any concerns they had about people's safety.
- There were safeguarding processes to investigate any allegations of abuse. The registered manager understood they had a responsibility to share any allegation of abuse and the outcome of the investigation with the local authority safeguarding teams and the CQC. The service provided care and support to people based in London. However, there were contact details in the safeguarding policy to a local authority based in the East Midlands. This meant that people at risk of abuse may not be supported in an appropriate and in a timely way.

Using medicines safely

- There was a medicine management system in place that ensured people had their medicines safely as prescribed. There was a policy in place for the administration of medicines. People were supported with their medicines when this was part of their package of care and support.
- The registered manager had systems in place to review people's need for medicines support. People's medicines were audited on a regular basis and referrals sent to their GP when an annual medicines review was due.

Staffing and recruitment

- Staff were recruited and safely deployed to meet people's specific needs.
- The provider had a system in place to recruit suitable staff to provide appropriate and safe care and support.
- Pre-employment checks took place to ensure staff had the necessary knowledge and skills. The checks included the right to work in the UK and job references and a check from the Disclosure and Barring Service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- There was a system in place that identified learning opportunities for staff when incidents occurred or when things went wrong.
- Medicine management systems had been improved since we carried out a direct monitoring assessment.

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 of this newly registered service. We have rated this key question requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

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- The service was not consistently working within the principles of the MCA. The registered manager did not complete mental capacity assessments for people when they were unable to make decisions for themselves.
- Care records included a section called, 'consent of legal representative' which was signed by a relative. However, there was not always a consistent approach to identify which relatives had lasting power of attorney (LPA) relating to health care needs so we could not be assured the provider had obtained consent from the relevant person.

We recommend the provider seek advice on current MCA guidance and implement this accordingly.

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

- The service assessed people's needs and choices. For example, where a people needed specific support with their personal care needs this was clearly recorded.
- Care assessments identified people's needs and a plan was put in place for staff to meet them. One relative told us, "They suggest when there are extra needs and how to meet them. They really do support the family too. The carers and company are very effective in their service."

Staff support, training, skills and experience

- The registered manager had a system in place to ensure staff were supported and trained to meet people's needs. People told us, "The staff are well trained and knowledgeable" and "The staff are very well trained in everything."
- Staff received training to carry out their roles. The staff training programme included, safeguarding, medicines management and moving and handling.
- There were systems of support in place for staff to enable them to carry out their roles. Each member of staff had informal meetings to discuss their daily work and any concerns they had in their role.

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

- People were supported to eat and drink enough to meet their nutritional needs, when this is part of their package of care.
- Care plans were used to detail people's specific individual nutritional needs. When people require specific support with eating and drinking, this was recorded in their care records and staff had access to this current information.

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

- People's care records contained details of medical conditions and contact information for health care professionals and services where known.
- People had support from health care professionals to help them maintain or to improve their health and well-being. Staff liaised with health and social care professionals including nurses the occupational therapist (OT) for additional advice and support when required.

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 of this newly registered service. We have rated this key question good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives were involved in their care needs assessments. Care and support was provided in the way that people wanted and people were positive about the care workers. They said, "The carers are very kind and compassionate" and "The carers are very kind and attentive."
- People were supported to express their views. People and their relatives were involved in the care planning process by discussing their views of how the care and support should be provided. People or their relatives signed their care assessment before care was carried out.
- The provider obtained detailed information about people's lives before receiving care. We saw that people had a range of professional roles and a record was made of what they enjoyed doing and what was important to them.

Ensuring people are well treated and supported; respecting equality and diversity

- People received support from caring and consistent staff. A relative told us, "The same carers come and care for [person]. They help them to wash and dress every day."
- The registered manager and staff respected people's equality and diversity needs. A relative told us, "[my family member] is a Christian and so are his carers. This is really important to him."
- The registered manager discussed with people about their cultural and religious needs. Where these were shared with staff this was recorded and respected while care and support was being provided. Care records contained information about people's needs and whether people required support in this area of their lives.

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 of this newly registered service. We have rated this key question requires improvement. This meant people's needs were not always met.

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.

- The service was not meeting the Accessible Information Standard. The registered manager did not understand the requirements of AIS.
- Information on people's care records was not provided or available in alternative formats to meet people's communication needs.

We recommend the provider seeks advice from a reputable source about meeting the accessible information standard and implement best practice guidance.

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

- People's care needs were assessed before using the service but there was some inconsistency in the detail contained in them. For example, one person's care plan clearly detailed their history before receiving care. However, this information provided was not consistent therefore staff did not have the same level of information about all people.

We recommend the provider seek and act on advice regarding person centred care planning and implement best practice.

- Assessments took place to plan care to meet people's needs before receiving a service. Care and support plans were developed for people following this assessment.
- Care plans detailed the support people required to meet their individual needs. Care workers recorded when they had completed their care visit and details of how they supported people.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if necessary. The provider had a suitable policy for addressing and responding to complaints, but none had been received since the service had registered.
- People knew who to contact if there were concerns about the quality of care and support received. The service user's guide provided clear details for people on how to make a complaint and the what actions

were involved in the complaint process, including a time frame for a response.

End of life care and support

- At the time of this inspection staff had experience of caring for people who were at the end of life. Care plans recorded if people had specific needs and details of the people to be contacted if needed.
- Care records detailed the support people needed and what action staff should take if a person was at the end of their life when care workers were present.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and Continuous learning and improving care

- The registered manager did not fully understand their responsibility to show clear leadership of the service. The management were made up of close relatives who were also providing care and support to people and there were no records that supervision had taken place with them. There were no processes in place to complete spot checks on all care staff. This meant staff abilities to carry out their jobs safely was not assessed.

- There were systems in place to monitor and review people's care and support plans. However, we found issues with the risk management plans, person centred care planning, Accessible Information Standard compliance and infection control processes.

Although we found no evidence that people had been harmed, the provider failed to have robust processes in place to review the quality and standard of care at the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care staff understood how to report any concerns they had about people's needs.
- The registered manager understood their legal responsibilities to inform the Care Quality Commission of incidents and events that occurred at the service.
- The registered manager routinely monitored the quality of care provided to ensure this met the provider's standards. We found some aspects of the service required further attention and monitoring to improve standards of care.

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

- The registered manager took action to gather feedback from people, about the care and support they received. Relatives commented, "The company is well led and organised and I have no issues at all. I am in regular contact with the manager who gives me regular support and feedback" and "The company is very responsive and well organised, quick to answer requests and queries."
- Feedback was received through telephone calls but these were not recorded and monitored. We had discussed this with the registered manager who had plans to improve how feedback was recorded.
- Staff had informal meetings which were used to share information with staff about people's needs. These meetings were not minuted and there was not a record of how any actions from these meeting were actioned and met.

Although we found no evidence that people had been harmed, the provider failed to ensure have systems in place to gather and act on formal feedback from people and staff. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

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

- People received a service that met their individual needs. We received positive comments about the support received.
- Care staff told us they were proud to work for the service and proud to provide care to people .
- People were supported by staff that knew what support they required at each visit. We noted that each person had an assessment and care plan and these were signed by a relative and a copy provided to them.

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 understood their responsibilities in relation to duty of candour.
- The registered manager told us that they operated in an open and transparent way and knew they had a legal responsibility to share information with the local authority and the CQC when things go wrong.

Working in partnership with others

- Staff worked in partnership with colleagues from health and social care services so people could have access to consistent care and advice when required.
- Records showed that staff frequently contacted health and social care professionals for advice and support when people's needs had changed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure service users' risk assessments and risk management plans were effective to mitigate risks.</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure the service was effectively assessed, monitored and improved to ensure service users received good quality care and risks relating to service users were managed.</p> <p>The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user and to effectively seek and act on feedback from service users and staff.</p> <p>Regulation 17 (1)</p>