

Agape Homecare Limited

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Inspection report

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

Tel: 01743453183

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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 Homecare Limited provide personal care to people living in their own homes in the community. When we inspected they were providing the regulated activity, personal care, to 16 people.

People's experience of using this service:

People were satisfied with the support they received. People were supported by safely recruited staff who had skills and knowledge to provide safe and effective support. Risks to people were managed and procedures were in place to help keep people safe. People were protected from the risks associated with the control and spread of infection.

Medicines were managed safely. Effective care planning was in place which guided staff to provide support which met people's needs and took into account people's preferences. People were supported to eat and drink in line with their dietary requirements. Professional advice was sought when needed to ensure people's overall health and wellbeing was being maintained.

Staff were caring and treated people with kindness. Independence was encouraged as far as possible and staff promoted choice. People were treated with dignity and their right to privacy was upheld.

The service was responsive to meet people's changing needs and worked well with outside agencies to deliver prompt and effective support.

Systems were in place to monitor the service, which ensured people's risks were reduced and lessons were learnt when things went wrong. The management team were approachable to people, staff and other professionals and demonstrated a culture of openness and honesty. The registered manager continually sought ways to improve the service people received.

The service met the characteristics of 'Good' in all areas; more information is available in the full report below.

Rating at last inspection: The service was rated Good at the last inspection in May 2017.

Why we inspected: This was a planned inspection although we brought forward the inspection to see how forthcoming management changes were impacting upon the quality of the service provided.

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 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. 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 and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: The service is a domiciliary care agency. People receive a personal care service in their own home. CQC regulates only the care provided. 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: Inspection site visit activity was announced and started on 7 May 2019 and ended on 7 May 2019. We gave 48 hours short notice of the inspection site visit because we wanted to be sure the management was in the office.

What we did: We used the information we held about the service, including notifications, to plan our inspection. A notification is information about events that by law the provider should tell us about, for example; safeguarding concerns, serious injuries and deaths that have occurred at the service. We also used information the provider sent to us in the Provider Information Return (PIR) to formulate our inspection plan. A PIR is key information we require from providers on an annual basis giving us key information about the service.

During the inspection, we spoke with two people who used the service to ask about their experience of the care provided. We also spoke with eight relatives or advocates.

We spoke with six members of staff including senior support staff and support workers. We also spoke with the registered manager and the provider.

Following our inspection visit we spoke with three health or social care professionals

We reviewed a range of records. These included two people's care records. We also looked at records relating to the general management of the agency.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe support. One person said, "I feel very safe and have the same girl that calls most of the time." A relative told us, "[Person's name] receives palliative care and is 100% safe with the carers. To begin with we were wary of having carers in the house but they are all very likeable."
- Staff had received training to understand abuse and were confident to recognise and report it. The registered manager was aware of their role in relation to working with outside agencies to report abuse and had used the process effectively to ensure people's ongoing safety.
- Policies and procedures were in place to ensure safe practice and staff were required to adhere to them.

Assessing risk, safety monitoring and management

- People were protected because risks were clearly identified and assessed. Safeguards were in place to reduce risks.
- People were assessed for required support. Some people needed support to be moved from one place to another. Effective assessments and staff training meant this could be done safely. One relative told us, "They transfer [person's name] very safely. I would honestly give them 1000 stars, they are that good." Other people shared equally positive experiences of being supported to move safely.
- In the event of an accident, relevant forms were completed and reviewed by the registered manager. The registered manager told us care plans were reviewed following incidents to reflect any changes which were identified to keep people safe.
- Environmental checks and safety checks on equipment had been carried out in each property carers visited. This was to ensure carers were working in a safe environment, thus protecting themselves and the people they were supporting from harm.

Staffing and recruitment

- There were sufficient staff to support people to receive the support they required.
- People knew their staff team well. This meant people had consistency.
- Staff had sufficient time between calls to travel. This meant care was delivered when expected. A relative told us, "They are always on time for calls for my [relative] and if they are going to be late they let me know."
- Staff had been through a thorough recruitment process prior to starting work. We saw appropriate checks were in place to ensure safe recruitment however on one occasion, some historic information had not been recorded. The registered manager understood the importance of thorough recording and immediately risk assessed the information formally to demonstrate people were not at risk.

Using medicines safely

- People were supported to receive their medicines safely. Some people required support to manage their

medicines to keep them safe. Some people required only minimal support. A relative said, "[Person's name] will also take their own medicine but if they haven't [staff] will prompt them." This demonstrated people were encouraged to be independent, but safeguards were in place to ensure they did not forget their medicines.

- Staff were knowledgeable of their roles and responsibilities when administering and recording medicines and training had been delivered as well as ongoing competency checks.
- Senior staff audited records to ensure the process was being carried out effectively. Staff told us the process was straightforward and they were confident and competent to administer medicines.

Preventing and controlling infection

- People told us staff wore gloves when supporting them. One person said, "They use gloves and aprons and supply everything like that." A relative said, "They are also aware of the importance of changing gloves when going onto other tasks to make sure everything is hygienic."
- Staff were aware of infection control and maintaining good hygiene levels. A relative said, "They are 100% aware of hygiene and infection control."
- Staff received training in relation to infection control.
- Senior staff carried out 'check to protect' audits which made sure staff wore personal protective equipment and carried out processes correctly. When improvements were identified staff had received additional support. Staff told us they had a regular supply of personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- Staff understood their responsibility to report incidents and changes to senior staff. The registered manager reviewed information which was shared with them immediately to ensure they made any required changes promptly.
- Accidents and incidents were reported and monitored by the registered manager to ensure people had been receiving safe support and identify what changes could be made to reduce the likelihood of a reoccurrence. Audits identified where improvements were required and changes were made accordingly. For example, staff were not always signing to say medicines had been administered. As a result, the new care plan had details of medicines at the front so it was less likely to be overlooked.
- The registered manager was open and transparent in sharing information. They worked with staff to review and update assessments to reflect when people's needs changed.

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

Good: 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 with them prior to them receiving a service. A relative told us, "They also have a good history [of the person] and did this before they started to provide care for my [relative] so they know what they like and dislike as well as what [person] used to do so they can really chat to them and understand them"
- People's assessments informed their care plans which were person centred and contained details of people's diverse needs and aspects of their life which were important to them. One relative told us, "The company and its carers meet all my [relative's] needs. I am very involved in the care planning and the manager completes assessments.
- Staff knew people well and risks were assessed, documented and monitored, for example; nutritional needs, pressure sores and risks of falls.
- Care plans were reviewed to ensure they captured people's changing needs, and were audited by senior staff members.

Staff support: induction, training, skills and experience

- People were confident in the skills and knowledge of the staff. One relative said, "I have no issues with my [relative's] care and when they have a new starter (new staff member) they ensure they are with the trained care staff, so they are very safe. When a new member of staff is taken on they come with the 2 normal carers and are shown what has to be done and this occurs over an extended period of time. I have a nursing background and all the domains that you have asked me to answer I can only say they are excellent in all aspects of care."
- Staff received good training opportunities and training was relevant to their role.
- New staff were supported in their roles with opportunities to work with existing staff until they felt confident to work unsupported. One staff member said, "I enjoyed my induction. It gave me the core skills and the shadow shifts were invaluable. Routines are important to know, and people's likes and preferences were all shared."
- Some staff required specialist training to enable them to support identified people. Staff confirmed they had received this training and were confident it gave them the skills and knowledge to offer safe support. For example, one person told us how they had received training to identify the signs of a potentially fatal condition. They felt this training had given them confidence to react swiftly and possibly save a person's life.

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

- People who were supported with their specific nutritional needs had this recorded in their care plans.
- Staff recognised the importance of the social aspect of eating and drinking. Staff told us it was important they knew how people liked to have their drinks as this showed caring and understanding. One relative said,

"They will always make sure she has a drink on leaving." Another relative said, "They help my friend with meds, meals, cleaning and laundry. They give lots of choices of food and drinks."

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

- Staff worked very closely with outside agencies to ensure people's needs and changing circumstances were shared when appropriate.
- Health and social care professionals spoke very positively about the impact joint working made on people's lives. One professional told us, "They provide a quick response. They are very good at starting at short notice and this means that we can avoid hospital admissions and keep people at home."

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

- The service worked closely with external professionals such as the district nursing team and memory team to ensure people received the right support. A health professional told us, "Any changes to a package, they liaise with us. They are good at monitoring declining health and they seek support."

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. We checked whether the service was working within the principles of the MCA and found they were.
- Information was provided in formats that suited people's needs.
- Staff told us most people they supported had capacity to make decisions about their care and support. When people did not staff told us they worked with family members and independent advocates to ensure people's wishes were being sought and acted upon.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Everyone we spoke with told us that people received good support and were extremely well cared for. One person told us, "They treat my [relative] very well and show a lot of respect when undertaking personal care. I can't speak highly enough of them." Another relative said "All I can say about my [relative's] care is, it is fabulous. I give them 11 out of 10. The carers are wonderful so is the manager, can't praise them enough. I would highly recommend them they are very good."
- People's equality and diversity was recognised and care and support was provided to embrace people's individuality. One staff member said, " They listen to each client, chat about their care and then their care is tailored to them. Service users are always put first. They treat people as a person not a number."
- Staff received equality and diversity training to help them to understand people's differences and offer care that respected individual needs. Support was personalised to meet people's individual needs and staff supported people to express their individuality and were respectful of people's lifestyles.
- Staff told us they asked subtle questions about sexuality as appropriate and provided information about group that supported older people with their sexual orientation.
- Staff shared examples of how colleagues and the registered manager would go 'over and above' expectations to make sure people were happy. For example, Staff offered additional time if a person needed it and visited people in hospital. Christmas meals were provided and then staff would stay with a person who lives alone and share the meal.

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

- People were supported to express their views and make decisions about their care and support. One relative told us how staff respected a person's wishes and worked flexibly to accommodate them. They told us, "We had a hoist but they would respect [the person's name] wishes if they wanted to stay in bed, but they would still provide the care that they needed."
- When people were unable to express their views staff liaised with relatives and advocates as appropriate to ensure people's wishes were adhered to as far as possible. Relatives told us they had good communication with staff to ensure continuity of care in line with people's preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to do as much for themselves as they were able. This enabled people to retain some of their independence where they were able. One relative told us, "The carers are brilliant and there are no issues. They support [person's name] with their personal care as they still like to try to manage themselves."
- Staff respected people's privacy and dignity. Staff shared examples how personal care was carried out in private and discreetly. One relative told us, "They are friends not just carers and I cannot praise them

enough they are excellent, they treat my [relative] very kindly and they show great respect and dignity. Not only do they support my [relative], but me as well." Another relative said, "The staff always treat my [relative] with dignity and respect."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were involved in the development of their support plans and risk assessments. This meant that plans were developed around people's needs and preferences. One relative told us, "I am very involved with their care planning and they are a great team who identify needs and they deliver on this."
- Staff told us that it was important to understand people's life histories to enable them to fully understand their current situations. People's plans contained information to assist staff to get to know the person and meet their needs in ways they preferred. Staff said attention to detail was very important and shared an example where care plans detail exactly how people like their tea made. One staff member told us, "It's those little details that matter to people."
- A social care professional told us the service was 'very responsive' in relation to identifying increased needs and accommodating them and in arranging support at short notice. This meant people could remain at home at times when they needed a little more support.
- People told us that the manager was very responsive. One relative said, "The manager is very good and very responsive to our changing need." Another said, "The manager is very easy to contact, and I know I can ring at any time."
- Some people received support packages that involved being supported to attend activities to enhance their quality of life. Staff told us they responded to what people wanted and liaised with colleagues to ensure a variety of activities were provided.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and the registered manager planned to develop this into an easy to read, pictorial format to make it more accessible for people.
- People were confident they would be listened to if they had a concern or a complaint as they found staff and managers approachable.
- There had been one complaint made about the service provided and the registered manager showed us how they had responded fully and openly.
- We saw compliments from social care professionals saying how supportive the staff team had been and what a positive impact it had had on people who used the service.

End of life care and support

- There was no one currently using the service who required end of life support. They did however support people for palliative care. A health professional told us, "We use Agape for fast track referrals for palliative and domiciliary care. There are never any problems and they are very accommodating. They provide a quick response." This meant when people in the community needed additional support during times of deteriorating health they could receive that support promptly and professionally.
- The registered manager had developed an information guide for people about end of life care. The guide

was very sensitively written and reflected dignity and cultural needs.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager worked flexibly with their team to ensure the service was delivered based around the needs of individuals. A social care professional told us, "People who use this service are not just names and numbers. The agency really cares about people. They could do no more than they do. Brilliant."
- The registered manager was aware of their responsibility to be open and transparent with addressing issues and investigating complaints. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that 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.

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

- The registered manager understood the responsibilities of their role and acted in accordance with them. Notifications of incidents, events or changes that happen to the service were sent to us within a reasonable timescale and as required by law. These included safeguarding referrals and death notifications.
- The provider had audit and quality monitoring systems in place that identified concerns relating to the safety and quality of the service.

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

- People who used the service, relatives and staff told us how they felt fully involved in how their support was delivered. Staff had opportunities to discuss issues and make suggestions for improvements and changes within the service.
- People found the registered manager and the staff team to be approachable. One relative said, "The manager is very good and they will come and see me to talk about [relative's name] and their care plan. The manager is very nice and I know how to contact them if I need to." Another said, "The manager is excellent and so are the carers. I would highly recommend them, can't fault them and they are well trained."
- Staff felt very well supported and said the registered manager was very approachable. One staff member told us, "[Registered manager's name] is the best boss I've ever worked for. Very supportive personally and professionally."

Continuous learning and improving care

- Staff could contribute to the development of the service and their ideas were welcomed. They also told us

how their professional development was encouraged so they could be more effective in their role. For example, senior staff were undertaking management level training. Staff shared examples where they had suggested improvements, and these had been acted upon. For example, one staff member had suggested that a key piece of information in a person's care plan should be at the front where it is accessible. This had been agreed.

- The registered manager told us how incidents were reviewed and discussed in staff teams. This meant the likelihood of a reoccurrence could be assessed and measures implemented to reduce the risk.
- Action plans were developed following consultations to drive improvement.

Working in partnership with others

- The manager worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service. These included the local authority safeguarding team, GP's and community nurses.
- A health care professional spoke positively about the drive and commitment of the service to improve and develop. They told us all staff were very accommodating and as a result of their cooperation positive outcomes were achieved for the people who used the service. Another professional said they were "Responsive to emails and phone calls meaning they could arrange support for people quicker."