

Agape Care Solutions Ltd

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Inspection report

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Date of inspection visit:
16 November 2016
17 November 2016

Date of publication:
02 March 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 was announced and took place on 16 and 17 November 2016. We told the provider 48 hours before our visit that we would be coming to ensure that the people we needed to talk to would be available.

Agape Care Solutions has a registered manager in post. 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.

Agape Care Solutions provides personal care and support to people who live in their own homes. At the time of the inspection they were providing over 200 hours per week to nine people living in Dorset.

At our previous inspection in April 2016 we found a number of shortfalls and issued warning notices with regard to the assessment and provision of care and the management of medicines, the safe recruitment, training and supervision of staff. We found further shortfalls in the management of risks, protection of people from abuse, governance and record keeping. Requirement notices were issued in these areas. The service was rated inadequate overall and placed in special measures. This comprehensive inspection was carried out to ensure that the service had met the requirements of the warning notices and made improvements in the other areas that had been identified.

At this inspection we found that the service had taken all of the required actions and no breaches in the regulations were found. This means that the service will no longer be in special measures. This was because the registered manager had stepped back from working as a member of care staff as well as managing the service and had concentrated on putting policies and procedures in place, updating staff training and ensuring that the service was providing the quality of care and support that was required by people.

People told us their care and support needs were met and that staff were kind, caring and respectful. People also said they felt safe and had confidence in the staff that worked for the service.

Staff knew people well and understood their needs. Care plans were detailed and regularly reviewed. This meant that there was always information for staff to refer to when providing care for people.

The provider had implemented satisfactory systems to recruit and train staff in a way that ensured that relevant checks and references were carried out and staff were competent to undertake the tasks required of them. The number of staff employed and the skills they had were sufficient to meet the needs of the people they supported and keep them safe.

People were protected from harm and abuse wherever possible. There were systems in place to reduce and

manage identified risks. Staff understood how to protect people from possible abuse and how to whistle-blow. People knew how to raise concerns and complaints and records showed that these were investigated and responded to.

There was a clear management structure in place. People and care staff said that the managers were approachable and supportive. There were systems in place to monitor the safety and quality of the service.

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 protected from harm because risks were identified and managed appropriately.

There were safe medication administration systems in place and people received their medicines when required.

There were sufficient staff with the right skills and knowledge to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were themselves supported through regular training and supervision.

People's rights were protected because staff followed the requirements of the Mental Capacity Act 2005. Wherever possible people consented to their care, and where they lacked the mental capacity to consent, best interests decisions were made.

Is the service caring?

Good ●

The service was caring.

People found their care workers supportive and respectful.

People were satisfied that their care and support needs were met by caring staff.

Is the service responsive?

Good ●

The service was responsive to people's changing needs.

People received the care they needed with care plans reflecting their individual needs. Plans were regularly reviewed and updated.

The agency had a complaints procedure and people felt able to raise any concerns

Is the service well-led?

Good ●

The service was well led.

There were systems in place to monitor, and where necessary to improve, the quality of service provided.

There was a positive culture where people and staff were confident to report any concerns to the management team.

Agape Care Solutions

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 checked 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 16 and 17 November 2016. Two inspectors undertook the inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and staff are often out during the day.

Before the inspection, we reviewed the information we held about the service; this included incidents they had notified us about. Additionally, we contacted the local authority safeguarding and commissioning teams to obtain their views.

We visited three people and one relative. We also contacted five members of staff either through visits, telephone calls or email. We spent time with the registered manager and office-based staff. We looked at three people's care and medicine records. We saw records about how the service was managed. This included three staff recruitment and monitoring records, staff schedules, audits and quality assurance records as well as a wide range of the provider's policies, procedures and records that related to the management of the service.

Is the service safe?

Our findings

All of the people we spoke with said they felt safe when receiving care from Agape Care Solutions. People we visited were positive about the staff who supported them and told us they felt comfortable and safe.

At our previous inspection in April 2016 we found that the provider did not have safe staff recruitment procedures in place. That meant people's safety with regard to suitable staff could not be assured. This was a repeated breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a warning notice was served on the provider.

At this inspection we found the provider had made improvements. Staff recruitment records showed that staff had not commenced their employment until two references and a Disclosure and Barring Service (DBS) check had been received. Records were well organised and new staff had completed application forms, which included a full employment history. We saw evidence of DBS checks, proof of identification, right to work in the UK and two references. Robust recruitment procedures had been implemented to ensure that people were kept safe. One member of staff had been delegated to follow the procedures and a checklist had been implemented for each applicant to ensure that all required information was obtained and checks were completed. This meant that people were protected because appropriate checks were being carried out before staff started working for Agape Care Solutions.

At our previous inspection we found that people were not protected against the risks associated with the unsafe management and use of medicines. This was a repeated breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a warning notice was served on the provider.

At this inspection we found that medicines were managed safely where people required assistance or administration of their medicines. Staff had been trained in the administration of medicines and records showed that their competency to administer medicines safely had been assessed. Staff knew how to assist people with their medicines as there were care plans in place on how to meet people's medication needs. Clear procedures for staff to follow when handling medicines had been implemented. A system of "spot checks" by the registered manager and senior staff ensured that the staff were following the correct instructions for medicines and keeping appropriate records. This meant that people were now protected from the risks of unsafe management and administration of medicines.

People told us they received their medicines as they required. We checked a sample of medicine administration records (MAR) and found that they had been completed in full showing people had received the medicines they required.

At our previous inspection in April 2016 we found that the risks to people's health and safety whilst receiving care had not been properly assessed and action had not been taken to mitigate any such risks.

Previously, there had been a number of different risk assessment forms and it was not clear which should be

completed or who should take action to manage any risks. At this inspection we found that forms and staff practices had been reviewed. A procedure for risk assessments to be carried out before a package of care started, had been put in place. Each step of the assessment was clear and the person responsible for taking action was highlighted. Risk assessments included an assessment of the person's home environment, their risk of having falls, malnutrition, ability to manage medicines and a moving and handling assessment. Records showed that this procedure had been followed and actions had been taken where hazards were identified. These had also been reviewed regularly.

The registered manager had also taken other steps to review safety since the last inspection. Records of accidents and incidents were maintained and reviewed to see if there were trends where action could be taken to reduce the likelihood of their recurrence. There were also policies and plans to follow in the event of various emergency situations, including an out of hours and on-call system.

This meant that people were now protected from identifiable risks and staff were clear what assessments should be completed and who should take responsibility for any identified actions that needed to be taken.

At our previous inspection in April 2016 we found that people were not protected from the risk of harm and abuse. Staff had not been trained to recognise and report any concerns and policies were incorrect. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan outlining the improvements that they would undertake.

At this inspection we found the provider had made improvements. The service had up to date policies in place for safeguarding adults from abuse. Their policy referenced the Bournemouth, Dorset and Poole multi-agency safeguarding adults policy. Staff we spoke with demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for and they told us what they would do if they thought someone was at risk of abuse. One member of staff told us, "There is a poster in the office with the contact details of the safeguarding team. If I had any concerns I would report it to the manager or safeguarding". The registered manager told us they and all staff had received training on safeguarding adults and training records confirmed this. This meant that proper systems had been put in place and staff had appropriate knowledge to ensure that people were protected from the risk of harm or abuse.

Is the service effective?

Our findings

People felt their care workers were competent and capable. They told us that they almost always had regular carers who got to know and understand them and they were therefore supported in the manner they preferred.

At our previous inspection in April 2016 we found that staff did not receive appropriate induction and regular training to ensure that they were competent and could meet people's needs. Staff had not received regular supervision to monitor performance and provide support and identify training needs. This was a repeated breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a warning notice was served on the provider.

At this inspection we found the provider had reviewed the training provided and introduced a number of courses that were undertaken either online or through face to face events. The staff demonstrated, in discussion with us, that they had a good understanding of how to effectively support each person they visited. They said they were told by the registered manager and senior staff when a person's needs had changed and care plans were updated to prompt them to provide the support that was required.

Staff told us, and records confirmed they received regular supervision. A staff appraisal had been completed for one member of staff who had worked for the service more than one year. All staff had undertaken mandatory training in accordance with the Care Certificate as part of their training. The Care Certificate is a set of standards for staff, which aim to provide staff with awareness, skills and knowledge to enable them to provide effective care and support. This helped to assure people that they would be supported by trained staff. We saw that training completed included the safe handling of medicines, moving and assisting people, first aid, safeguarding vulnerable adults, equality and diversity, food hygiene and health and safety. Staff told us that the training they received was sufficient to enable them to undertake their role safely and effectively.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity 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 discussed the principles of the MCA with the manager and staff to check whether the service was operating and working within those principles. Staff had a good understanding of the MCA and one member of staff confirmed that the person who they provided care and support for was able to consent to their care and treatment.

People and relatives confirmed that staff always checked with the person before providing care and gained their consent to provide the care needed. Care plans contained consent forms which had been signed by the person using the service or their representative.

Staff supported some people with meal preparation as identified in people's care plans. People told us that where this was part of their support package, the care workers always made sure they had food and drinks left in their reach and ensured that they had enough to eat.

People were supported with their health care needs. Records showed that staff contacted GP's and other healthcare workers such as district nurses and occupational therapists to support people if their care needs or health required this.

Is the service caring?

Our findings

People were complimentary and positive about the service they received from Agape Care Solutions and told us that staff often went above and beyond the tasks in their care plans to ensure that people were happy and had everything they needed.

People told us that staff understood the importance of respecting and promoting privacy and took care when they supported people with their personal hygiene needs. Staff told us they maintained people's privacy and dignity by making sure the curtains were drawn, doors were closed and the room was warm. A staff member said, "I always knock on the door before going in. It's the person's home and this is important."

The registered manager told us that they aimed to provide consistency of staff so that people had been able to build trusting relationships. People told us their care workers were friendly and caring and, respectful of their choices and preferences. Care plans included information about these preferences, likes and dislikes so that care workers were aware of people's needs and they how they wished to be supported.

People told us that should a worker be running late for some reason, the worker or office would make contact to inform of the delay as a matter of courtesy.

People and/or relatives confirmed that they had been consulted about care and support plans and fully involved in making decisions about their care.

Care workers knew about requirements to keep people's personal information confidential. People confirmed that care workers did not share private information about other people with them.

Is the service responsive?

Our findings

People told us they felt listened to and that staff were always prepared to respect their choices and wishes.

At our previous inspection in April 2016 we found that proper steps had not been taken to ensure that people's care and treatment needs had been fully assessed and planned for to enable their needs to be met. This was a repeated breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a warning notice was served on the provider.

At this inspection we found that systems and documentation had been reviewed and care assessments and plans were satisfactory. Staff told us care plans included good information about people and told them what they needed to do to support people. One member of staff said, "[Person] has a care plan, which I can look at. But I generally support one person with live in care so I know their needs well."

We found that an assessment of needs was completed as well as risk assessments. This procedure ensured that the service could provide appropriate care and support. A care and support plan was then developed with the person (or with their relative) and this was agreed before care was provided.

The sample of plans we looked at were up to date, person centred and clearly written with a step by step description of how staff should support people at each visit.

People received a rota each week, which detailed the staff who would be supporting them for the week ahead and at what time they would be visited. People told us that staff stayed for the full length of their visit and made sure they had given them all the support they required before leaving. Care records were written after each visit with the times and lengths of their stay. People we visited said workers usually arrived on time and if there was a delay the service usually contacted them to advise them of this.

A complaints procedure, which was clear and detailed, was in place and each person received a copy within the information pack provided at the beginning of the contract. People told us they had confidence they would be listened to and their complaint would be fully investigated. The complaints file showed the service had received one complaint in 2016 and records showed the complaint investigated and responded to in accordance with the provider's policy. This showed complaints were taken seriously and addressed.

The service also kept copies of compliments received. One relative wrote, 'To [staff members] and team. Thank you all so much for all the help and support you gave dad last year'.

Is the service well-led?

Our findings

People told us that they felt the service was well-managed and that it had an open, positive and caring culture. This was because people were consulted about the service they received and there were regular opportunities for staff to contribute to the day to day running of the service through informal discussions and staff meetings.

At our previous inspection in April 2016 we found that quality monitoring systems were not effective and record keeping required improvements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan detailing how they would meet this regulation. We also held a meeting with the provider to share our concerns and they agreed not to take on new packages of care until our concerns had been fully addressed. The registered manager told us that as part of their work to improve, they had met each of the people that received support from the service, explained clearly the concerns that had been raised and the actions they were taking to address this. All of the people they met with chose to remain with Agape Care Solutions. Feedback from people told us that the organisation and management of the service had improved.

At this inspection we found the provider had made improvements. The provider had implemented a range of systems to monitor the arrangements in place for the care the service provided. These included care plan audits, medicine audits and accident/incident audits. Where issues had been identified as a result of audits, it was clear that action had been taken to correct the issues. All of the records we checked were dated, timed and signed and contained the required information. We spoke with two other senior staff who had been involved in the creation and implementation of the new systems. They told us that the new methods had worked well and they were confident with the new way of working. The registered manager told us that the new systems were effective and would continue to operate as the business expanded and they provided care to more people.

At our previous inspection the registered manager had been providing care and support to people as well as trying to fulfil the role of manager. At this inspection we found that they were no longer regularly on the rota and only provided care and support in emergency situations. They told us this meant that they had been able to undertake training themselves and then had been able to use their updated knowledge and time to make the required improvements, such as staff recruitment, training and supervision. The registered manager also told us that they recognised the need to maintain their management role and ensure they employed suitable staff in adequate numbers to ensure that they did not have to provide regular care and support on the rota.

People using the service were provided with an opportunity to complete a questionnaire about how they found the service they were receiving. We saw completed questionnaires from July, August and September 2016. The survey covered areas such as how safe people felt, whether people were treated with dignity and respect and whether people felt staff were well trained. The answers in the questionnaires indicated that people were happy and satisfied with the service they received. Most people confirmed they would recommend the service to others. We saw that any lower scoring areas had been reviewed and an action

plan was in place to improve the level of service.

Staff had a good understanding the whistleblowing policy, which was in line with current legislation

The registered manager had notified the Care Quality Commission about significant events, as required in law. We use this information to monitor the service and ensure they respond appropriately to keep people safe.