

Agape Healthcare 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

The inspection took place on 15 April 2016 and was announced. There were three people using the service and the inspection team consisted of two inspectors. The inspection was to review how the provider had responded to concerns raised at our last inspection.

At the last comprehensive inspection in September 2015 this provider was placed into special measures by CQC. Breaches of legal requirements were found. After the comprehensive inspection, we met with the provider and they also wrote to us to say what they would do to meet legal requirements in relation to breaches of regulations. We undertook this full comprehensive inspection to check they had followed their plan and to confirm they now met legal requirements. This inspection found there were enough improvements to take the provider out of special measures. The provider now met their legal requirements but further improvement was required.

Agape Healthcare Limited provides personal care to people in their own homes. At the time of this inspection the service was providing personal care to three people who lived in their own homes.

The provider had improved the process to review and assess the quality of care people required. The manager had on going regular contact with the people who use the service, reviewed care plans and acted on people's comments. However they did not always monitor information collected and received for trends to identify how the service people received could be improved. The manager conducted audits of records to ensure they were completed and up to date. However they had not identified all gaps or errors in information.

There had been no registered manager in place since September 2014. Since that time one of the two company directors had been managing the service however a new manager had recently been recruited and told us they were going to apply to become the registered manager. The provider told us that they did not intend to take on providing care to any more people until the new manager was registered with the CQC. 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 were generally kept safe from the risk of harm. There was a system to report concerns about people's safety to the appropriate authorities. Specific risks to people's health had been identified and guidance in place in order to reduce these risks. We noted however this guidance was not always detailed or accurate. There were processes and information in place to help staff keep people safe from the risk associated with their medication.

The manager had improved the quality of the recruitment process and checking since the last inspection, but further action was needed to improve systems in use to demonstrate that recruitment checks had been completed. Some staff had commenced employment without a comprehensive induction however the

manager had undertaken checks to confirm people had the qualifications and experience to meet people's care needs. Not all documentation and risk assessments had been completed to demonstrate the action the provider had taken when they had identified risks with prospective staff or when information of concern came to light. You can see what action we have asked the provider to take at the back of the report.

People said that staff were caring and they were happy to be supported by the service. The manager had introduced a weekly process to seek people's views of the service and ensure regularly contact with them. Staff knew how people liked to be supported.

All the people who used the service were able to say how they wanted to be supported and told us that staff respected their wishes. The new manager was able to explain the provider's process to ensure the service would comply with the requirements of the Mental Capacity Act.

When necessary staff recorded how they had supported people to eat and drink sufficient quantities to keep them well. Since our last inspection the manager was in the process of introducing a system to record and monitor the quantities people consumed.

The registered provider had taken some action in response to their obligations to be compliant with regulations. They had recruited a new manager who intended to apply to become the registered manager for the service. The registered provider had not complied with all the regulations they were required to do so. You can see what action we have asked the provider to take at the back of the report.

The registered provider told us that sufficient resources were in place to provide training and pay staff in line with current legislation.

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 consistently safe. People reported that they felt safe and could determine what support they wanted when staff attended to them.

Risks to people's health had been identified and regularly reviewed although this information for staff was sometimes incomplete or contradictory.

People were not protected from being supported by people who were not of good character because the manager did not conduct robust recruitment checks.

Requires Improvement ●

Is the service effective?

The service was not always effective. People were supported by staff who were experienced in supporting people with their specific conditions. However there were no robust training processes to ensure staff regularly refreshed their knowledge.

People were supported by staff who supported them in line with their wishes and preferences.

Requires Improvement ●

Is the service caring?

The service was caring. The manager had taken action to ensure people's views were sought about how they wanted their care to be provided.

People were supported by staff who they said were kind and considerate when providing care.

Good ●

Is the service responsive?

The service was not always responsive. The manager regularly checked that people were being supported in line with their wishes, however they did not always record people's responses.

The manager had taken action when people had raised concerns about the service.

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

The service was not well-led. The provider did not have robust processes for monitoring and improving the quality of the care people received.

People were at risk of continued unsafe and inappropriate care because records were not always accurate or fully completed.

People were at risks of not being supported by a provider who understood their legal responsibilities and duty of care. There had been no registered manager in place for over a year.

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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.

The inspection took place on 15 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that care records were available for review had we required them. The inspection team consisted of two inspectors.

We checked if the provider had sent us any notifications since our last visit. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We reviewed any additional information we held or had received about the service and actions the provider said they would take in response to our last inspection. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke to the nominated individual for the service, the manager and a new manager who had recently been appointed. We looked at records including the care plans of all three people who use the service, three staff files and staff training records to identify if staff had the necessary skills and knowledge to meet people's care needs. We looked at the provider's records for monitoring the quality of the service to see how they responded to issues raised. We reviewed the list of actions the provider said they would take in response to concerns raised at our last inspection in order to see if they had regard to reports from the Commission. We also discussed how the service was intending to respond to concerns about the quality of the service raised by a local authority who had recently suspended the commissioning of new care packages from the service. We reviewed the manager's action plan for addressing these concerns in order to identify what actions had been taken to improve the quality of the service.

After our inspection we spoke to two people who used the service and one person's relative. We also spoke to three members of care staff. The manager sent us a plan of the actions they intended to take in response to feedback given at the inspection.

Is the service safe?

Our findings

All the people we spoke with said they felt the service kept them safe. One person told us, "Yes I feel safe, they are very good." Staff we spoke with were aware of how to protect people from the risk of harm. All the care staff we spoke with told us they received safeguarding training as part of their induction although this could not be evidenced in their staff records. One member of staff said they would tell the manager if they had concerns about a person's safety. They also advised that they would suggest contacting the person's social worker or social services. Another member of staff said they looked out for bruising when they helped a person to dress.

At our last inspection we noted that people were at risk that some of their known care and support needs would not be met. At this inspection we found improvements had been made. The manager had reviewed and updated assessments of the risks presented by people's conditions these were not always robust. One risk assessment we sampled provided conflicting advice on how staff were to respond if a person was becoming unwell due to a particular health condition. There was a risk that some of the guidance, if followed by staff, could have had a detrimental impact on the person's wellbeing. We spoke to a member of staff who supported this person and they were able to explain the appropriate action they would take if the person was to become unwell. Their actions would not have placed the person at risk as they used their knowledge and not the written guidance to inform their actions. Another risk assessment did not clarify actions staff were to undertake in order to check that equipment they used to help a person mobilised was safe and working correctly. Staff we spoke with however were able to clarify the actions they took to ensure the equipment was safe to use. Suitable guidance was not available to care staff who were unfamiliar with people's specific conditions or the equipment they used.

All the people we spoke with said they trusted the staff who supported them and felt they were of good character. The manager had improved the recruitment process since our last inspection and had started to record the outcome of interviews and evaluated the suitability of applicants against a set criteria. This helped the manager to identify the support new members of staff may require to care for people safely. The manager told us they had sought evidence of applicant's qualifications however this was not always shown in staff records. The manager had obtained references and conducted checks to identify if applicants had any criminal records. On one occasion we saw the manager had requested further information in order to assess if an applicant was suitable to support people who used the service but this approach was not consistent. Not all documentation and risk assessments had been completed to demonstrate the action the provider had taken when they had identified risks with prospective staff or when information of concern came to light. The manager said these were explored but could provide no auditable trail to demonstrate this. This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After our visit the manager sent us details of how they intended to review their recruitment process.

There were enough staff to keep people safe and meet their needs. People confirmed that they were supported by the number of staff identified as necessary in their care plans. One person told us, "I always have the same person and they turn up on time." Another person said, "[Care staff] can be late sometimes depending on the bus. But it is not a problem." Two members of staff told us they were always willing to

work additional hours if necessary. The manager told us that since the service had experienced a reduction in the number of people they supported there was a large resource of bank staff they could call on when regular staff were unavailable. We reviewed the provider's staff rotas for the two months before our visit. This confirmed people were supported by the same staff.

All the people who used the service told us they did not require support from care staff to take their medication. However one person told us they required support from staff to apply prescribed cream. They said the care staff were knowledgeable in how to apply it and would follow their instructions. We noted that whilst the instructions in the person care plans were not detailed, the care staff who supported the person could explain how the cream was to be applied. There was a system in place for the care staff to record when they had applied the cream and any "as required," medication so the manager could check if it had been done appropriately. We found these records were completed and up to date. There was guidance in people's care plans about their medication and information for staff to identify if people had not been taken as prescribed. The new manager told us they were going to introduce medication training for all staff in case this knowledge was required in the future or if people required additional support to take their medication safely.

Is the service effective?

Our findings

All the people we spoke with said they were happy with the care they received. One person told us, "I have the same staff and they stay the hour." The relative of one person who used the service told us, "The service had improved recently," and gave us an example of how care staff had supported the person to become more independent.

At our last inspection we were concerned that the provider's staff induction and training practices did not ensure that care staff had the appropriate skills and knowledge to support the people who used the service. We saw that some improvements had been made. All the people we spoke with said they felt they were supported by staff who were competent to meet their care needs. One person told us, "They look after you properly." Another person told us, "She [Care staff] was a novice at first but she learnt and I can always tell her." One person told us how staff supported them appropriately with their mobility and care staff confirmed they had received training in how to lift people safely. The manager told us that staff still needed training in how to support people with specific conditions however they had engaged an external provider to deliver training in the near future.

Staff we spoke with were knowledgeable about the specific needs of the people who they supported. One member of staff explained how they checked a person's specific condition wasn't deteriorating and the actions they would take if the person was becoming unwell. Another member of staff told us how they kept a person safe from falling. After our last inspection the manager told us they would keep robust training records to identify if staff had received the training they required but we noted the maintenance of clear records was still outstanding

All the staff we spoke with said they had received an induction from the manager. They told us they had received training in moving and handling, safeguarding and health and safety. The manager had conducted checks to identify what skills and knowledge staff had acquired prior to working at the service however these were not always evident in staff files. The manager showed us an induction pack they were developing for all staff. This included information which would help staff to meet people's basic care needs. At our last inspection the manager told us they were developing a formal induction process for staff but the manager had still not maintained detailed records of the induction staff had undertaken. The new manager told us and provided further information after the inspection about the training programme they were planning to introduce for all staff.

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. We checked whether the service was working within the principles of

the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

All the people we spoke with had the mental capacity to decide how they wanted their care to be provided. They told us that staff supported them in line with their wishes. One person told us, "I have about six different breakfast cereals and they always ask me which one I want." People told us that staff would seek their consent to provide care and talk through any support they were providing. This enabled people to say if they wanted to be supported in a specific way. Records contained guidance for staff about people's preferences and how they wanted their care to be delivered. After our last inspection the manager had introduced a process to ensure capacity assessment and best interest meetings would occur when a person was thought to lack mental capacity.

People who use the service told us that they or relatives generally made their own meals but staff would sometimes provide them with breakfast when requested. People told us staff knew what they liked to eat and were happy with the support they received. We noted however that staff did not keep detailed records of what they had supported people to eat and drink. We raised this concern at our last inspection however the new manager told us they would introduce a system to record what people had eaten. Systems to monitor if people were at risk of not eating and drinking sufficient amounts were not robust.

People told us that they were able to access other health professionals themselves. They were confident that staff who supported them followed any guidance provided by health professionals such as supporting them to eat healthily or mobilise safely. The manager gave us examples of how they had contacted health professionals in the past when they were concerned about people's wellbeing.

Is the service caring?

Our findings

All the people we spoke with said that staff were caring and were happy to be supported by the service. People told us staff were considerate and respectful of their wishes and feelings. One person told us, "The staff respect me and my experiences," and, "They take notice of you." Another person said the manager was, "Excellent, devoted to the service."

People who used the service told us they were supported by regular staff and this had enabled them to develop positive relationships with them. One person said, "We get on well, I tease her." Staff we spoke with could explain people's specific needs and how they liked to be supported.

At our last inspection we were concerned that people were not involved in agreeing and determining how their care needs were to be met. We noted that this had improved. The provider had introduced a process to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. People who used the service told us that they were regularly contacted by the manager to ensure they were happy with the care they received. People told us they felt listened to and the manager would respond appropriately to any concerns. The manager sought out and respected people's views about the care they received.

The service promoted people's privacy and dignity. All the people we spoke with told us they were supported by staff of their choosing who protected their dignity when they were providing personal care. The relative of one person told us of the action care staff undertook to promote a person's privacy when helping them to get dressed. One person told us, "I wasn't comfortable being supported by a certain staff member [because of their gender] and they were changed."

Is the service responsive?

Our findings

People who used the service told us that the service met their care needs and would respond appropriately if their needs and views changed. A person who used the service said, "They do everything I ask." Another person told us, "They follow the care plans. It's all in there."

People told us they were supported by staff they liked and who knew their preferences. One person told us the manager had taken action to ensure they were supported by staff of their preferred gender. After our inspection the manager told us they were reviewing their recruitment process to include people who used the service in helping to select the care staff they wanted to be supported by. We spoke to three members of staff and they were able to tell us how people wanted to be supported. One member of staff told us, "They like to be independent so you just doing certain things for them." Another member of staff said, "They like about six different breakfast cereals, so I ask which one they want each day."

At our last inspection we noted that the manager did not have an effective system to obtain people's views about how they wanted to be supported or the quality of the care they received. We saw this had now improved. People told us that they were regularly asked by care staff if they were receiving care in line with their wishes. One person told us, "They always ask what I want and I get it." People told us they were frequently contacted by the manager for their views on the service and we saw the manager keep notes of these discussions. Although the manager had taken action when a person raised a specific concern we noted that the person had raised the same concern on several occasions before action was taken. Action to resolve the concern was not taken promptly.

At our last inspection we saw that most care records sampled were incomplete and did not contain information about how people were to be supported. We found this was still the case. Although people were usually supported by the same care staff who were able to explain how people liked to be supported, this information was not recorded in people's care plans for other members of staff. The manager had recently introduced a tick list for care staff to record the daily task they had undertaken when supporting people but did not identify if people had been happy with the care they received or if it was in keeping with their lifestyle choices and expressed preferences..

We saw that the manager had taken action in response to concerns raised at our last inspection however these had not always been effective. We continued to have concerns with some aspects of the service.

People we spoke with were aware of the provider's complaints process and told us that they received copies when they joined the service. The manager told us that they had not received any formal complaints. We saw records were kept of service users' comments so the manager could learn from individual experiences and improve the quality of care provided to all who use the service. We saw the manager had taken action when records showed that an adverse event had reoccurred.

Is the service well-led?

Our findings

The provider did not have regard to reports from our previous inspections in June 2014, December 2014 and September 2015. At each of these inspections we identified the provider needed to make improvements to their recruitment, staff training, medication guidance, record keeping, risk analysis and their procedures for assessing, monitoring and improving the quality of the service. After these inspections the manager had submitted plans of how they intended to respond to our concerns. At our latest inspection we found that although improvements had been made they were not sufficient to address all the concerns with these aspects of the service. During this inspection the nominated individual acknowledged these failings in the service and the new manager told us of the measures they were intending to implement in order to improve the service. They also sent us an action plan promptly after the inspection. The lack of effective oversight and governance was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the manager had introduced a formal process to regularly review the care people received, other processes in place for monitoring and improving the quality of the service were not effective. Records sampled were not always updated or fully completed. Failure to recognise that training processes were ineffective which meant people were reliant on staff using their intuition and experience in order to identify how best to support people. Care staff did not record the times they attended or left calls so the manager was unable to identify if people were receiving their calls on time. A review of the provider's recruitment process had resulted in improving checks to ensure people employed by the service were of good character and had the skills and knowledge they needed to meet people's care needs. However some recruitment records were not completed fully or always demonstrated suitable checks had been completed.

All the people we spoke with were happy to be supported by the service and expressed no concerns with how it was managed. One person told us, "I am very happy," and another person said, "The manager was here this morning." People told us that contact with the manager had increased and one person said they thought the service had improved recently. People felt the manager was friendly and easily contactable. The provider had improved how people could influence and be involved in developing the service.

Staffing structures were clear and care staff were consistently assigned to provide care to specific individuals. Staff we spoke with told us the manager was friendly and supportive if they raised concerns. We saw there was a process for staff to contact the manager out of hours if they required additional support or guidance and staff we spoke with said the manager was readily contactable when required.

The service had not complied with a condition of registration that there should be a registered manager employed to lead the service. A commitment by the manager after our last inspection to apply to register with the Care Quality Commission to manage the service had not been fulfilled. A new manager of the service told us they were taking over the daily running of the service and would be applying to become the registered manager of the service. We noted this person had clinical qualifications and experience of working in a care environment. The provider sent us information stating they would not provide care to anymore people until the new manager was registered with the commission.

At our last inspection the manager was unaware of the requirement to display their latest inspection ratings. At this inspection the manager had taken action to display their ratings in the service's office. People who used the service were unsure if they had received copies of the summary of the last inspection with service's ratings however one person thought they had and said they regularly discussed the quality of the service with the manager.

Staff we spoke with said they had regular contact with the manager to identify how they could best improve the care people received. One member of staff said, "We speak all the time." Another member of staff said, "He is very dedicated." There were no processes in place however to ensure staff would meet regularly with the manager or record the outcomes of these meetings. The process did not enable the manager to review information from staff so as to identify any trends or risks to the quality of care people received.

The provider told us there were enough resources available to operate a safe and effective service. The manager told us that staff were paid in accordance with national legislation. Staff spoken with confirmed this and said they were paid on time. The manager was unaware of European legislation which could mean they would have to pay staff travelling time but said they would look into this after the inspection. We saw evidence that the provider was in the process of arranging training for staff from an external training provider.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures did not establish or were operated effectively to ensure that people employed were of good character, have the qualifications, competence, skills and experience necessary for the work to be performed. Regulation 19 (2)(1)</p>