

Agape Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced inspection of this service on 15 April 2016. A breach of legal requirements was found. We wrote to the provider and issued a warning notice requiring them to take action in respect of improving their systems of monitoring and managing the service.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Agape on our website at www.cqc.org.uk. hat had been noted.

We undertook an announced inspection of Agape Healthcare Limited on 14 July 2016. There were three people using the service. Agape Healthcare Limited provides personal care to people in their own homes. We reviewed how the provider had responded to our concerns from our last visit. The provider had responded to our concerns and taken action to improve the service however further improvements were required to provide people with consistent good, safe care.

Although there was no registered manager at this location a new manager had been appointed to support the existing manager and was in the process of applying to the Commission for registration. 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 and associated Regulations about how the service is run.

The provider had displayed the ratings of their most recent inspection which meant the provider was now complying with this requirement of the regulations.

The new manager had taken action to improve the recruitment process and had introduced a structured staff training programme. This this meant that people would be supported by suitable staff who had the skills and knowledge to meet their specific care needs.

Staff had access to suitable information and guidance about how they needed to support people. The new manager had reviewed and updated people's care plans with people's expressed preferences and how to minimise risks associated with people's specific conditions. There was more guidance for staff about how to support people to take their medication safely and although staff knew how to apply people's creams, this information was not clear in people's care records.

Records showed that the existing manager had increased the frequency of their contact with people who used the service and care staff to obtain their views about the quality of the service and how to meet people's care needs.

The new manager had introduced systems to monitor improvements and that actions were completed as

planned. We noted there was no overall plan to ensure that actions and resources were coordinated effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Action had been taken to improve the leadership of the service however further improvement was needed.

The provider had taken action to respond to breaches of registration. However further action was required to provide clear direction to their latest report on the CQC web site.

The provider had reviewed medication records but further detail was required

People told us the service had improved and was well led. No one had any concerns about the quality of the care they received.

Requires Improvement ●

Agape Healthcare Limited

Detailed findings

Background to this inspection

We undertook an announced focused inspection of Agape Healthcare Limited on 14 July 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 15 April 2016 inspection had been made. We inspected the service against one of the five questions we ask about services: is the service well led? This is because the service was not meeting some legal requirements.

One inspector undertook this announced inspection and the provider was given 48 hours' notice of our inspection because the location provides a domiciliary care service and we needed to ensure that the manager would be available.

We reviewed information the provider had sent us in response to our last inspection which outlined the action they planned to take to comply with regulations. We looked at any notifications the provider had sent us 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 who use the service. 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 spoke with a person who had commissioned care packages from the service. 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 who is also the existing manager, the new manager and one member of care staff. We spoke with two people who use the service and one person's relative. We observed the new manager conduct a training session with care staff. We looked at records including the care plans of all three people who use the service, 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.

Is the service well-led?

Our findings

All the people we spoke with were happy with their support and expressed no concerns with how it was managed. One person told us, "It has improved over the last couple of months. Staff come on time now." Another person told us, "I am very happy, we wouldn't want to change." The existing manager told us they intended to relinquish their current management responsibilities to the new manager once the new manager had completed their registration process with the Commission.

Staff we spoke with said they felt the service had improved recently. One member of staff told us, "The new manager has made a difference. It gives us confidence," and, "It is really improving. I feel very excited."

The new manager had reviewed people's care plans and they all followed a common structure. People who used the service had been involved in reviewing their care plans to ensure they reflected their views and wishes. The new manager had conducted assessments to identify any risks associated with each person's condition and identified how to minimise them. The new manager told us they planned to conduct regular reviews of each person's care plan. This was intended to be carried out to make it easier for staff to find the advice and guidance they needed to meet people's current care needs and keep them safe from the known risks associated with their conditions.

At our last inspection we were concerned that information for staff about how to help people manage their medication safely was not detailed enough. At this inspection we found that the new manager had introduced a system to regularly review the quality of people's care records including medication. Medication records contained detailed guidance for staff to support people to take their medications appropriately. We noted that further information was required to support people to apply creams they might require. This was being addressed.

The existing manager had taken action to ensure they had regular contact with the people who used the service. They had introduced a system of weekly telephone calls to each person who used the service to seek their views of the support they received. Comments received were positive.

Staffing structures were clear and care staff had been consistently assigned to provide care to specific individuals. The existing manager told us that they were starting to lead improvements in the service which other members of staff understood. We noted however they had not shared details of our warning notice with the new manager to ensure their actions to improve the service addressed the concerns identified in the notice.

The both managers understood their responsibilities to the Commission. They had taken action to comply with breaches to the provider's registration. The new manager had applied to become the registered manager for the service and had an imminent interview to discuss this position with representatives from the commission. People who used the service confirmed that the existing manager had told them of the latest CQC rating awarded to the agency and how they were responding to improve it. The existing manager had updated the provider's website to display their latest rating however this did not provide a direct link to

their latest report. The both managers were able to explain the types of incidents and events that they were required to notify us about by law.

An audit system had been introduced to ensure suitable checks were completed and that there was a consistent approach to recruiting new members of staff. Any variance from the policy would be identified in regular audits. As the provider had not employed any additional members of staff they could not demonstrate yet that the new system was effective.

There had been a review of the provider's induction process and new weekly refresher training sessions had been introduced to ensure care staff maintained their knowledge of basic skills and recognised good practice. Shortly after our inspection we spoke to a person's relative who said that care staff had told them that they would be attending a training session with the new manager the following day. This ensured that people were supported by suitable staff who had the skills and knowledge to meet people's care needs.

Staff we spoke with and records confirmed that staff had regular supervisions with the new manager. This provided care staff with the opportunity to review the quality of the service and identify how best to meet people's specific needs. One member of staff we spoke with said these supervisions were, "Very helpful, really good." Staff told us that the managers were always available when they needed to raise concerns about people's conditions or if they required advice and guidance.

People told us they received their calls on time. The manager undertook regular observations to check staff attended calls on time and records sampled showed that staff had attended calls on time. We noted however that staff had not always accurately recorded the time they attended calls in people's records. The new manager informed us of a call monitoring system they were introducing to ensure the accurate recording of call times.

The new manager had introduced several processes to review the quality of the service and we saw that audits and staff training were regularly being undertaken. We noted that in some instances checks were not always planned ahead to make sure they would be completed systematically.