

Agape Healthcare Limited

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Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

The comprehensive inspection took place on 14 February 2017 and was announced. Agape Healthcare Limited provides personal care to people in their own homes. At the time of the inspection there were two people using the service. The inspection team consisted of one inspector.

There was a registered manager in place who was present during our inspection. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we last inspected the service in July 2016 the provider was compliant with all the regulations but further action was required to improve the service. Records required further information about how staff were to support people to apply prescribed skin creams appropriately, the registered provider had not taken sufficient action to display their inspection ratings effectively and quality checks were not always planned ahead to foster a culture of improvement. At this inspection we found that the provider had made several improvements to the service but further action was still required.

All the people we spoke with said they felt the service kept them safe. Staff knew how to report safeguarding concerns and knew how to help keep people safe.

Care records contained information for staff about how to identify if a person's condition was deteriorating and what action to take in order to reduce the risk of harm. The registered manager had conducted checks to ensure staff were suitable to support people.

Staff knew how to support people with creams however this guidance was not clear in people's care records. The registered manager conducted spot checks to ensure people were supported with their medication appropriately.

People were supported by staff who had the skills and knowledge to meet their specific care needs. However there was no general information for staff about people's conditions or how it may impact upon the people they supported.

People were supported in line with the Mental Capacity Act 2005.

People were pleased with how staff supported them to eat and drink and seek the support of health professionals when needed. Staff we spoke with were knowledgeable about people's preferences and could give examples about how they endeavoured to support people to enjoy things they knew they liked.

People told us that they were generally happy to be supported by the service. People were involved in

identifying how their care was to be provided.

People told us they felt comfortable to complain if something was not right. The registered manager had a process to review concerns and complaints at regular management meetings. When necessary they had taken effective action to prevent similar events from reoccurring.

The registered manager had systems for monitoring the quality of the service and had taken action when improvements were needed. However these systems had not identified all the concerns we recognised at the inspection such as incomplete record keeping.

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 told us they felt safe using the service. Staff knew how to recognise the signs of and report abuse.

The registered manager conducted checks to ensure staff were suitable to support people who used the service.

People were supported to take their medication as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

Staff respected people's wishes.

Staff supported people to have sufficient food and drink and seek the support of health professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were supported by consistent staff who knew their preferences.

People were involved in commenting and directing how their care was provided.

Is the service responsive?

Good ●

The service was responsive.

People who used the service told us that the service met their care needs and would respond appropriately if their needs and views changed.

People told us they felt comfortable to complain if something

was not right.

Is the service well-led?

The service was not consistently well-led.

Although the provider had taken action in response to our last inspection some concerns remained outstanding.

The quality of the service and audit processes had improved however they had not identified all the concerns we identified during our inspection.

People were pleased with how the leadership of the service.

Requires Improvement 

Agape Healthcare Limited

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 14 February 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 one inspector.

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. 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 registered manager and a director who also provides care to people who use the service. We looked at records including the care plans of both people who use the service, one staff file, and staff training and recruitment practices to identify if staff were supported to develop 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 manager's action plan for improving 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 one member of care staff.

Is the service safe?

Our findings

All the people we spoke with said they felt the service kept them safe. One person told us, "We always feel safe, ever since they started coming." A member of staff we spoke with was confident to raise any concerns when they felt people were experiencing or at risk of harm. They also told us that the managers were quick to respond to any issues.

Staff we spoke with told said they received safeguarding training as part of their induction. Records confirmed safeguarding refresher training had been planned to occur in the next few months. Staff maintained body maps to record any injuries or marks to people which could indicate if a person was being abused. We noted however that on some occasions staff had not provided an explanation about how some marks had been acquired. Staff we spoke with acknowledged this error and explained how this would be improved.

The registered manager had taken action to protect people from the specific risk associated with their conditions. Up to date assessments of the risks presented by people's conditions were available in their care records. These contained information for staff about how to identify if a person's condition was deteriorating and what action to take in order to reduce the risk of harm. The registered manager had identified risks people might experience in the future if their conditions were to change. This would enable the registered manager to take prompt action when necessary to maintain people's safety.

All the people we spoke with said they trusted the staff who supported them and felt they were of good character. Recruitment checks including obtaining references and a Disclosing and Baring Service check (DBS) to identify if people had a criminal conviction were undertaken. This ensured people were supported by suitable staff.

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, "They are always here, on time." The registered manager showed us they were developing a resource of bank staff they could call on to meet people's specific needs when regular staff were unavailable. During our visit we observed the registered manager taking time to plan some interviews for new applicants. We reviewed the provider's latest rotas which confirmed that there were enough staff employed which ensured people had been supported by consistent staff at their chosen time.

At our last inspection we were concerned that records required further information about how staff were to apply people's creams appropriately. At this inspection we found that the registered manager had taken action to address this. Charts in people's care plans now identified people's creams for staff and where they were to be applied. In one instance we noted that a person's list of medication for staff was still to be updated after a person's GP changed their medication a couple of days before our visit. The registered manager sent us evidence after our inspection that the person's medication records had been updated. This would ensure that if requested staff would know how to support people to take their medications as prescribed.

All the people who used the service told us they did not require support from care staff to take their medication. There was a system in place for the care staff to record when they had supported people to take any "as required," medication and the registered manager conducted spot checks to ensure people were supported with their medication appropriately.

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 a member of staff was, "Excellent," at providing personal care and undertaking a specific health care task. The relative of one person who used the service told us, "They know what we like."

People were supported by staff who had the skills and knowledge to meet their specific care needs. Staff undertook the 'Care Certificate,' which is a nationally recognised induction training programme in basic social care skills. Staff we spoke with were knowledgeable about the specific needs of the people who they supported. The registered manager told us they had introduced numeracy and literature tests for staff to ensure they had the basic skills to understand and apply guidance in people's care notes. We noted that staff had not had refresher training in some aspects of people's specific conditions for several years. The registered manager had however developed a training matrix which identified future training staff would be required to undertake in order to continue to have the appropriate knowledge they required to meet people's care needs. Although there was guidance for how staff were to meet people's specific needs, there was no general information about the conditions people had or how they could impact upon them.

Staff received supervisions which gave them the opportunity to reflect on how people required supporting. Updates about each person's latest care needs were shared at regular management meetings. The registered manager had conducted spot checks which had enabled care staff to reflect on and improve their practices. When necessary we saw that a manager had accompanied a member of staff to review how they were meeting a person's specific needs.

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 people 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 whether any conditions on authorisations to deprive a person of their liberty were being met. The relative of one person told us, "He [Care staff] always talks to him. [Care staff] wouldn't do anything he didn't want." Another person said, "They always ask what I want."

The manager told us that all the people who used the service were assessed as having mental capacity to make day to day decisions about how they wanted to be supported. They explained that due to the specific nature of some people's conditions they had plans in place to review people's mental capacity in the future if necessary. We saw that they included relatives when requested to review and comment on people's care plans. This supported people to make informed decisions about how they wanted their care to be provided. We saw that guidance for staff was updated when people's views changed. Staff provided care in line with people's wishes.

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. The registered provider was currently supporting a person to increase and monitor their fluid intake in order to improve their specific condition. This helped the person to stay well and reduce the specific risks associated with their condition.

People told us that they were able to access other health professionals themselves. Records identified when other health professionals were due to visit people which enabled care staff to make them aware of any concerns they may have with the health of the people they supported. We saw that the registered manager had recently contacted a pharmacist when a person had raised concerns about their medication. A review of a communications log contained examples of how the registered manager had contacted health professionals and social workers when they were concerned about people's wellbeing.

Is the service caring?

Our findings

People told us that they were generally happy to be supported by the service. One person told us, "[Staff name] is nice and always polite." Another person was also happy with the care they received but suggested that staff could do more to support them when they completed their tasks early.

People were involved in developing their care plans and expressing how they wanted their care to be delivered. People told us they felt listened to and records confirmed they had regular contact with the management team who enquired about their welfare and sought their views of the care they received. We saw that the registered manager had regard to people's views and took action when people had raised concerns or requested changes to their care plans. People had been invited to sign their care plans where possible to show their agreement and inclusion in deciding how their care was to be provided.

People said they were supported by regular staff who had got to understand their specific needs and how they wanted to be supported. Staff we spoke with were knowledgeable about people's preferences and gave us several examples about how they endeavoured to support people to enjoy things they knew they liked. One person told us how they were working with the registered manager to identify ways in which they could improve their specific condition and achieve a goal they had set.

This supported the person to remain independent and have responsibility for how their specific condition was managed. The registered manager told us they had revised their recruitment process to include people who used the service in the interviewing process. This would enable people to identify any staff who they felt they would get on with and would like to be supported by.

We saw that the registered manager had been approached by one person who used the service to help arrange a significant birthday party for them. Care records contained details of people's life histories and preferences where they had volunteered this information. This provided guidance for staff to support people in line with their preferences and engage in activities they enjoyed.

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. Records contained detailed information for staff about how to respect people's wishes when bathing and washing.

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, "We have told them what we want and they do it."

People told us they were supported by staff who knew their preferences. One person told us the manager had taken action to ensure they were supported by staff of their preferred gender. Staff we spoke with were knowledgeable about how people preferred their care to be provided. One member of staff told us about a person's favourite foods and how they liked their drinks prepared. When a person had raised concerns about how they were supported, the registered manager had taken action to ensure the person was supported in line with their wishes.

Staff we spoke with knew what support people needed to stay well and records showed that staff responded promptly when people's needs changed. One member of staff told us, "I report it to the office and they act quickly." We saw that that people's call times were changed in response to ad hoc requests and the service promptly provided additional support to a person when their condition deteriorated. People received the appropriate support when they needed it.

The registered manager had an effective system to obtain people's views about the quality of the care they received and how they wanted to be supported. People told us they were frequently contacted by the registered manager for their views on the service and we saw the manager kept notes of these discussions so they could review if the service was being provided in line with people's wishes.

Care records contained information about how people needed to be supported and their wishes. These identified people's preferred food, drinks and activities. This enabled staff to support people in keeping with their lifestyle choices and expressed preferences.

People told us they felt comfortable to complain if something was not right. One person told us, "I would tell them [of any concerns], but we don't have any qualms." The registered manager had taken action when a person raised a specific concern and gave them several options of how it may be resolved in line with their wishes. The registered manager was endeavouring to achieve a satisfactory outcome to the person's concerns.

Staff understood the provider's complaints process and said the registered manager would listen and take action when they received information of concern. One member of staff told us the registered manager, "I talk to the office. They call [person's name] when I raise any concerns." We saw that the provider's complaints policy was available in handbooks people received when they first joined the service.

Since our last inspection the registered manager had reviewed and updated the provider's complaints process. They had a process to review concerns and complaints at regular management meetings to identify how similar events may be prevented from happening to other people. People could be confident that their

concerns would be handled in line with good practice.

Is the service well-led?

Our findings

At our last inspection we noted that the registered provider needed to improve how they managed some aspects of the service. This included guidance for staff about how to apply people's creams appropriately, improving quality audit programmes and how they displayed their latest inspection ratings on their website. At this inspection we found that action had been taken in response to our last report although some further action was required. Details of people's creams were now in their care records but had not been included in specific medication records for staff. This did not make them easy to find and refer to.

The registered manager had introduced systems to regularly check the quality of the service but there was still no formal programme in place to ensure these checks would take place as planned. Checks had not always been effective and had failed to identify when care staff regularly left calls early or records were not completed fully. This had put people at risk of not receiving care identified as necessary in their care plans or in line with their wishes. On the day of our visit the provider had still not taken effective action to ensure that their latest inspection ratings were displayed on their website in line with their legal requirement. The registered manager gave us assurance that these outstanding actions would be completed promptly. Shortly after our inspection they sent us evidence that their inspection ratings were being effectively displayed and medication records had been updated.

All the people who used the service told us they were generally pleased with the support they received. One person told us, "We have been using them for two years and are very happy. They are much better than when we first started using them." Another person told us the service was, "Fine".

Staff told us that the managers were supportive and led the staff team well. They told us they felt valued and listened to. A member of staff told us, "They respect me, talk to me nicely."

There were systems in place to ensure people were involved in commenting on their care plans. These included home visits and telephone reviews to obtain people's views about the quality of the service they received. The registered manager showed us the results of a recent survey of people's views. Comments were generally positive, including, "[We] find the service he gets very good." We saw the registered manager had met with people when requested to discuss their responses and identify any actions which could be taken to improve the quality of the service they received. Records showed that the registered manager frequently exchanged information with people who used the service and reviewed and adapted the service in order to meet their wishes. People had the opportunity to influence and develop the service they received.

The registered manager had systems for monitoring the quality of the service. They conducted regular spot checks to assess if people's care needs were being met and records demonstrated that people were being supported by consistent staff who knew their specific needs and preferences. There were processes in place to monitor the quality of people's care records and the registered manager took action when they had identified it was necessary to improve the quality of record keeping. The nominated individual showed us their systems for monitoring that training was undertaken as planned. Although staff received formal supervisions there were no formal plans to ensure these would be conducted consistently.

The registered manager had introduced monthly management meetings to share information and identify actions to improve the quality of the service. They had recently engaged the service of a management consultancy to help drive improvement at the service. This had resulted in the development of an action plan to monitor and review the services compliance against relevant regulations. We saw that the registered manager was networking with managers from other social care services in order to support their own professional development and awareness of best practice.

The registered manager was aware of their responsibilities to the commission and they demonstrated knowledge of the type of events they were required to notify us of. Although they were aware of the need to display their latest ratings they had not ensured this had been done promptly after our last inspection.