

Angelcare Uk Ltd

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Inspection report

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Date of inspection visit:

21 March 2019

22 March 2019

Date of publication:

23 April 2019

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Angelcare uk is a family run domiciliary care service, who were providing personal care to 105 people at the time of our inspection.

People's experience of using this service:

People told us they felt safe They said staff were good. Relatives told us they thought staff were friendly and caring. However, people and their relatives said they had received late calls and staff did not always stay for the allocated time. We discussed this with the registered manager.

We found medication records were unclear.

The care plans included risk assessments, which identified any risks associated with people's care and had been devised to help minimise and monitor the risks without placing undue restrictions on people. However, there was little information about people's likes, dislikes and life histories. End of life information was not always discussed or thought of during the care planning process.

People spoke fondly of the registered manager. There were not always effective systems in place to monitor and improve the quality of the service provided. The registered manager was working on these areas.

There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. Support workers had a clear understanding of safeguarding people and they knew how to act appropriately to safeguard people from abuse.

There was a programme of training, supervision and appraisal for staff to support people using the service with their assessed needs.

People were encouraged to make decisions about their activities and meals.

There was a clear complaints process in place and copies of this were available in people's homes.

Rating at last inspection: Good (published 16 September 2016). The rating at this inspection has gone down to Requires Improvement.

Why we inspected: This was a planned inspection based on the rating awarded at the last inspection.

Follow up: We will continue to monitor this service. We plan to complete a further inspection in line with our re-inspection schedule for those services rated requires improvement.

We made recommendations to the service.

For more details, please see the full report, which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Angelcare UK Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of supporting and caring for young and older people.

Service and service type: The service provides personal care to people living in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did: Before this inspection we reviewed information, we held about the service. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications submitted to us by the service. Providers are required by law to notify us of certain events, such as when a person who uses the service suffers a serious injury. We took this information into account when we inspected the service.

During this inspection we spoke with seven people who used the service and eight relatives on the telephone. We spoke with eight members of staff a care coordinator, services manager and the registered manager.

We looked at six people's care records, including the medication administration records and four staff files which included recruitment checks, supervisions, appraisals and training records. We also looked at other records relating to the management of the service, such as quality assurance audits and accidents and incidents records.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Everyone we spoke with told us they felt safe. One person said, "Yes I am safe with staff." A relative said, "Yes [name of person] is safe."

Using medicines safely

- We looked at the medication administration records (MAR) which was used to confirm people had taken their medication as prescribed. We saw codes were used when medication had not been given. However, some entries used the code 'O' (other) rather than being specific what 'O' meant for example, we saw the code was used where PRN to be taken as required. Therefore, we were unable to determine if the medication was not required or had not been administered for another reason. We saw staff used a further code for PRN 'P' which was used for recording when creams and ointments were prescribed. We were unable to confirm if this code was used when staff administered the creams and ointments or if they were no longer required. We discussed this with the registered manager who told us they were aware of the discrepancies and intended to devise a new MAR and discussion with staff to make the record clearer.
- Where assistance with creams and ointments were required we saw body maps were used to identify where the creams should be applied. The registered manager told us a random selection of the [MARs] were audited to ensure errors were picked up quickly. However, we determined the system was not sufficiently robust as medication errors were being made.
- People told us they received their medication on time. One person said, "I never have missed my medication."

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with were fully aware of the policies and procedures to follow if they were concerned about a person's safety. They were aware that they could contact the local safeguarding at Calderdale or they would report more serious allegations to the Police and CQC. They were confident that the manager would act on information swiftly and appropriately. Staff told us they had received training in the subject.

Assessing risk, safety monitoring and management

- We looked at six care plans, which included any identified risks. These told the staff about the risks for each person and how to manage and minimise these risks. People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. For example, the risk assessment for one person described how they were at risk from fall as they were unsteady when standing. The assessment described how staff were support the person when standing and if required staff should use a hoist which was provided in the person's home.
- The service had systems in place to ensure people received the care they needed in a timely way. The care

call system monitored calls and enabled office staff to pick up if calls were running late. This helped to minimise any disruption to people who used the service. However, people we spoke with told us they were still receiving late calls.

Preventing and controlling infection

- Staff told us spot checks by managers and care co-ordinators were used to ensure staff were dressed appropriately and were using correct protective clothing. The staff we spoke with confirmed spot checks occurred regularly and they had received training in infection prevention and control.

Staffing and recruitment

- We looked at the recruitment process which was robust. We found there was an application which detailed the full work history of the applicant. There had been a check made with the Disclosure and Barring Service (DBS), which helps employers make safer recruitment decisions.

There had been references requested and received from previous employers. This showed the provider was making sure the people they employed were of good character and suitable to work with vulnerable adults in their own homes.

Learning lessons when things go wrong

- The provider had a system in place to learn from any accidents or incidents. This reduced the risk of them reoccurring. The provider was keen to learn from these events. They shared any learnings with staff to improve safety in each person's home.

- The registered manager analysed accident and incident records regularly to identify any trends

We recommend that the provider considers looking at the overall process of medication to ensure a more robust process in place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA. Staff gave us examples of ensuring people were involved in decisions about their care and showed us they knew what they needed to do to make sure decisions were taken in people's best interests.
- We found some people had signed their contract to confirm they had agreed their care and treatment. However, some contracts were not signed. In these instances, staff had ticked a box which indicated the person was unable to write their signature. There was not sufficient evidence to confirm the organisation had taken all reasonable steps to obtain agreement from the person receiving the service. For example, best interest decisions from people, relatives or their legal representative. We spoke to the registered manager who told us they were working on improving this.

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

- We looked at the system used to allocate support to people. The care co-ordinators showed us actual calls that were taking place throughout the day of the inspection. They told us staff used their smart phones to record when they arrived and left the call. The system was effective and ensured care and support was given in a timely way. If the staff member was delayed for any reason the system alerted the co-ordinators who could check the reason the call was running late and take appropriate action. For example, recent flooding in the area meant care workers were unable to get to a small number of calls. The co-ordinators contacted family members who could support their family members until service could be resumed. However, some people and their relatives told us staff did not always turn up on time or stay for the allocated time. We spoke to the registered manager about this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments had been undertaken prior to people's support commencing.
- We saw completed assessments on the six care plans we looked at. The assessments included brief

background information about the person, their life history, likes and dislikes. For example, we saw one care plan which described how they preferred support from female staff only.

- Another person's care plan described them as having an impairment which meant they had difficulty in communicating. The care plan told staff that the person sometimes used flash cards to help them communicate. The care plan described that the person could become anxious if they were unable to express themselves and this could result in the person using inappropriate language such as swearing.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction before they could work unsupervised with people. This included shadowing more experienced staff until they were deemed competent. Staff told us they received support from managers at the service which included contact outside of office hours. They confirmed regular spot checks ensured they were working to the standards required and had support with any issues around the care and support they provided. One staff member said, "The support is great. The manager understands the pressures we are sometimes under and we know we can talk to anyone at the office."

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

- People's dietary requirements were accommodated to ensure they had sufficient food and drink to meet their assessed needs. The records also stated if the person had any known allergies to any foods. This meant staff would not put people at risk from eating something that may cause harm to the person.

- People were supported when they received their nutrition and hydration by alternative methods. For example, two people's records described that they had a PEG in situ. Percutaneous endoscopic gastrostomy (PEG) is a surgical procedure for placing a tube for feeding without having to perform an open operation on the abdomen. We saw clear guidance was available for staff to follow. Staff told us they had recently had training on the topic which gave them the skills and competencies to support people with this procedure.

Adapting service, design, decoration to meet people's needs

- People's homes had appropriate adaptations to ensure they were safe. For example, some people had hoists to ensure staff could move them safely. Other people had wheelchairs and walking frames which ensured their safety when moving around in their home.

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

- People had family members living with them who would arrange for any health-related appointments. However, the staff told us that if a person did not have family members they would arrange medical appointments such as GP visits and hospital appointments on behalf of the person. In case of an emergency while staff were visiting they would contact emergency services and stay with the person until help arrived.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

People and relatives said they felt staff were caring. One person said, "The staff are lovely. I have the same one [name of staff] she is lovely." Another person said, "Yes the staff are respectful and close the doors when I am getting dressed."

Ensuring people are well treated and supported; equality and diversity

- One staff member we spoke with said, "I have known the people I support for a couple of years, I know everything about the person I know when they are happy and times when they are feeling low or unwell." Another staff said, "I treat people the way I would want to be treated. This means respecting their rights and choices."

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

- People could give their views about the service Questionnaires were used to seek formal views. One staff we spoke with said, "We always ask people if we can do anything more to make their life better. We get satisfaction from helping people to live their life as they want to which usually means staying at home with our support."

Respecting and promoting people's privacy, dignity and independence

- One staff member we spoke with gave examples of how they would respect people's privacy when assisting with personal care. They told us when they worked with another female carer (double ups) they would stand outside the closed bedroom door while the other staff member ensured the person's dignity was respected before entering the room to assist with further care needs. Another staff member told us, "I treat people like I would like to be treated."

Is the service responsive?

Our findings

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

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

People told us they felt staff were responsive to their needs when delivering care. One person said, "They know what I prefer and they always make sure a female member of staff attends."

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

- People's care records were sufficiently detailed and accurately described what support they needed from staff. They were reviewed regularly however, the evaluations we saw were only brief and did not tell us how the person had been and if the support given continued to meet the person's needs. The service manager told us if a person's needs changed they would complete a further assessment to ensure the care they received met their changing needs. This helped to ensure they were accurate and up to date.

Improving care quality in response to complaints or concerns

- There was a comprehensive policy and process in place should any concerns or complaints be received to ensure they were investigated and responded to in an appropriate and timely manner. People and relatives did not raise any concerns with us when we spoke with them.

- We saw many compliments from people, their relatives and outside professionals. Comments included, 'Thank you for caring for [name of person] so well'. And 'Lovely staff thank you for all your support'.

End of life care and support

- All except one care plan we looked at did not refer to any end of life wishes. The service manager told us that if people's situations changed they would talk to people and their loved ones about their preferences at the end of their life. One care plan contained end of life wishes which included who to contact and the type of funeral they wanted.

- We saw the care plans included the person's religious beliefs and wishes. However, the detail was brief. For example, Christian or not known. We spoke to the registered manager to revisit the care plans in relation to end of life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

People and relatives, we spoke with told us that the registered manager was nice. One person said, "I do feel they provide good care, it's just these late calls and they don't always stay the full time. I have told them so hopefully it will get better." A relative said, "I have phoned the office before as the care staff were running late, they told me they were on their way but did not arrive for a few hours. I did say if they had told me I would have arranged to go myself. I did let them know I was not happy about this. This has not happened since."

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

- We saw audits were undertaken for a range of areas, such as care planning, medication, staff files, and complaints which looked at how staff were presenting and performing while with people who used the service. The audit documents in place recorded the actions required to meet any identified shortfalls together with timescales. We did find shortfalls in some audit processes around care files and medication, however the registered manager was aware of these and was working on the process.
- Staff told us the service was well managed and well organised. They told us they had sufficient notice to ensure they could manage their visits, and managers and co-ordinators were available for support and guidance when needed. Staff said they felt supported and were confident any identified problems would be dealt with fairly and swiftly.
- Staff working on the urgent home care support team told us they often picked up care packages at short notice. They told us they were given sufficient information to deliver the care people needed. They said, "We get time to get to call and we feel part of a very important team which is well co-ordinated by the managers of the service."

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

- The service had an out of hours on call system so any emergencies could be dealt with in a timely way. The care co-ordinator told us the on-call person had access to the same system from home as they had in the office. This meant they could redirect or allocate different workers if a staff member telephoned to say they were unavailable to cover their calls. However, we still found from people that late calls were still happening. People told us they had complained about this and some improvement had been made.

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

- People and their relatives told us they were regularly asked their views about the service. The care files had examples of quality assurance surveys which had been completed by people who used the service. The registered manager told us how she had responded to areas identified around care package changes.

Continuous learning and improving care

- The registered manager continued to develop the service provided and they continued to look at ways to improve the support provided. The registered manager told us they sought feedback to ensure they were continuously improving the service.

Working in partnership with others

- The registered manager and service manager worked closely with healthcare professionals.
- We saw evidence of external meetings to look at best practice.

We recommend that the provider to look at the audit process for care plans and medication to ensure a more robust process in place.