

Angels Care at Home 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Angels Care at Home Ltd, referred to as Angels Care at Home in this report, is a domiciliary care agency registered to provide personal care to people living in their own homes in Swindon and Hertfordshire. On the day of our inspection 18 people received regulated activity.

People's experience of using this service and what we found

People were safe receiving care from the service and benefitted from a sufficient number of consistent and safely recruited staff. People were supported to have their medicines as prescribed. Risks to people's individual conditions, such as around mobility or skin integrity had been assessed and known to staff. Staff were trained in infection control good practice and had access to protective personal equipment (PPE). People told us staff wore PPE and followed infection control guidance.

People were supported with meeting their nutritional needs, such as with meals preparation. Staff received ongoing training relevant to their roles and people told us staff were skilled and knowledgeable. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff supported people with accessing health care services when needed.

The provider, who was also the registered manager was now supported by the second registered manager. There was a new office team and a clear structure with defined roles and responsibilities. The management team introduced a number of governance systems that needed embedding to ensure these were fully effective.

People were complimentary about how the service was run and told us they were happy with the service received. The team worked well with various external social and care professionals.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 December 2020) and the provider was found to be at continuing breach of the Regulation 17 (Good Governance). As a result we issued the provider with a warning notice and asked they made improvements by the end of January 2021.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. Given the history of non-compliance with the Regulation 17, the provider's quality assurance systems needed embedding to ensure these were fully effective.

Why we inspected:

This was our scheduled, planned inspection based on previous rating.

Follow up:

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

More information is in detailed findings below.

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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement 

Angels Care At Home Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one 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.

Service and service type

Angels Care at Home Limited are a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. There were two registered managers. 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'. 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 provider two days notice of the inspection. The office site visit took place on 18 June 2020.

What we did before the inspection

The provider was not asked to return a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We contacted five staff to ask for their feedback.

During the inspection

During the site office visit we met the registered manager and the supervisor and reviewed a range of

records. This included three people's electronic care records and samples of medicine records. We looked at three staff files in relation to recruitment and training. A variety of records relating to the management of the service including policies, accidents records and audits were also viewed.

After the inspection

We telephoned four people using the service and three relatives. We continued to seek additional evidence from the provider and contacted three external professionals to seek their views.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider ensured risks assessments surrounding people's safety were in place. This included risks around people's individual health conditions or areas such as mobility or falls.
- The management team had a system that ensured people's risks assessment had been reviewed on a regular basis or when people's condition changed.
- People were protected from risks surrounding adverse scenarios as the provider had a business continuity plan which outlined what to do in case of various emergencies.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us people were safe receiving care from Angels Care at Home. One person said, "Yes, I am safe, they come three times a day." One relative said, "[Person] is safe, [person] is socially stimulated and it gives me peace of mind."
- There was evidence the management team appropriately identified and reported safeguarding concerns.
- Staff received training around safeguarding and told us they knew how to escalate any issues. One staff member said, "I know how I can raise concerns over safeguarding I have had training on this and I feel confident in safeguarding."

Preventing and controlling infection

- The provider ensured there was a sufficient stock of the personal protective equipment (PPE) available to staff.
- Staff received training in infection and prevention control training. One staff member said, "We have had training, which has included videos guide to putting on PPE and taking off PPE, we are informed of all new recommendations."
- People we spoke with told us staff followed safe practices. One person said, "Yes, they do - hand wash and gel, gloves, mask, aprons."

Staffing and recruitment

- There were sufficient staffing levels and people experienced continuity of care.
- Staff told us they had regular rotas that were planned in advance which enabled them to see the same people and therefore build meaningful caring relationships with people.
- The provider followed safe recruitment practices when recruiting new staff.

Learning lessons when things go wrong

- The registered managers worked hard to include the entire team in the quality improvement process and

cascaded information to staff. One staff member said, "I get notifications from the office for improvements to be made via email or text."

- The management reviewed various key performance indicators on quarterly basis, this was to monitor these for any trends or patterns and if a lesson learnt was to be identified an appropriate action would be put in place to prevent reoccurrence. There were already examples of lessons learnt, for example, around the importance of good communication around changes to the visits schedule.

Using medicines safely

- People received medicines safely and as prescribed. One relative told us, "Yes, they do that every day, or else [person] wouldn't take it. I trust the carer, they have a good relation."

- The staff used electronic record system to sign to confirm people had been given their medicines. The system was set up in a way it would not allow staff to log out of the visit if this had not been completed. This added an extra layer of security that ensured any concerns would be escalated by the system as an alert.

- When people had been prescribed 'when required' (PRN) medicines, information was in place that guided staff when people might needed them.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- People told us their choices were respected. One person said, "I can choose what I want." One relative said, "[Person] chooses the clothes they want to wear, food they want."
- The information of people's Power of Attorney where applicable was available in care records.
- The provider had the documentation ready for when people's capacity needed to be assessed. There were no people currently needing this in relation to the regulated activity provided.

Staff support: induction, training, skills and experience

- The management team revised the induction process. It was now in three parts, starting with the courses the provider saw as mandatory and needed completing prior to staff working with people, such as safeguarding or infection control. Further modules were to be completed by staff at later stage. The induction process included shadowing (working alongside an experienced staff member) the length of which was agreed with staff and clearly documented.
- Feedback from staff demonstrated they felt well supported. One staff member said, "On first joining the company I shadowed experienced staff from the office to support individuals with their care. I have recently asked for more dementia training which registered manager has found for me online, this is very effective and helpful to support [person] I work with. I feel very supported in my role and in my personal development, from the office."
- The management team ensured staff received regular supervision and were able to discuss their development requirements.
- People complimented staff and told us they were skilled. Comments included, "Yes, they are professional"

and "Yes, I don't have to tell them what to do."

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

- People were supported to maintain good nutrition and information about their dietary requirements was available to staff. People mainly required little assistance around food preparation and were mostly independent.
- Staff gave us examples of how they supported people with maintaining good food intake. One staff member said, "[Person] I support has ready meals 5 times a week. We sit down together to choose the meals for the week five main meals and five deserts and then [person's family] cooks Sunday lunch and the family have a takeaway on a Saturday." The staff member then went on to say how the person gained weight which was a good thing for their height and build and how many people commented on how well the person now looks.
- People told us how staff supported them with their meals. One person said, "They make breakfast, heat up my food."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- There were examples of where staff worked with external professionals to improve the outcomes for people. Staff shared with us an example of how they worked with the external professionals to amend the timings of the visits of one person. The reason was to ensure the person had their essential medicine before they were assisted with personal care. This in turn had a very positive impact on the person's well-being which meant they were no longer needing to use equipment for transfers.
- People's relatives confirmed staff would support access to healthcare services. One person said, "If they had any concern they would ring 111."
- The provider established a way of working with the local council to ease the pressure on the local market and to ensure for example, people could be promptly discharged from hospital.

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

- People's needs were assessed before commencing the support. The assessment ensured the team were able to meet people's needs. The assessments included people's physical, health and emotional needs.
- The information gathered during the provider's own assessments, combined with, where applicable assessments provided by the commissioners were used to draft people's care plans. These were reviewed on regular basis to ensure these captured all information gathered by the staff with getting to know the person.
- People told us about their assessments; comments included, "The care agency came a couple of times to assess" and "Yes, the assessment was done by the manager."

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. Although leaders and the improved culture they created supported the delivery of high-quality, person-centred care the provider's governance and quality assurance required embedding.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

At our last inspection we found the provider had failed to establish and operate effective governance. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17.

- Following our last inspection, the provider sourced assistance from an external consultant who assisted them with assessing the quality of the service and formulating action improvement plans. The registered manager voluntarily shared these with us on a monthly basis.
- The provider introduced a number of new audits, these included staff files, care plans and training records. The new registered manager told us they planned to continue to have some input from the consultant for some months whilst their quality assurance systems are being embedded. The management team gathered and audited various key performance indicators on a three monthly basis. We saw samples of the first round of these, the next round of quarterly audits was due a month after our inspection visit. The management team were aware to review the frequency of these audits with growing number of service users and therefore potentially growing number of occurrences.
- The management team also introduced a set of new policies. These were tailored in a way to reflect the way the service operated and the provider was in a process of introducing these to staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People complimented the service and felt it was run well. Comments included, "They are wonderful", "I am very grateful for the help that I have been given from the service" and "I think that they are very good."
- There has been a change within the management team's structure and since our last inspection a new registered manager had been appointed. This meant there were two registered managers as the provider was also a registered manager. They were supported by a new supervisor and there was a clear division of roles and responsibilities between them.
- The team praised the team work and staff told us they worked well together. Comments included, "Communications are excellent from the office staff and the support that I receive" and "I have no issues with the management, if I have any concerns I usually get an answer and advice."

- The office team worked to establish an open and transparent culture. The management team welcomed the inspection process and told us they viewed the last few months as an opportunity to 'focus on quality'. The provider commented, "I have a fantastic team."

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

- The provider used satisfaction survey and the questionnaires had just been sent out to people. This had been confirmed by people we contacted. One person said, "I have a form here to fill in." People felt confident to raise any issues with the management team. One person said, "They would listen, and they are very patient."
- Staff told us the management team listened to them and they could approach the office team at any time, including using the on-call facility outside of office hours.
- People's relatives where appropriate had been consulted about people's care plans or reviews. There was an open-door policy and people were able to telephone the office to raise any queries.

Working in partnership with others

- Staff worked in partnership with the local health and social care professionals as required.
- The provider worked to establish a partnership with the local authority to assist with easing the pressures of the local social care market.
- Staff gave us examples when they assisted people with additional needs, such as applying for assistive technology to aid their mobility and independence.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers were aware of their responsibilities and kept people's relatives informed as required.
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.