Angels Care at Home Limited

Angels Care At Home Ltd

Inspection report

35 Pure Offices
Kembrey Park
Swindon
SN2 8BW

Tel: 01793832284
Website: www.angelscareathome.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This comprehensive inspection took place on the 11 and 12 December 2018 and was an announced inspection. The last inspection took place on the 28 and 29 November 2017. This is the first time the service has been rated requires improvement.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people with a range of needs, including people living with dementia, people who have particular health conditions and people with physical disabilities. At the time of our inspection 34 people were receiving personal care in their home and their care was paid for through either the council, direct payments or people were paying for their own care.

Not everyone using Angels Care At Home Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

There was a registered manager in post. 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.

There were some systems in place to ensure people safely received their medicines. However, due to recording errors and a lack of effective regular medicine administration record audits, we could not be confident that people always received their medicines correctly. Audits had not always been recorded and did not always effectively identify where improvements needed to be made.

This was a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We have made a recommendation for the provider to consider guidance on completing Mental Capacity Act assessments to ensure people who might struggle making decisions about their care were supported appropriately. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Risk assessments were in place, however some risks were not identified to provide sufficient or accurate information to provide direction for staff, or information about how to reduce risks.

People's care records gave guidance to staff on how to support people to meet their needs. Attention needed to be paid to ensure they were all person centred and not just focused on the agreed tasks that needed to be carried out.

People were supported to maintain good health. People were supported to meet their nutritional needs.

Staff treated people with kindness and compassion. People and relatives spoke positively about the care staff.

Staff received support and training and understood their responsibilities to identify and report concerns related to harm or abuse.

Staff worked with health and social care professionals in order to meet people's varied needs.

There were sufficient staff deployed to meet people's needs. The provider had recruitment and selection processes in place, these included completing checks to make sure new staff were safe to work with vulnerable people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were not always being managed safely due to issues with record keeping.

Risks to people were not always accurately assessed.

There were procedures in place designed to safeguard people from abuse.

Recruitment checks were in place and there were sufficient numbers of staff to support people and meet their needs.

Is the service effective?

Good

The service was effective.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). However, mental capacity assessments had not been completed for people who might struggle to make daily decisions.

Staff received training and support to ensure they had the skills and knowledge to meet people's needs.

People were supported with their health and nutritional needs.

Is the service caring?

Good

The service was caring.

People benefitted from being supported by staff who treated them with kindness and respect.

People were involved in their care plan and staff understood how to support people in line with their preferences.

Staff had a clear understanding of the importance of protecting people's dignity and privacy.

Is the service responsive?

Good

The service was responsive.

People's care records detailed their needs, although these records needed to include more person centred details.

People and their relatives knew how to make a complaint.

People were supported appropriately with their end of life care.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The systems in place to assess and monitor the quality of the service were not always been effective and had not identified the issues we found during the inspection.

The leadership created a culture of openness that made people and staff feel included and well supported.

The staff worked in partnership with health and social care professionals.

Angels Care At Home Ltd

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 was prompted in part by concerns we had about the training staff received and the support people received. The question 'Is the service safe?' had also been rated requires improvement at the November 2017 inspection.

This inspection took place on 11 and 12 December 2018 and was announced. We gave the service one days' notice of the inspection site visit because we needed to be sure the registered manager would be available.

The inspection was carried out by a single inspector. An expert by experience carried out telephone interviews on the 14 December 2018 with two people using the service and five relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the notifications we had received. A notification is information about important events which the service is required to send us by law.

At this inspection we spoke with the registered manager, operations manager, care co-ordinator and care supervisor. We looked at a range of records, including four people's care records, three staff employment records, training records and a sample of audits.

One relative emailed us their views on the service. We emailed 20 care workers for their views on the service and eight replied. We received feedback from two healthcare professionals and a commissioning and brokerage manager.

Requires Improvement

Is the service safe?

Our findings

At the previous November 2017 inspection, we rated this domain requires improvement. We had made a recommendation for the provider to review their medicines and auditing policies with regard to best practice guidance on the administration and recording of medicines.

At this inspection although the registered manager told us they had provided medicines training for staff, which we saw evidence of, and that the medicine tasks were all clearly recorded we found the systems for checking people were safely receiving their medicines still required improving.

We looked at how medicines were recorded and monitored. The registered manager confirmed there were two people who had their medicines directly given to them. However, after further discussions it became evident, that for another person, staff were opening the medicine dosette box and handing the medicines to the person. The registered manager had deemed this task to be prompting and not administering medicines to people. We were also told there was potentially another person who also required staff to take the medicines out of their container and this would also need to be reviewed. Therefore, people's support plans did not always accurately reflect the medicines tasks staff were expected to carry out meaning there were more people who needed their medicines to be given to them and for this to be made clearer in their care records.

People's Medicine Administration Records (MAR) were not audited on a regular basis to ensure they were accurate and that any errors could be identified quickly .We were shown the MAR for three people for the month of August 2018 but September, October and November 2018 had yet to return to the office. MAR should be returned to the office on a regular basis for audits on them to be carried out. On one person's MAR there were gaps where staff should have signed to show what medicine tasks had been carried out. Initially the gaps could not be explained and then for some of the dates we were informed the person was in hospital but staff had not recorded this on the MAR. In some cases, staff had recorded the letter 'X' but there was no evidence as to why medicines were not administered to the person.

For another person they did not have a MAR completed until three days after they started to use the service. In the daily records staff had recorded they had 'prompted' the person with their medicines when in fact the task was to give the person their medicines.

Due to previous findings at the last inspection and the recording and auditing issues we found at this inspection, we could not be reassured that people were always receiving their medicines as prescribed. The errors we found could have had an impact on people's welfare.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, people and relatives spoke positively about the support they received with their medicines, although the majority we spoke with managed their own medicines. One person said, "I take my own

medication, staff ask if I have taken it, they make sure I have taken it." A relative told us, "The care staff gives her, her medication they record it in a book every day."

In the majority of cases people had risk assessments in place which reflected their needs. They were designed to encourage people to maintain their independence. These assessments had provided staff with guidance on how to protect both the person and themselves from each identified risk. This included, risk of bathing, risks to fragile skin and the environment. Where a risk was identified, there was guidance on how to mitigate the risks to the person.

However, we identified that when certain important tasks were being carried out such as giving people their medicines and giving people their medicines via a Percutaneous Endoscopic Gastrostomy (PEG) risks were assessed as being low and therefore did not require risk assessments to be completed. We talked with the registered manager about potential risks when carrying out specific tasks and they confirmed following on from the inspection that these assessments were now in place.

We asked people if they felt safe using the service. One person confirmed, "Oh yes, I do, especially in the bathroom where they [staff] help me to wash and dress, they stand behind me as I tend to go backwards and reassure me that I am ok." One relative described, "They [staff] have to roll her side to side to check things and they reassure her she is safe whilst they do it." A second relative commented, "I feel I can go to work and she is safe with them and if there were any problems they [staff] would let me know."

Staff received safeguarding training and all knew to report concerns to the registered manager. Comments included, "Make sure they [person using the service] are safe first of all and report to my manager" and "Report it to the office. If they [person using the service] are being abused try to take the client out of the situation." The registered manager had recorded safeguarding concerns, along with action taken.

The plan was for the service to have an electronic system in place by early 2019. The new system would then easily show if visits were on time, how long the staff were at the visits so that late and missed visits could be more easily monitored and addressed. In the meantime, the registered manager relied on the visits to people's homes carried out by senior staff who would check the times staff had recorded that they had arrived and left a person's home and by people and their relatives phoning the office to inform them if visits were late. They recognised this was not ideal and could not show clear evidence of how many, if any, visits were late. Feedback from people indicated that there were no problems with visit times or missed calls.

Where possible people received support from the same familiar care workers and there were sufficient numbers of staff to care and support people in their homes. People told us, "Most of the time I get one in the morning and one in the evening sometimes a new one comes in but most of the time it is the same ones." One relative said they did have different care workers visit but they knew them all. They told us, "She [person using the service] likes different ones as it gives her someone else to talk to." However, two relatives said they did not know when there were changes to the usual staff member. Everyone we asked said staff stayed for the agreed length of time and would offer to do other tasks if the main ones had been completed.

The provider had carried out checks on the staff suitability before they started work at the service. There is a regulatory requirement that providers gain satisfactory evidence of conduct in any previous employment in the health and care services. Since the last inspection the registered manager had introduced a process for obtaining more than a five year employment history, where possible, from new staff. This was so that they had as much information on staff before they employed them. The provider obtained up to date Disclosure and Barring Checks, which detailed any criminal records. There was evidence that the provider had checked each staff member's identity. Staff had completed application forms which detailed their employment

history. On one employment file we saw there was no recorded evidence why a reference had not been sought from a previous care employer, rather than just obtaining a character reference. We were told this employer had not provided a reference but this had not been documented. The registered manager agreed to record clearly when they had been unsuccessful in obtaining a care employer's reference.

The provider had suitable procedures for preventing the spread of infection. Staff completed training in relation to infection control. They had access to personal protective equipment, such as gloves and aprons.

There were systems in place to record incidents and accidents. Two incidents had been recorded and the registered manager told us they would look for patterns and if required they would ensure that effective measures had been put into place to mitigate the risk going forward. Staff were clear that if there were any changes to people's needs they would report this to the office.

Good

Is the service effective?

Our findings

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves.

The registered manager initially told us there was no-one using the service who lacked capacity to consent to the care and support they received. However, through talking about people's ability to make daily decisions it was evident that one or two people might struggle to understand information given to them and make informed choices. The registered manager had a mental capacity assessment but had yet to complete this on anyone and felt it needed to be reviewed as it was long. They told us they would review those people who might require an MCA assessment and ensure this was actioned following on from the inspection.

Staff had received training about the MCA and understood how to support people in line with the principles of the Act. Staff told us, "I will always give them [people using the service] time to make their decision" and "I would inform them of their choices and be patient and supportive with their decisions."

We recommend that the provider seeks current guidance on carrying out MCA assessments.

People's needs were assessed prior to receiving a service. People and relatives confirmed, "One of the owners came out in the first place and had a chat with me before they took me on. They asked about what care I needed" and "Before I changed to them they [staff] asked me all about my previous care. I told them about changing the timings to suit me better."

People told us the staff knew how to support them. One said, "They [staff] know what to do, like turn my TV off at night at the plug and turn my radio on." A relative commented, "I think the staff are well trained, a new one came a few weeks ago, they hadn't done care before but she came around with other carers meeting the clients, I would say they are trained."

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff completed training on various subjects including, equality and diversity, moving and handling, first aid and food safety. They also received specific training when carrying out certain tasks. This included stoma care and assisting people who have a Percutaneous endoscopic gastrostomy (PEG), which is where a person is unable to take orally food or medicines.

A healthcare professional who provided advice and training on stoma care and PEG care told us, "The carers take note of the training and take on board the advice that is provided in order to maintain client safety within the community setting. This is paramount as our job is to avoid hospital admissions as well as supporting the wider community team where applicable."

Many people received their meals via a food company or via their relatives. Those who required help confirmed staff left them with snacks and drinks. One person said, "New staff ask if we want drinks" and another person commented, "I always have a drink bottle and if it needs topping up they do it, in the morning and evening." The registered manager told us if a person was at risk of malnutrition or dehydration then staff would record separately what meals and drinks they had given the person. A staff member confirmed to us, "If people have a special diet it will be in the care plan."

People's health needs were recorded in their care records. People and relatives, we spoke with said they did not need help from staff to attend or see healthcare professionals.

Good

Is the service caring?

Our findings

Overall people and relatives spoke positively about the care they received and the care workers. Comments from people included, "They [staff] are all brilliant, some are better than others, you have your favourites but they are all first class" and "They [staff] are all very, very nice. If ask them to do a little chore in the house and if I ask them to help, they will do." One person told us, "On the whole they [staff] are fine, sometimes there is a slight language problem, but I just ask them to repeat it and it is fine.

Relatives spoke of the help it gave them having staff visit their family member. One relative described how the staff who visited were really good. They told us, "On a Friday they [staff] always wash her hair as I can't do it on a Friday and that is wonderful as she loves having her hair washed and that makes a big difference to me. If anything was wrong, I would be the first to say it but they are wonderful."

People and relatives said the staff were caring. They told us, "They [staff] all make sure I am comfortable and my clothes are adjusted properly and they make sure I am ok before they leave" and "They are kind and caring towards her, as they are washing her all over, they talk to her as they do it and explain what they are doing." A member of staff told us, "I am always aware to treat people the way I want to be treated."

People said they were helped to maintain their independence. A relative also told us, "They [staff] help her [person using the service] to walk as this is her main aim.

People felt understood by the staff visiting them and that they were involved in decisions about their care. One person told us, "They do look after me very well." A second person said, "My usual carer knows what I want and I what I need." People confirmed staff sought permission before offering support to people. They confirmed, "The ones that come in know what to do and just get on and do it. If I get a new one [staff], I go through with them what I want and what I need and which way I want things done and they will do it for me."

People said staff respected their privacy and dignity. One person said staff were, "Very good about that." A relative told us, "He [person using the service] don't talk a lot but when he does they [staff] listen to him. Staff gave us various examples of how they respected people's privacy and dignity. One told us, "I would protect someone's dignity by always knocking upon entering or making myself known, changing or dressing them in a private place, shutting doors or curtains, also by respecting their right to make choices."

One person recalled being asked if they preferred male or female staff members visiting them, whilst others said they had not been asked but had female staff visit. The registered manager confirmed people were asked for their preferences and we saw from people's records it was noted if they expressed a preference. The registered manager also confirmed they actively recruited staff who could speak different languages, which helped if a person communicated in a language other than English. They told us they had been successful in hiring a Polish speaking staff member when a person using the service spoke Polish. This helped them have someone visit them who understood what they were saying and could make them feel comfortable receiving support from staff.

Good

Is the service responsive?

Our findings

People and relatives said staff followed people's support plans and there were open discussions between everyone involved in the person's life. Comments included, "They [staff] always do what they say they are going to do," "They [staff] do things correctly and I like things to be correct and at the moment it is wonderful" and "You feel you could talk to them [staff] and ask their advice and discuss things with us."

The feedback indicated that staff knew people's likes and dislikes. One relative explained, "[Person using the service] hobby was gardening but it isn't easy, now she can sit in a chair when the weather is nice. They [staff] help her to get outside in the summer if they have time in the schedule."

People's care records contained information about their health and social care needs. The care plans included some information about people's personal preferences and were focused on how staff should support individual people to meet their needs. However, on one person's care records the information was based around the tasks to complete, for example, 'Assist me to have a shower.' There was limited information about what the person could do for themselves and where they would need help. The registered manager told us they would review the information recorded on people's care records to ensure they included more detail and person centred information so that staff would know the important aspects of helping the person.

On another person's care records there was lots of good detail and guidance on how to support them as they had specific needs which staff would need to know about and follow carefully. This ensured the person was safely supported during each visit.

People and their relatives gave us feedback on whether they had complained about anything to the staff team. One person and a relative said they had no complaints, but knew who to speak with in the office if they had a concern. A relative said, "When they come in they are always cheerful and friendly and you feel you could talk to them and ask their advice and discuss things with us. I have never had any complaints about any of them." We saw the registered manager had logged two complaints along with action taken.

There was no-one receiving end of life care or had life limiting conditions. End of life care wishes were discussed with people and their relatives where people were happy to have this documented. We saw for one person they had been visited by an independent professional to ensure the person had the opportunity to talk about their wishes if they fell ill. The staff team were fully aware of this person's preferences. We saw recent feedback from a relative to the staff team, via email, thanking them for the support they had given the person and their family during the end of the person's life. They commented on the care and support staff had given to the person and that staff had gone the 'extra mile' in ensuring the person was safe, comfortable and had someone with them.

Several members of staff had completed end of life training with the aim for others, who would be working with people at the end of their lives, to complete this so that they had the knowledge and skills to meet people's needs.

Requires Improvement

Is the service well-led?

Our findings

Although there were some audit systems in place to monitor the safety and quality of the services provided to people, these had not effectively identified issues that we had found at this inspection. It was not clear how often audits occurred and we found recording issues with medicine administration records and inaccurate information recorded in daily records could have led to confusion in providing the correct level of support and care to people. There was no clear system for the registered manager to check staff files or people's care records to ensure they were confident everything was in place, accurate and up to date. Daily records were checked but were not returned to the office every month to ensure information was legible and appropriate.

On the first day of the inspection, one of the staff employment files had little evidence of the checks carried out on them whilst supporting people in the community. The registered manager told us staff would receive at least two spot checks on their work, two one to one supervision meetings and an annual appraisal. However, this was not readily available to see on the staff member's file. On a second staff member's file not all their training certificates were available on the first day of the inspection. We saw on the second day that some spot checks and training certificates were found and placed on staff files.

Although the registered manager told us staff spoke regularly on the phone with people and their relatives, there was no record of any telephone monitoring phone calls which would evidence how the staff team obtained feedback on the service. They agreed to formalise this so that staff knew when to carry out these additional checks to ensure people's needs continued to be met.

Risks to people had been identified as low, when in fact some tasks could have led to people being placed at risk of harm without a detailed risk assessment being in place. This was only actioned once this was identified during the inspection.

The provider is required by law to visibly display their CQC rating at their premises and on their website, if they had one. We found that the current rating was displayed in the office at the time of inspection. However, prior to the inspection, we identified that the provider's website did not display the current rating. This was the second time we had identified this over the past five months and brought this to the registered manager's attention. The operations manager confirmed the website would be closed until the rating could successfully be put onto the website. We saw shortly after the visit that this was actioned.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager confirmed they had looked at ways to improve the service and were confident that once the new electronic monitoring system was in place early in 2019, they could then easily track visit times and effectively see if there were any patterns and trends when visits took place and look at ways to improve people's experience of the service. This would then help with developing a better overview of the service as it continued to grow.

We asked people what was the best thing about the service. One person said, "The best thing is the service. I don't think I could get better service from other companies, I couldn't do any better than be with the Angels." A second person told us, "The best thing is that they have one hour slot and they [staff] tend to come at the same time and if they have the same person coming you don't have to explain every time and they are used to your routine and they just get on with it, it makes life a bit easier." A relative explained, "It is the regular contact from people outside the house talking to her and giving her the care, she needs. She is happy with the carers who do come in."

People's views about the care they received was sought through satisfaction surveys. The people we spoke with said they did not remember receiving a satisfaction survey. However, we saw evidence of 2018 surveys and the results of these. The operations manager had sent a summary of the results to people and their relatives and due to the feedback, reminded people how to make a complaint to the staff team.

Staff gave us positive feedback on the support they received. Comments included, "This agency is like belonging to a family, we are all a team and have one aim, which is to care for people who need it" and "I don't think anything needs to improve. I can get hold of anyone when I have any problems or concerns." Staff were supported through group meetings being held and received recognition if they went over and above their usual duties.

The registered manager and staff based in the office worked alongside other external health and social care professionals. One relative confirmed, "All I can say is everything they have put in place is ok. They are always there when we ring up and they contacted the district nurse for [person using the service] recently." Feedback from two healthcare professionals were complimentary about the service. One told us, "The [registered manager] is always very positive over the phone and has a 'can do' attitude, she is good at communicating on behalf of her carers." Whilst another said, "I have always found [registered manager] to be warm and welcoming whist maintaining a professional approach. [Registered manager] is very proactive and will always contact me direct with any concerns related to the feeding tubes or feeding pumps."

The registered manager had a social care qualification. They kept up to date with current good practice through updates from Skills for Care, which is an organisation who provide support and guidance for providers and care staff and the local authority. They attended meetings also with these organisations so that they could share ideas and hear updates about working in social care. The registered manager recognised that using an external company's policies and procedures would ensure information given to staff and people using the service would always be up to date and refer to current legislation. Therefore, they were going to be using these by January 2019.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not always establish and operate effective systems to assess, monitor and improve the quality and safety of the services provided. The registered person did not always maintain an accurate and complete record in respect of each service user. Regulation 17 (1)(2)(a)(c)