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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Angels Care at home limited is a small domiciliary care agency supporting people in their own homes with a range of individual needs. At the time of our inspection six people were using the service.

The service had a registered manager in place at the time of 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People reported feeling safe with the service offered. There were systems in place to protect people from the risk of abuse and potential harm. Staff were aware of their responsibility to report any concerns they had about people's safety and welfare.

There were enough staff deployed to fully meet people's health and social care needs. The registered manager had systems in place to ensure safe recruitment practices were followed. However we saw for one person only personal references had been requested and not one from a previous employer. The registered manager has agreed to address this.

People's relatives spoke positively of the care their loved ones received and praised the staff for their kindness and patience. One person commented "Staff are so nice and helpful" and a relative said "They are living up to their name, they are caring, all I see is care".

Where challenging behaviour was displayed there was no guidance in the care plans for staff to follow on how to support them through this and alleviate their distress. For people needing assistance with applying prescribed creams there was no protocols in place on how and where to administer this. We have raised this with the registered manager who is going to ensure the information is clear and available to staff.

People's needs were regularly assessed and reviews held on meeting these needs. Relatives said they were involved in planning their family member's care and were happy to express their views or raise concerns.

The registered manager did not have a duty of candour policy in place for the service and was not aware of this regulation. We made this a recommendation to the registered manager.

The registered manager had systems in place to monitor the quality of service provided and people, their relatives and staff told us they had confidence in the manager's leadership skills.

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 and staff told us they felt safe.

Staff were confident in recognising safeguarding concerns and potential abuse and were aware of their responsibilities in protecting people.

The provider had systems in place to ensure people received their prescribed medicines safely.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to provide the support people required.

Staff were well supported with regular supervisions and meetings with their managers which offered the opportunity to discuss performance and progression.

People were supported to access healthcare services when required.

Is the service caring?

Good

The service was caring.

People and family members gave us very positive feedback about their care workers and told us they were caring.

People's privacy and dignity were respected. People were involved in making decisions about the support they received.

Is the service responsive?

Good

The service was responsive.

People received regular reviews of their care needs and the service was responsive in implementing changes to support

people effectively.

Guidance was not always in place in people's care plans to ensure a consistent approach to care would be followed.

People told us they knew how to raise any concerns or complaints and were confident that they would be listened to and acted upon.

Is the service well-led?

Good

The service was mostly well-led.

The registered manager did not have a duty of candour policy in place and was not aware of this regulation.

The registered manager provided strong leadership, demonstrating values, which were person focused.

The service carried out regular audits to monitor the quality of the service and to identify any improvements required.

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 took place on 10 February 2016. This was an announced inspection which meant the provider had short notice that we would be visiting. This was because the location is a small service and we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf. The inspection was carried out by two inspectors, one who visited the service and one who made phone calls to gather the views of people using the service, their relatives and staff. This service had not been previously inspected because it is a newly registered service. This was the service's first inspection.

Before we visited we looked at notifications we had received. Services tell us about important events relating to the care they provide using a notification. During our inspection we spoke with the registered manager, two people using the service, three relatives and six members of staff. We looked at documents relating to people's care and support and the management of the service. We reviewed a range of records which included four care and support plans, four staff files, staff training records, policies and procedures and quality monitoring documents.

Good

Is the service safe?

Our findings

People benefited from a safe service where staff understood their responsibilities regarding safeguarding people from abuse. Care staff were aware of the different types and signs of abuse, and knew their responsibility in reporting any concerns promptly. One carer told us "I'd go straight to the manager". Another carer said "I would flag it" if they had a concern. Staff told us they had completed safeguarding training and were also aware of the local authority and CQC as possible avenues for reporting abuse. One staff member referred to whistleblowing as "When you can report something you're not happy with – you can raise it without any comebacks". However not all staff we spoke with were familiar with the term 'whistleblowing'. We have informed the registered manager who is going to address this with staff.

One person told us they felt safe with their care. They told us staff were "very, very good" and checked each morning they had drunk some tea and taken their medicines. They said "We have a pull cord and a pendant alarm for emergency use".

Relatives told us their family members felt safe with the service provided. One relative said about the provider's care "We feel that my mother is in a much safer position and referred to having a "Whole level of confidence". They added that staff raised any concerns arising from home visits. Another relative said their relative was "A lot safer than if he didn't have the care provided".

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. We saw in people's support plans a vulnerability evaluation had been completed which considered a person's social contacts, other health professional involvement and geographical location and if necessary an additional risk assessment would be completed. The registered manager told us they "Keep people safe by having an in-depth support plan".

One person had a moving and handling risk assessment in place which was very detailed, providing guidance for staff on each of the different transfers, for example from their wheelchair to the bed or the wheelchair to their shower chair. Fire evacuation procedures had been completed so staff knew the safest way to assist someone from their home in an emergency.

We saw adverse weather letters had been sent to people explaining that in extreme weather conditions certain people will be made a priority if they require assistance with medication or nutrition or had no close family nearby to assist them. Emergency numbers were further provided for people should they need external help in such a situation.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. One relative said "Carers turn up at the right time and they stay for the full allocated time". This was important because the person became anxious if carers were late. Another relative added that a weekly staff rota was sent to people. This meant people knew which carers would be visiting.

A senior member of staff explained that their "Main role is to look after schedules" and to "Make sure that

everything runs smoothly". Sometimes, senior staff would make visits "If a call is not covered." Another staff member said "I'm never late for a home visit". The registered manager commented "We haven't had much sickness, we are a small company" Both the office administrator and care coordinator were trained to deliver care and provided back up cover when required.

Staff files showed that Disclosure and Barring Service checks (DBS) had been completed. A DBS check helps employers make safer recruitment decisions and prevents unsuitable people working with vulnerable people. However, we saw in one person's file that two personal reference requests had been sought and not one from a previous employer. We raised this with the registered manager who was unsure why this had happened and is going to request an employer one. All other staff files we looked at had references from a previous employer.

There were safe medication administration systems in place and people received their medicines when required. We saw in people's support plans medicine risk assessments had been completed. While some people managed their own medicines, staff prompted other people or administered it from monitored dosage systems when further support was needed. One person told us they managed their own medicines commenting "I know what I have to take". They added that carers would ask to ensure they had remembered to take their medicines "They're so good". The registered manager had created their own medicine administration paperwork for staff to record on, and we saw no gaps on any of the records we looked at. Medicine audits were completed monthly and a medicine error and investigation form was in place, there had been no medicine errors at the time of this inspection.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included "Staff are competent, all extremely nice and well turned out" and "Staff seem to have a good understanding of people's needs".

Staff told us they had completed training which included safeguarding adults, fire safety, infection control and moving & handling. A staff member we spoke with told us they had recently undertaken dementia awareness training. One carer said they approached the registered manager if they felt they needed training in any specific subject. Another staff member stressed the importance of practical and experiential learning saying "I don't think anyone should use a hoist until you've been in one yourself".

Staff told us their training was completed mostly by e-learning on the computer. Practical training in moving and handling and the administration of medicines was conducted by observing and 'shadowing' experienced carers on home visits. Carers were then assessed for competence by the service manager. One staff told us their medicines training included carrying out the procedure safely and the importance of completing the medication administration record.
When we asked whether the provider had a training area for staff to learn practical skills such as the principles of safe use of the hoist, a senior staff member told us that there was no training room for this currently but that the registered manager "Has looked into it already", including hiring equipment for training.

New starters had a probationary period which included training and shadowing another member of staff. One staff said "I shadowed for longer than a week, I think they like to build up your confidence". The registered manager told us the induction depended on what the individual needed and that they could shadow for as long as was necessary. We saw the induction training followed the common induction standards with a workbook for staff to complete on subjects such as equality and inclusion, person centred care, privacy and dignity and mental health. Staff received their employee handbook, safeguarding, medicines and health and safety policy and procedures on a USB stick (computer data storage device) in order to save paper and be user friendly.

Staff we spoke with had received regular supervision meetings with a senior or the registered manager which were helpful to their practice. We reviewed these supervision minutes and saw staff had the opportunity to discuss their performance management, learning and development support, and personal reflections. Staff we spoke with referred to recent supervision meetings and could recall annual appraisal meetings, "July last year" in one case. We saw spot checks were carried out once a month to ensure people were receiving appropriate care from the staff team.

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 legally authorised under the MCA. For people

receiving care in their own home, this is as an Order from the Court of Protection. The registered manager confirmed no one was currently under the court of protection.

Staff we spoke with had completed training on MCA. One carer mentioned the Deprivation of Liberty Safeguards (DoLS) accompanying the Mental Capacity Act 2005 and the Court of Protection. Another carer had done training but found it difficult to recall any key principles.
Staff demonstrated understanding around the importance of gaining consent. They referred to asking people's choices for example "If he wants a bath" or "finding out what the person would like for breakfast". Relatives told us carers always sought consent before giving personal care and explained the nature of the care to be provided.

One person currently being supported sometimes lacked the capacity to make their own decisions and the registered manager told us a relative had power of attorney for this person. The registered manager had not seen this document and we spoke about the importance of ensuring decisions are taken with people who have the legal authority to act on that persons behalf. At the time of our inspection this person was still able to consent to aspects of their care that the service provided. The registered manager is going to request to see this document is in place.

People we spoke with told us staff ensured that drinks and food were available for them. Where it was required food and fluid charts had been put in place. These were collected monthly by the care coordinator, who would also check there were no concerns. The food and fluid charts were audited at the office and any concerns raised with the person themselves, or their next of kin and GP if necessary.

People's changing needs were monitored to make sure their health needs were responded to promptly. A senior member of staff gave an example of a carer who reported to the office that a person was unwell. The service liaised with the person and their family to support them and access health services. We saw from people's care plans various professionals were involved in assessing, planning, implementing and evaluating people's care and treatment, for example the district nursing team. People and their relatives told us the service was flexible in working with health services. One person commented "A carer took me to hospital (for an appointment) and stayed with me".

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. People said "Staff are so nice and helpful", "It's like having a nice daughter or granddaughter", "I am happy with the care" and "The carer knows what she is doing".

Relatives explained staff provided personal care such as assistance in getting up and support with personal hygiene. One relative said carers had assisted their family member to attend health appointments. A relative told us "Staff seem very good" and the service provided meant that "I don't have to worry so much. The pressure is taken off". Other relatives commented "My relative feels totally confident that she can live at home with the support provided", "The care has given [X] a new lease of life", "staff are most definitely caring and really kind, they do over and above what is expected and it's not just a job" and "They are living up to their name, they are caring, all I see is care".

The registered manager told us they match staff to the customer, and ensure staff support regular people so "It is on a personal basis, we deliver what we promise". One staff member told us the people they supported were "Really friendly" and they enjoyed their role saying "I love my job".

We saw the service had a staff newsletter which was sent out monthly and informed staff of any upcoming birthdays and reminded them to wish the person 'A happy birthday'.

People were supported to make decisions about their care and we saw in care plans people had signed to say they had been consulted and were happy with the care plan in place. The registered manager has asked people if they would like to see staff wearing a company uniform, but people had declined in favour of staff attending visits in normal clothes with identification badges. The manager said this choice was asked to everyone and reviewed on a regular basis. Aprons and gloves were still issued for any personal care support.

At the time of our inspection the service was setting up a live in package of care and the registered manager was attending to this care herself whilst interviewing for staff with the family to ensure they would be happy and comfortable with the employees who are recruited.

Staff we spoke with understood the importance of respect and dignity in care. One relative said "The carers treat my mother with respect". Another relative told us "My family member's wishes are respected. Care staff never do anything intrusive".

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists and counselling was offered to staff from the district nursing team. We saw in people's care plans that discussions had taken place with people about how they would like to be supported with their end of life.

Good

Is the service responsive?

Our findings

We saw recorded in one person's care plan they sometimes displayed vulnerable or challenging behaviour, and needed support in 'calming'. There was no reference to what 'calming' meant or guidance in place for staff to follow to ensure a consistent approach. The registered manager explained this behaviour is infrequent, and that staff knew how to support the person. Another person was receiving assistance from staff in applying prescribed cream. There was no body map or information documented to know how much cream, or to which areas it should be applied too. We raised this with the registered manager, who will ensure this information is clearly documented in the care plans.

Care plans contained information about the person's likes, dislikes and people who were important to them. People's life history had been recorded and any expectations they had for the future. Relatives told us staff knew the people's needs well and took their individual needs into account. One relative said "The service has been very good at responding to [X] care needs and flexible in adapting care arrangements during the Christmas holiday period". Care staff told us people's care plans were person-centred and reflected "What the person wants because it's their choice".
Staff explained they did not write in the care plans but completed a daily log of events from each care visit. These were collected and audited by the office staff monthly, and staff knew to ring in immediately if they had concerns. We reviewed people's daily logs and saw for one person recordings were very task focused and not about the person's wellbeing. This was not representative of all the care notes we viewed

People's needs were reviewed regularly and as required. Reviews were completed with the individual concerned unless they needed or chose to have family involved. Several relatives we spoke with had participated in six monthly reviews, in the form of home visits from a senior member of the provider's staff.

A senior member of staff told us that they made a monthly visit to refresh paperwork and review the care plan, saying "I take everything out". During this visit, an observation of care (spot check) would also be made to ensure service quality. We saw evidence of these review meetings in people's care plans which recorded that people had been asked if they were happy with the care provided, the care staff, and any other concerns discussed.

Relatives were kept informed about their family member and felt reassured by regular updates. One relative said "The service keep me updated on everyday matters" and if carers noticed any changes the provider would then call them. They said "If an issue arose they'll always fix it. Normally we get everything resolved". Other comments from relatives included "We are encouraged to contact the service, if I've got any questions, I have phone numbers for two of the managers", "The manager is always available and can be contacted via mobile during the evening" and "The service respond very quickly".

People's concerns and complaints were encouraged, investigated and responded to in good time. The service had received two complaints to date and we saw these had been managed appropriately. The registered manager told us "We tell people at assessment to call me, email, write or tell your main carer, we accept complaints in whatever way the person wants to make it". One staff member said "Any issue a person

or their relative raises would be flagged up and dealt with straight away". Any informal complaints made by people were recorded in the daily communication notes for other staff to be aware of.

A questionnaire had been developed by the manager which would gather feedback from people and their relatives and was planned to be sent out yearly. The registered manager explained any compliments received were shared with staff via the newsletter, "I will also phone that member of staff if it is an individual compliment and praise them".

Good

Is the service well-led?

Our findings

The registered manager did not have a duty of candour policy in place. The duty of candour ensures that providers are open and transparent with people who use services in relation to care and treatment. The registered manager was unaware of this regulation or what it meant when we asked. We explained about this regulation to the manager who said in daily practice this was all things the service was and would do. The registered manager was going to ensure this policy was put in place immediately. We have made this a recommendation to the registered manager.

The service promoted a positive culture with a visible registered manager who was available to support people and staff effectively. Staff told us "The (registered) manager is good at her job" and "The service is very well led, the team is like a little family". We saw a recorded comment from a staff member which stated "A proud company to work for".

Relatives had confidence in the management and direction of the service commenting "The service is definitely well led and the manager seems very well organised", "Everything seemed to go right from the outset", "I have direct contact with (the registered manager) fabulous, very caring and worries about relatives because she sees it as a bigger picture" and "She's always available, the service is of a high quality, I couldn't ask for anything more".

The registered manger spoke with us about her previous experience in the health and social care sector which she said had set her in good stead to launch her own service. The registered manager spoke about being hands on saying "While we grow the business I'm doing hands on care but then staff will need my help in other areas, my customers have seen me turn up to their door to cover shifts, they know me, I'm not fazed by anything I love my job".

Staff benefitted from a registered manager that supported them and felt valued in their roles. Comments included "The (registered) manager is always in touch", "The (registered) manager is brilliant and listens to everything" and "The (registered) manager would always help and guide us". There were already senior roles within the service for staff to progress into during their development and the registered manager discussed that as the company expands more senior roles will be developed.

The registered manager had supportive networks from good relations with external professionals such as, district nurses and occupational therapists who were happy to provide customer specific training if needed. The registered manager also commented that she received good support from her own staff team.

The service is newly registered and the registered manager spoke about establishing the service and expanding whilst retaining the personal element and quality of care, saying "I would say yes to taking on every customer but that is not possible".

The registered manager was aware of their responsibilities in notifying CQC about significant events. This information was used to monitor the service and ensure they responded appropriately to keep people safe.

Quality assurance systems were in place to monitor the quality of service being delivered. We saw from the registered managers quality assurance folder that information relating to medicines, accidents and incidents, staffing and care plans were audited and collated to inform practice.

We have made a recommendation to the registered manager that a duty of candour policy is put in place.