

Angels Healthcare Ltd

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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 Healthcare Limited is registered as a domiciliary care service which provides personal care and support to people in their own homes. At the time of our inspection visit the agency supported 83 people, 82 of whom received the regulated activity of personal care.

We visited the offices of Angels Healthcare Limited on 25 January 2017. We told the provider before the inspection visit we were coming so they could arrange for members of staff to be available to talk with us.

The service had a registered manager. 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 felt safe using the service and there were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely. Care workers understood how to protect people from the risk of abuse and keep people safe. Care workers suitability and character was checked during the recruitment process to make sure they were suitable to work with people who used the service.

The registered manager understood the principles of the Mental Capacity Act 2005 (MCA), and care workers respected people's decisions and gained people's consent before they provided personal care.

There were enough care workers to deliver the care and support people required. People said care workers arrived around the time expected and stayed long enough to complete the care people required. People told us care workers were kind and knew how they liked to receive their care.

Care workers received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. People told us care workers had the right skills to provide the care and support they required. Care workers told us they had knowledge of how to support people from having time to get to know the individual and through information in their support records and risk assessments.

People knew how to complain and information about making a complaint was available for people. Care workers said they could raise any concerns or issues with the management team, knowing they would be listened to and acted on.

Staff felt supported to do their work and people felt able to contact the office and management at any time. There were systems to monitor and review the quality of service people received and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys, spot checks on care workers and a programme of other checks and audits.

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.

Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were procedures to protect people from the risk of harm and care workers understood the risks relating to people's care. There were enough care workers to provide the support people required. People received their medicines as prescribed. There was a thorough staff recruitment process so that the provider ensured care workers were of good character.

Is the service effective?

Good 

The service was effective.

People were supported by care workers who had the relevant skills and knowledge. Care workers were able to request additional training. People were asked for their consent before support was provided and best interest decisions were made for people who could not make specific decisions. People were referred to healthcare professionals if there was a change in their health needs. When people were supported with their meals they were offered options of foods that they enjoyed and which met their nutritional needs.

Is the service caring?

Good 

The service was caring.

People were supported by care workers who they considered kind and who respected people's privacy and promoted their independence. People received care and support from consistent care workers that understood their individual needs.

Is the service responsive?

Good 

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Care workers understood people's individual needs and were kept up to date

about changes in people's care. People knew how to make a complaint and the registered manager dealt promptly with any concerns or complaints they received.

Is the service well-led?

The service was well-led.

People were satisfied with the service and said they were able to contact the office and speak to the management team if they needed to. Care workers felt able to raise any concerns with the management team. The management team provided good leadership and regularly reviewed the quality of service provided. The registered manager was actively involved in developing and improving the service.

Good ●

Angels Healthcare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 visit took place on 25 January 2017 and was announced. We gave the registered manager 48 hours' notice that we would be coming, so they could ensure care workers would be available to speak with us. The inspection was conducted by one inspector 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.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted local authority commissioners to find out their views of the service. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

We spoke with 13 people who used the service and 12 relatives by telephone prior to our inspection visit to the office, to gain their views on the care they received. During our inspection visit we spoke with the registered manager and three care workers. We reviewed five people's care records to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including quality assurance audits and records of complaints.

Is the service safe?

Our findings

People and relatives said they felt safe with care workers. One person told us, "I do feel safe because I have got to know them and they know me." Another person said, "I feel comfortable and safe with all of them and they know how to handle and move me." A relative said "They keep [name] safe. They are always at hand, such as when he uses the stair lift, they are there to supervise [name]."

People were supported by staff who understood their needs and knew how to protect them from the risk of abuse. Care workers we spoke with had a good understanding of abuse and how to keep people safe. Care workers understood what constituted abusive behaviour and their responsibilities to report this to the management team. One care worker told us, "We have safeguarding training. It included different types of abuse. I would report any situation where a person was harmed to my manager." Records showed that when concerns had been raised with the registered manager these were then referred to the local authority safeguarding team. This meant the provider followed their safeguarding policies and procedures to ensure the safety of people who used the service. The registered manager kept us informed of the outcome of safeguarding referrals and any actions they had taken that ensured people were protected.

There was a procedure to identify and manage risks associated with people's care. Assessments of people's care needs were completed when they started to use the service and these identified any potential risks. For example, one person had a health condition which meant they could become aggressive towards care staff. Their risk assessment included information about how staff could support this person if their behaviour became challenging. The care plan also included what steps could be taken to reduce the likelihood of aggressive behaviour. Care workers explained to us how they would support this person if they became aggressive and their responses corresponded with the information in the risk assessments.

Care workers told us that they were kept informed about any changes in people's needs by the management team and this information was recorded in the risk assessments. The registered manager told us that risk assessments were reviewed regularly but if any risks changed they would be updated immediately. Records we saw had been updated with changes in people's risks.

There were enough staff employed to support people safely. People told us their care workers arrived at the time expected and that they were able to spend time talking with them. A person told us, "I have regular carers which I like and they arrive at the time they are supposed to." Another person told us "They are usually on time. Only occasionally late and there have never been any missed calls." The registered manager and staff confirmed there were enough care workers to allocate all the calls people required. Care workers told us if there was an unexplained delay, for example traffic hold ups, they may arrive later than expected. Care workers said they either phoned the person or asked staff at the office to let people know they were running late. People confirmed this happened. We viewed staff rotas for the four weeks prior to our inspection visit and saw that all calls had been attended.

The registered manager had plans which were to ensure the service continued to operate in the event of unexpected events. For example in the case of extreme weather conditions. These plans meant that people

would continue to receive their care from the service.

Recruitment procedures ensured, as far as possible, staff were safe to work with people who used the service. Staff told us and records confirmed, that they had to wait until their Disclosure and Barring Service (DBS) and reference checks had been completed before they started working with people unsupervised in their own homes. The DBS assists employers by checking people's backgrounds and criminal history.

People were supported to take their medicines safely by staff. One person told us, "They put the medication out and check that I have taken it. It's always been fine." A relative told us "They are fine with the medication. He has 'blister packs' but I leave a little prompting note for the carers just in case it's a new girl [staff member] but there has never been a problem." Care workers told us, and records confirmed, they had received training to administer medicines safely which included checks on their competence. One member of care staff explained that after they had completed their medication training and checks, they were observed by their manager administering the medicines before being considered competent to do this without supervision.

When care workers were administering people's medicines it was recorded in people's records that medicines had been given and staff signed a medicine administration record (MAR) sheet to confirm this. Completed MARs were checked for any gaps or errors by care workers during visits. Completed MARs were returned to the office every month for auditing. By completing these checks the registered manager and team leaders were able to monitor that medicines had been recorded as administered accurately. The registered manager explained to us that if any errors were found this would be discussed with the member of staff and they would have their competencies reassessed. Following this, if further training was necessary, the member of staff would not be able to administer medicines until this had been completed. The MARs we saw had all been completed correctly and had no missing signatures.

Clear instructions were in place for medicines that were prescribed 'when required', such as pain relief or to reduce anxiety. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. Information was documented in people's care records about what the medication was and when it was to be used. This information corresponded to information on the person's MAR chart. Records showed that people were not given 'as required' medicines unless they needed it.

Is the service effective?

Our findings

People said staff had undertaken training and knew how to provide the care and support they needed. One person told us "They (care workers) use two hoists with me and a through floor lift. We use a ceiling hoist and I feel very safe with them using this equipment." A relative said "You can tell they understand dementia in how they treat and speak to [Name]." They went on to explain that care workers were able to support the person in a way that did not cause the person to become agitated or distressed.

Care workers told us they completed an induction before they supported people that included training which the provider considered essential skills in order to meet people's care and support needs. Care workers also told us they spent time with experienced members of staff to learn how to support people who used the service. One person said, "They always send new staff with an experienced one- they call it shadowing."

The induction training was designed so that staff completed the Care Certificate. The Care Certificate is a recognised qualification, acknowledging staff have achieved fundamental skills and knowledge expected from staff working in a care environment.

Care workers told us they felt confident and suitably trained to support people effectively. A care worker told us, "The training is very good; it helped me to feel confident in my role. We do refreshers every year." Records confirmed care workers received regular training to help them keep their skills up to date and provide effective care to people.

Care workers told us they were encouraged to complete qualifications in care. A care worker said "The training is good and they (Registered manager) encourages you to do other qualifications, I've done my NVQ level 3 in health and social care." An NVQ is a nationally recognised qualification. This encouraged staff to build on their knowledge and to use this to improve the level of care they provided.

Care workers told us their knowledge and learning was monitored through one to one meetings with their manager and unannounced 'observation checks' on their practice. Care workers said they had regular supervision meetings to make sure they understood their role. A care worker explained they found the one to one meetings beneficial. They said, "My supervision is good, I get feedback about what I've been doing well or we can talk about any training that is coming up."

Staff told us that they received unannounced 'spot checks' by their managers. The registered manager told us that during observation checks senior staff looked to see if care workers performed their duties according to the provider's policies and training. They explained that during these observations the senior staff checked if care workers were dressed appropriately and had their identity badge. They also checked care records and made sure care workers recorded what they had done accurately. They said during visits to people's homes they talked to the person about the care they received and asked them if they were satisfied with their care workers. Records confirmed care workers were observed working in people's homes to ensure they had put their learning into practice.

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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. The application procedures for this are in the community are called the Community Deprivation of Liberty Safeguards (Community DoLS).

We checked whether the service was working within the principles of the MCA. We found the registered manager understood their responsibilities under the Act. They told us there was no one currently using the service that needed a community DoLS but that they understood how to apply for one. We were told some people lacked capacity to make certain complex decisions, for example, how they managed their finances. These people all had somebody who could support them to make these decisions in their best interest, for example a relative or an independent advocate. An advocate is a person who speaks on behalf of a person to ensure that the person's preferences and opinions are considered when making a decision in their best interest.

People told us care workers asked for their consent before they provided care. Care workers had completed training in MCA and knew they could only provide care and support to people who had given their consent, or if they did not have capacity to give consent it was agreed that it was in the person's best interest. We asked care workers what the MCA meant; one told us, "Some of the people we look after have dementia which can affect how they can make decisions. We can't assume they don't have capacity, but if we think that they don't we have to complete a capacity assessment and then make sure any decisions are in their best interest." Another person explained "Not everyone we support has capacity to make all decisions, for example [Name] has a power of attorney who manages their finances but they can make decisions about what they want to eat or drink. It's important not to take choices away from them or make sweeping judgements." In people's care records it was documented what decisions people could make for themselves and when decisions were made in people's best interest.

Care workers supported some people with their meals. One person told us, "When they are getting me the meals they always ask me what I want to eat, they give me choices." Another person said, "They go to the freezer. Tell me what's in there and I choose what I want." The registered manger explained that if a person was identified at risk of malnutrition, or dehydration, food and fluid charts were used to monitor what they ate and drank. They went on to say that they would inform the GP or district nurse of any concerns they had and any recommendations made by health professionals were included in the care plans.

People were supported to manage their health conditions where needed and had access to health professionals when required. One person told us "[Name] has rung the GP for me because they realised that I had a chest infection and the Doctor came out to me." A relative told us "They are quite observant. My relative had a mole on their back which they (care worker) noticed had changed and we had it removed." They went on to say "[Name's] legs sometimes swell and we might not notice as we don't wash them. They (care workers) will point it out when it happens and ask us to contact the doctor." A care worker said "If I have any concerns about someone's health I call the office to tell my team leader and I will suggest the person or their family contact their GP or district nurse." Records confirmed the service involved other health professionals with people's care when required including GPs, district nurses and mental health services. Care records showed that information and guidance from other health professionals was included in the person's support records, which ensured care workers were aware of it.

Is the service caring?

Our findings

People told us care workers were kind and treated them with respect. One person said, "They are so nice. You get quite friendly with them." Another said, "My regular carer is fantastic. They are so friendly and a dog lover which helps as I have dogs. All the other carers are good too. They are very caring and sympathetic and they all always ask me how I am before they start washing me." A relative said, "I can't speak too highly of the staff. They are so kind and thoughtful and chatty with my relative. They chat to me too. [Name] is very happy with them. They always ask, 'Is there anything else you would like us to do?' before they go."

Care workers respected people's privacy and dignity. A person told us "They (care workers) are very respectful, I've never felt uncomfortable with them." One member of staff explained how they respected people's dignity. They told us that when they provided personal care they made sure all doors and curtains were closed and that people were not left exposed.

People confirmed they were supported by regular care workers. One person said, "I have the same carer every day and they are fantastic and always on time unless there is an emergency with another person which is rare." A relative explained "There is a group of about 14 carers who alternate looking after [Name]. I get a rota if I ask for one and they generally stick to it. It has improved in this aspect over the last 2 years." Continuity of staff helped care workers to have a good understanding of people's care and support needs. They told us they supported the same people regularly so they knew people's likes and preferences. Care workers told us they also read the person's care records to gain further information. We looked at the call schedules for people who used the service; these showed people were allocated regular care workers.

People told us they were supported to maintain their independence. One person told us they had a health condition which limited their mobility. They explained, "They have really helped me to be as independent as possible. They are always pleasant and let me get on with things whilst being there to help me if I need it. They also treat me like anybody else which I like." A care worker explained to us, "It's important that we let people do what they can, they might need our help with some things but that doesn't mean they can't do anything for themselves. People like services like this one so they can keep their independence in their own homes, it's very important to them."

New para People said they were involved in making decisions about their care and told us they were able to ask care workers for things they wanted. People said they had been involved and consulted when their care was arranged. Records showed that people had signed and agreed to their care plans.

One person was receiving end of life care, their relative explained that an end of life care plan had been created in consultation with health professionals, care workers and themselves. The relative said, "They are amazing. [Name] is now receiving end of life care and we also have the Marie Curie nurses coming. The Angel carers are very sensitive in their care for [Name]. They always tell [Name] what they are going to do even though [Name] can't communicate now... Nothing is too much trouble for them. My relative has taken a turn for the worse this week. I don't want [Name] to go to a hospice and I'm waiting for the Marie Curie Nurse to advise me. As long as I can keep [Name] pain free and with Angels help I hope I can keep [Name] at

home."

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them and felt that the service they received met their needs, choices and preferences. One person said "[Registered manager] came out to do the care plan. She made the whole thing easy to understand." A relative said "Registered manager came out at the beginning to do the care plan. She was great and we felt that she really listened." Another relative said, "They have reviewed the care plan. When my relative started needing the hoist they retyped the plan and we signed it. The carers always write everything in the folder."

Care workers we spoke with had a good understanding of people's care and support needs one told us, "We usually support the same people so we get to know them really well and learn what they like or don't like." Another care worker told us, "If anyone's care needs change it is recorded in their support plan but if it is something that we need to know immediately our team leader will phone us to tell us." Care workers told us they referred any changes to people's care and support needs to the office staff or the management team, and records were reviewed and updated quickly so they had the required information to continue to meet people's needs.

Care records provided care workers with information about the person's individual preferences and how they wanted to receive their care and support. There were instructions for staff about how to provide the care people required. For example one person, who had limited mobility, had a care plan which had details of how they wanted to be supported to transfer from their bed or from a chair. Records of calls completed by staff confirmed these instructions had been followed. The records we viewed had been reviewed and updated as needed.

We looked at how complaints were managed by the provider. People said they would raise any concerns with the management team in the office. One person said, "I've never had to make a complaint but I would feel comfortable doing so if needed because I know they would take it seriously." Care workers knew how to support people if they wanted to complain, we were told, "People are given information when they start using the service which tells them who to speak to if they're not happy." Two complaints had been received in the twelve months prior to our inspection visit. These had been responded to by the registered manager in line with their complaints policy and actions taken had been recorded. The registered manager recorded the complaints which allowed them to monitor them for any trends. No trends had been identified at the time of our inspection visit.

People spoke positively about the service and in the twelve months prior to our visit the provider had received 28 compliments about the care provided and the approach of the care workers. Feedback from the quality assurance questionnaire praised the staff's approach and skills as well as the support they received each day.

Is the service well-led?

Our findings

People said they were happy with the service they received and how the service was managed. One person said, "They seem very organised." A relative commented, "I was very impressed with (registered manager) when they came out to see us. They looked very smart in appearance which I think is important and very professional."

Care workers told us they felt supported by the management team. One told us, "I can speak to the team leader or manager at any time. There is always someone on call." Care workers said they could contact or visit the office at any time to discuss any issues. During our inspection visit we observed staff came into the office and phoned the office staff during the day for advice. This enabled staff to check relevant details and to ensure they were supporting people effectively. The registered manager and team leaders had an on call rota which meant that there was always a manager available to staff for support or advice.

Care workers we spoke with were proud of the care they provided to people and told us it was important for them to do a good job and to get to know the people they provided care and support to. One care worker told us, "I love my job. It can be tiring but it is worthwhile." Care workers said they enjoyed working for the organisation and that the management supported a caring and positive culture and felt the service was managed well. They explained that the managers ensured everything they needed to do their role was organised, for example receiving updates to training and their call rotas were arranged in a timely manner.

The registered manager told us, "Each person has a 'service user agreement'; this has guidelines of what people can expect from us and how to contact us with any concerns or complaints." They went on to explain people who used the service were regularly consulted and were asked to complete surveys, which gave them the opportunity to provide feedback about the service. We saw the most recent survey which provided positive feedback about the service and did not have any suggestions on how the service could be improved.

Care workers told us they had regular group staff meetings to discuss any information about the delivery of the service and to discuss any updates including new training. Care workers told us they found these meetings useful because they were able to plan changes to call routes as a team and share ideas with each other.

The registered manager understood their responsibilities and the requirements of their registration. For example, they knew what statutory notifications they were required to submit to us.

The provider and registered manager used a range of quality checks to make sure the service was meeting people's needs. The registered manager told us that they completed audits every month to check the safety and quality of the service. The provider regularly visited the service to support the registered manager and to complete additional checks on the quality of care provided. If improvements were needed these were identified and an action plan was created to complete these. This helped to drive improvement within the service.

The local commissioner of the service completed quality checks. We viewed the most recent report of a visit in January 2016. The report identified some missing signatures on some MAR charts. The report went on to state that where areas of improvement had been identified the provider had already identified these and had taken action.