

Archangel Enterprises Limited

# Archangel Home Care

## Inspection report

Broadway Business Centre  
32a Stoney Street  
Nottingham  
NG1 1LL

Tel: 01158246746

Website: [www.archangelcare.co.uk](http://www.archangelcare.co.uk)

Date of inspection visit:

21 March 2019

01 April 2019

Date of publication:

25 June 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Archangel is a domiciliary care service which provides support and personal care to adults living in their own homes or supported living accommodation who may require support with their mental health, have a learning disability or be on the autistic spectrum. Archangel was registered to provide personal care to 32 younger adults. There were six people received a regulated activity at the time of our inspection.

People's experience of using this service: Staff raised concerns in the deployment and levels of staff. Risk were assessed, but not always recorded. There was a risk staff were not trained to follow infection control guidelines effectively. Processes were in place to manage accidents and incidents, but outcomes were not always recorded. People were kept safe from harm. Medicine systems were organised, and people received their medicine as prescribed.

Staff supervision and support was not taking place on a regular basis. People's needs were assessed. Staff were knowledgeable about the people they cared for. People's nutritional needs were met. The service supported people to work with other professionals and agencies to ensure they received effective care. People were involved in decisions about the environment they lived. People were supported to live a healthy life style. The service was working within the principles of the Mental Capacity Act 2005.

Staff were kind and companionate towards the people they cared for. People were supported to express their views about their care and support. People were treated with respect at all times.

Care was personalised to each individual and people were empowered to make choices and have control of their life. People were aware how to make a complaint and raise a concern, however these were not always recorded to identify the outcome for people. End of life policies and procedures were in place should people wish to discuss their end of life care needs.

People complimented the service and their experience was good. Planning and development was not always monitored or recorded in line with the providers policy and procedures. There was a registered manager in place, but staff felt they were not always approachable or organised to support them. People were involved in their care and support and had the opportunity to give feedback about the service. The registered manager was passionate about the care the service provided and put processes in place to learn and improve the service. People were supported to access other professionals and work with other agencies as required.

Rating at last inspection: Good date last report published 26 March 2016

Why we inspected: This was a planned inspection based on the rating at the last inspection. We saw the service had deteriorated since the last inspection. This meant the service required improvement.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Archangel Home Care

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

One inspector and an expert by experience conducted the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** Archangel home Care is a domiciliary care service and provides personal care to people living in the community.

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

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

Inspection site visit activity started on 21 March 2019 and ended on 01 April 2019, It included telephone calls to people who used the service and staff. We visited the office location on 21/03/2019 to see the manager and office staff; and to review care records and policies and procedures.

#### What we did:

Prior to the inspection we reviewed information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information the service is required to send us by law. The provider completed a Provider Information Return (PIR). This is information we require registered providers to send us at least once annually to give some key information about the service, what the service does well and improvements

they plan to make. We also contacted the local authority who commission care for people who use the service. We used all of this information to plan our inspection.

During the inspection we spoke with four people who used the service, three relatives, the registered managers, and four support staff. We reviewed a range of records, this included staff files and care records, incident reports and audits.

# Is the service safe?

## Our findings

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

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

Assessing risk, safety monitoring and management

- Risks associated with people's needs had been assessed, but not fully explored to ensure all risks were managed in a safe way. The risk for people's communication need had been assessed along with how people were feeling on a day to day basis. There were Instructions for how staff should monitor this, but no instructions for how staff should manage issues and concerns if people were not able to communicate their feelings successfully, such as suicidal thoughts.

One risk assessment identified low moods and what staff should do in this situation, but there was no consistency. For example, one person was responsible for their own medicines, but there was no risk assessment in place. We identified this to be a recording issue.

- Staff told us they reviewed risk assessments as and when needed, when people's needs changed or if a risk was identified by the person.

- Audits completed by other professional found risk assessments had not been reviewed in of the some care plans they reviewed since the risk assessments were originally put in place. People's daily notes identified changes that had been made, but no new risk assessment created to show what this meant for the person. During day two of our inspection we found some risk assessments had been reviewed and updated. One care plan we looked at identified the support required and where a risk assessment was needed. For example, for finance, isolation or behaviour management.

Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE), such as, gloves and aprons when they provided personal care. One person said, "Staff are always very tidy and clean."

- Staff were aware of the measures required to prevent the cross infection. Staff confirmed they had not had any up to date training on infection control. We found the training matrix only identified two staff had completing the training for infection control. There was a risk staff may not be following national guidelines for infection control.

- At the location we visited we found one of the bathrooms had a large area of paint flaking from the ceiling above the sink. We spoke with the registered manager and they told us this had been reported to the landlord who was responsible for repairs to the house. This meant this could harbour infection. The registered manager told us they would chase this up with the landlord and ensure this was addressed.

Learning lessons when things go wrong

- There were systems in place to monitor accidents and incidents. The manager told us staff completed accident and incident forms, which were reviewed, and lessons learned, but the registered manager did not record their findings. There was no process to analyse accidents and incidents to monitor themes and trends to reduce reoccurrence. There was a risk incident may not be escalated and appropriate action

taken.

- Staff were aware of the process to report accident and incidents. One staff gave an example of an incident. They told us they contacted 111 medical assistance and documented the incident then contacted the office to report it.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt very safe. One person said, "I feel safe with them[staff] and they do anything I want." A relative said, "I am so happy with [name] there, and so is [name]. They live a safe independent life.
- Systems were in place to protect people from harm. All safeguarding referrals were reported to the relevant safeguarding team. However not all concerns were reported to CQC. We found this to be a recording issue. We spoke with the registered manager and they told us they would address this and send the relevant notification to CQC.
- Staff we spoke with had a good understanding of what they should do to keep people safe and protected from harm. We were assured people would be kept safe.

Staffing and recruitment

- Staff experience and competence was considered when planning staffing levels. People, where possible had staff support that met their preferences to ensure the staff mix was right for them.
- One person told us the staff were very nice and don't impose on them. Another person said, "They [staff] come on time, but if they are going to be late they give me a call. A relative said, "They [staff] are so supportive."
- We received mixed comments from staff regarding the staffing levels. One staff felt there wasn't enough staff, especially when working in the supported living location. Other staff told us in the past staffing levels had not been good. They said this had been raised with the manager and improvements had been made. Another member of staff who worked out in the community felt staffing levels were sufficient.
- Staff told us there was a new person coming to live at the shared living accommodation and they were concerned about the number of staff there was to support all the people, as some were on one to one hours when they were at home. We visited a location for supported living during the inspection and found there were two staff for the number of people living at the location with the registered manager also supporting some of the time. This meant sometime this number was sufficient, but if there were times when people's behaviour challenged others there was a staff shortfall.
- We spoke with the registered manager. They told us they had a shortage of staff and when they could they also provided care and support. This meant the office and paper work took second preference and the office was not always manned.
- Staff were recruited in line with the providers policy and procedures. The selection process meant staff had been subject to criminal records checks before starting work at the service. These checks are carried out by the Disclosure and Barring service (DBS) and help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- People received their medicines as prescribed.
- systems in place for monitoring medicines were organised, and people were receiving their medicines on time. The provider was following safe protocol for the receipt, storage and disposal of medicines.
- One relative told us they had some problems when first using the service as the person was responsible for taking their own medicine. Staff put systems in place to monitor the person and prompt them to take their medicine if needed.
- Medicine administration records (MAR) were completed and staff identified the time, dose and frequency the medicines should be taken. People's medicines were clearly recorded in their MAR chart and weekly planner and staff followed procedures to ensure medicines were given safely. This helped to reduce risk of

people receiving the wrong medicine.

- Staff received medication training and we found this training was all up to date.

# Is the service effective?

## Our findings

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

The effectiveness of people's care treatment and support did not always achieve good outcomes for people.  
Staff support: induction, training, skills and experience

- We identified that not all the staff had received the training they required relevant to their role. We reviewed the training records which identified areas of training that had not been completed. For example, 11 staff had not completed challenging behaviour training. 14 staff had not completed training for, complaint handling, Equality and diversity, food hygiene and risk assessments. 13 staff had not completed infection control and 12 staff had not completed record keeping. Staff confirmed they had not completed recent training in these areas. This meant there was a risk staff were not fully up to date with skills and experiences to ensure they did their job effectively.
- Staff completed an induction when they first started work. As part of the induction staff were given shifts to shadow with experienced members of staff. Staff also confirmed they were introduced to people before they provided their care and support.
- One relative told us regular care staff were very good and showed the new ones what to do.
- Newly appointed staff undertook the Care Certificate, a 12-week national programme that covered all aspects of health and social care. Records we viewed told us one staff was in the process of completing this at the time of the inspection, other staff confirmed they had undertaken this qualification.
- The registered manager told us staff completed TV training (electronic training modules) This meant training had been completed online. We were concerned staff were not sufficiently trained to provide effective care as no competency tests or review of staff's knowledge had taken place.
- Staff were not always supported as staff supervision had not taken place on a regular basis. Staff confirmed their supervision was infrequent. One member of staff said, "Supervision would be beneficial, and a record of issue or concerns could be recorded along with my career development, but I feel this has not happened. However, some staff said they had received one supervision a month ago and another member of staff told us they had some booked in about three months' time.
- Through the PIR the provider told us they monitored staff performance with spot checks, supervision and annual appraisals. The registered manager told us they had not completed any of these checks on a regular basis as they were out of the office providing hands on support and covering staff shortages. They said they spoke with staff daily, however acknowledged they had lacked consistency in this area, but reassured us that once they had further office support they could focus more on recording information.

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

- People's needs were assessed when they first started using the service and re-assessed to ensure their needs were current and up to date.
- Staff were knowledgeable about the people they cared for. One member of staff told us a person they cared for liked music and trains. They said, "We have regular conversations about these." Another member of staff was able to tell us in detail what people did on a day to day basis. They said, "We complete a daily and weekly planner for each person and we monitor their activity." We reviewed weekly planners for two

people. We saw their daily routines included choices of what they wanted to do. For example, one person went out two days a week. We saw this cross-referenced with their support plan.

- Each person had an all 'about me' document, which told us what the person liked, disliked and what was important to them and goals they wished to achieve. For example, one person wished to own their own house.
- Assessment of people's needs fully included the protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity was consistently recorded.

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

- People had their nutritional needs met and were supported with their individual dietary needs.
- One person told us they go shopping with staff support. A relative said, "I think the biggest issue is whether [name] is getting a balanced diet. When they first came to the service [name] was buying unhealthy foods all the time and snacking. This meant they put on weight. The staff now help with [names] shopping and they do step in to help them buy food for a balanced diet, that's working well." Another relative said, "Staff look after the fridge, and make sure [relation] is not eating anything out of date. Staff confirmed this but did not make any record of the fridge daily temperatures. They said they would address this in future."
- Staff told us dietary needs were recorded in the care plan and daily logs, records we saw confirmed this. One member of staff told us about a person who liked food relevant to their cultural background. Staff said, "We help the person to cook some dishes and food they like on occasions."
- Each person had a health action plan which identified action staff must take if there was a downturn in a person's health due to malnutrition or dehydration. Staff monitored people's health needs and contact a GP or dietician to guide them on how best to work with the person.

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

- People's health needs were reviewed and updated on a regular basis.
- The provider told us through the PIR that they were working with people living with a learning disability to start and maintain their own tenancy agreements. Which meant people could choose where they wanted to live.
- Staff confirmed they worked with people to ensure they had time to digest information and make the decision if they wished to. One member of staff shared an example where a person was moving into the shared accommodation. The person had already visited the location and met other people living there. We saw systems and processes in place to manage the move to ensure this went smoothly with little impact on all involved.

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

- People were involved in decisions about the premises and environment in their own home. In the shared living accommodation, people could choose how they wanted their room personalised to their own taste.

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

- There were good relationships in place to ensure that people saw healthcare professionals when required.
- People told us they had regular contact with a range of health professionals that monitored and managed their wellbeing. We saw evidence of this in their care records. For example, one person's care plan stated they had problems with their gums. We saw where advice had been given from a dentist to ensure the person kept their gums healthy.
- Health Action plan identifies GP appointments and regular visit to the dentist.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people

who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- We checked whether the service was working within the principles of the MCA. The registered manager understood their responsibility around MCA and explained what they would do if a person was unable to make a decision for themselves.
- We saw where MCA assessments had identified if the person lacked capacity to consent to their care a best interest decision would be made. Where people had mental capacity to consent to their care, written consent had been sought to confirm people had agreed to the care they received.
- Staff had undertaken MCA training to ensure they were aware of the principles of MCA.
- Care and support had been discussed with people and we saw people had signed to say they agreed with the care and support provided.

## Is the service caring?

### Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People received care and support from staff who were kind, caring and compassionate and understood their needs. One person said, "I think staff are nice, they know me very well. They are pleasant and very kind." Another person said, "They [staff] are very kind when they wash my hair." One relative told us staff were kind and friendly. "They get to know my relation very well." Another relative said, "They [staff] make life a little more joyful for [name]. There is a real friendship there, which is nice."
- Staff showed understanding of people's needs, preferences and routines. One member of staff gave us an example of a person's daily routine, which was reflected in their daily planner. Another member of staff told us a person's likes and preferences. For example, how the person loved their family and liked to go on daily walks. The member of staff told us they looked at what was important to a person and then researched the item, so they could discuss it with the person.

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

- People received opportunities to discuss their care needs as the plans of care were reviewed regularly. We saw where staff had reviewed care plans with people and people had signed to say the discussion had taken place.
- People were aware of their support plans. One relative said, "I sit down with them [staff and person who uses the service] once a month to go through the written plan."
- The registered manager told us they spoke to people regularly and make changes when necessary. We observed during our visit the registered manager received telephone calls from people as their care support person had not arrived on time. The registered manager followed this up immediately with the support staff and contacted the person with the outcome and reassured them staff were on their way. We also observed the registered manager had a conversation with people in the shared accommodation. The registered manager was observed updating one person with information using the person's preferred communication method, such as, Makaton.
- The registered manager shared with us an example where a person did not engage fully with people or staff. They told us they explored triggers and themes that may cause the person anxiety. The staff worked with the person and family to eliminate issues that were a concern for the person. The person reacted well to positive body language. This helped to improve the person's quality of life and engagement with others.
- People were supported and helped to express their views, where required they would be supported by outside advocates. The registered manager told us no one required the advocate service at the moment, but they would research information and appropriate support should this be required.

Respecting and promoting people's privacy, dignity and independence

- People's dignity, privacy and independence were upheld. We observed staff treating people with dignity

and respect.

- Staff told us they encouraged people to be independent and where possible let them do things for themselves. For example, going out in the community alone or going shopping. One person told us the staff who came to help them were very nice and don't impose, they help them keep their independence. One relative said, "[name] is able to wash themselves." Other relatives told us people lived in a safe, caring environment where staff respected their dignity and supported them well, which enabled them to live independent lives.

## Is the service responsive?

### Our findings

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

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

Improving care quality in response to complaints or concerns

- People were aware how to make a complaint or raise a concern. One person said, "I call the office a lot, they are nice. I don't have a problem." One relative said, "I think they are a very responsive company. I have never had to complain. I talk with the manager very often. They are all very friendly." Another relative told us they had no complaints. Another relative said, "I have no problems it's all good."
- There was a complaint procedure in place, which was also in picture format. We found there had been no complaints since 2018. We spoke with the registered manager and they said they dealt with complaints and concerns as they arose but did not always record the outcome. This meant we could not identify if the complaint was dealt with appropriately or if they had been responded to in a timely manner. We found this to be a recording issue. The registered manager told us they would address this.

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

- People's care was developed with them and their family. Information supplied staff with a history of the person, where they were from and what was important to them.
- People were empowered to make choices and have control of how they wanted to be treated and live their life. Staff were aware what was important to individuals and gave examples, such as, one person liked the outdoors. They went to football matches, cycling and other outdoor activities. We saw this was on the person's weekly planner.
- Relatives confirmed staff provided care that met people's individual needs and preferences. However, one relative commented on their family member having a few more choices in their life to do other things. Like going shopping, getting more exercise. We looked at all care plans for people receiving a regulated activity during our inspection. We saw people participated in a variety of meaningful activities and were very content with the life they lead.
- The registered manager and staff told us people were always at the heart of every decision in their support and care needs and were involved wherever possible to make informed choices.
- The service matched staff to the needs of people to ensure they received person-centred care.
- Through the PIR the provider told us they support people to be valued member of the community. They access activities from various sources such as, local groups, charitable organisations and voluntary Working. We saw on one person's support plan that they wished to complete some voluntary work as their goal was to meet new people. The registered manager told us they were looking into this for the person.
- The provider met the accessible information standard as they identified people information and communication needs and these were recorded in the person's support plan.

End of life care and support

- Policies and procedures were in place for end of life care.
- Staff told us they had not had any end of life care training and the training matrix confirmed this. The

registered manager told us no one was on end of life care at this time.

# Is the service well-led?

## Our findings

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

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

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

- People told us their experience of the service was good. One person said, "it's alright." One relative said, "There is nothing I would change about the service, they are a godsend."
- The registered manager told us they sometimes provided support and overseen the shared accommodation this meant they were out of the office a high proportion of their time, which had impacted on their ability to develop the service and review practice. As such, the registered manager had not identified some of the shortfalls in the systems and processes identified at the inspection. Such as, recording of risk assessment and ensuring they were consistent and in line with support plans. Ensuring complaints were always recorded and followed up appropriately.
- accidents and incidents had been recorded, but not always shared with CQC. This was a recording issue and the registered manager realised improvement was required in this area.
- Monitoring systems were in place to audit the quality of care, but these were not always used to ensure staff were providing or people were always receiving quality care.
- Staff were not fully supported as supervision; spot checks and annual appraisals were not always completed or recorded. We could not identify if the supervision taken place was effective or supportive for staff.

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

- A registered manager was in post.
- Staff told us they had not attended team meetings or were confident to raise concerns and share best practice. Staff we spoke with felt the registered manager was not approachable or fully supportive. They also told us they felt the management of the service was disorganised. ● We spoke with the registered manager and raised our concerns. The registered manager acknowledged the shortfalls in their performance. We found this shortfall was due to the registered manager being over loaded with work and trying to cope without assistance from senior members of staff and the management. This has now been addressed and a new office facilitator recruited.
- On the second day of our inspection the registered manager had contacted their colleagues at other locations owned by the provider to improve their understanding and be clear about their role and responsibility.

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

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

- People were involved in discussions about the care and support. Care reviews were taking place.
- People and their families had the opportunity to feedback their experiences of the service by means of satisfaction surveys. The registered manager and senior staff completed visits to people's homes and ask for their views and experiences regarding the quality of care they received.
- Staff told us they felt the registered manager and senior staff did not fully engage with them. One member of staff told us they felt unable to raise concerns as they were not confident they would be listened to. Another member of staff said, "I feel the management is disorganised and over stretched." We found the management of the service was not fully supported by a full complement of staff.

Continuous learning and improving care

- The registered manager was passionate about providing people with a high standard of care and showed determination and commitment in developing the service. They told us they were in the process of employing additional staff and were delegating some of the workload to free them up to manage the service more effectively.
- The registered manager had connected with other managers to share good practice and was in the process of implementing new ways of working. For example, completing more quality audits to monitor themes and trends to ensure they deliver and improve the service.

Working in partnership with others

- People were supported to access healthcare professionals.
- Each person had a healthcare passport that identified their health needs and appointment they had attended. The registered manager shared an example where they had referred a person to the learning disability nurse and speech and language team (SALT). We looked at the persons support plan to confirm this.
- We contacted the local commissioners who provided funding for people who used the service. They had found similar concerns to ours. The provider had submitted an action plan to the local authority to address these issues. This showed us the service worked in partnership with others.

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  Systems in place to assess, monitor and improve the quality and safety of the service were not effective. There was a lack of governance.  17 (1)