

## Archangel Enterprises Limited

# Archangel Home Care

### Inspection report

Meridian House  
Winsford Industrial Estate  
Winsford  
Cheshire  
CW7 3QG

Tel: 01606869051

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01 March 2022

09 March 2022

10 March 2022

15 March 2022

30 March 2022

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

This domiciliary care service is owned by Archangel Enterprises Limited and is registered to provide personal care to adults within their own homes. The agency offers support primarily to people with a learning disability mainly within the Winsford and Northwich areas of Cheshire. The service is run from an office situated on the outskirts of Winsford. The service provides care and support to both people living in 'supported living' settings and people living in their own home. Supported living settings are designed so that people can live in their own home as independently as possible. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our visit 57 people were being supported by the service.

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

#### Right Support

Improvements were required so everyone receiving support could develop and pursue their interests.

People were supported by staff who had the skills and knowledge to meet their individual needs.

Competent staff supported people to manage their medicines. Medicine care plans clearly described people's individual needs.

People were supported to participate in some activities of their choice. Some people and their relatives did not feel they had enough opportunities to undertake activities of their choice.

People were supported with their communication. Staff understood and supported people with their individual communication styles. Information was not consistently made available in accessible formats, such as, easy read and pictorial.

Staff supported people to make decisions following best practice in decision making. People were offered some daily choices and staff respected people's views.

#### Right Care

Risks associated to people's care and choices were set out in their care records, but improvements were

required to ensure all risks were individual to the person, held sufficient detail and were regularly reviewed.

People were not always supported by a consistent staff team. This was due to a high turnover of staff. Staff and relatives told us this impacted on people's lives.

People received compassionate care from staff they described as kind. Staff respected people's privacy and dignity.

#### Right Culture

Some staff had left recently and the remaining staff team were stretched to ensure sufficient staffing levels were maintained.

Some people and those important to them were not always involved in planning and reviewing their care. The registered manager was working to address this.

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

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care, right culture.

The inspection was prompted in part due to concerns received about staffing levels, areas of risk relating to moving and handling and opportunities for people to undertake purposeful activities. A decision was made for us to inspect and examine those risks.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in regulation relating to risk management and governance.

#### Follow up

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

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 is not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service is not always 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

Two inspectors carried out the inspection.

#### Service and service type

This service provides care and support to people living in 11 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for 'supported living'; this inspection looked at people's personal care and support.

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

This inspection was unannounced at the office. We then made arrangements to visit people in their homes when staff would be there to support the inspection.

Inspection activity started on 1 March 2022 and ended on 30 March 2022. We visited the office location on 1 and 15 March 2022.

#### What we did before inspection

We reviewed information we have received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return (PIR) prior to this inspection. A PIR as information providers send us to give some key information about the service, what the service does well and improvements they plan to

make.

#### During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided. Some people were unable to talk to us and use different ways to communicate including signs, gestures, vocalisations and body language.

We used the Short Observational Framework for Inspection (SOFI) and spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 members of staff including the area manager, registered manager and support staff.

We reviewed a range of records. This included eight people's care records and five medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's individual needs were not consistently and clearly reflected within their risk assessments. Some risk assessments held sufficient information for staff to support people's needs safely. However, other risk assessments were generic and did not reflect individual's needs. Some risk assessments did not contain people's names, and some held incorrect names. This meant staff did not always have sufficient information to support people safely.
- Within each person's care plan file there was an environmental risk assessment. Each one was blank. This meant potential environmental risks within each person's home had not been identified.
- People's care records were variable in detail and did not consistently ensure staff had access to all information required to support people.

We found no direct evidence that people had been harmed as a result of the concerns we found. However, risks to people's health and safety were not always assessed or guidance available to reduce possible risks and maintain people's safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff kept accurate, complete, legible and up-to-date daily records, and these were stored securely.
- Staff managed the safety of each person's living environment and equipment. Staff had completed Personal Emergency Evacuation Plans (PEEPs) for people which included consideration of specific risks.
- The registered manager reviewed and monitored incidents and accidents and identified any trends or patterns.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 Mental Capacity Act (MCA).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations would be applied for to deprive a person of their liberty.

## Staffing and recruitment

- We received mixed feedback regarding safe staffing levels. People told us; "There are mostly enough staff. Sometimes I have to change my shopping day if there aren't enough staff", "I like it when we get to go out, it depends if there are enough staff" and "I have regular staff that know me well and I get on great with them." Comments from relatives included; "Staffing is a huge issue. There aren't enough staff to support [Name] to undertake activities"; "There isn't always good continuity of staff but [Name] does have some regular staff" and, "[Name] has regular staff."
- Records showed that there was sufficient staffing to cover all essential care with the extended management team supporting. There were not always sufficient staff to cover people's chosen activities on their preferred days and times.
- The provider followed safe recruitment practices for staff working in the service. This meant checks are carried out to make sure staff were suitable and have the right character and experience for their roles.
- The provider and registered manager assessed staffing requirements to ensure they remained at safe levels. They described the recruitment challenges they were experiencing and provided details of contingency measures which included the management team providing direct support when needed.

## Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- People told us they felt confident to raise any concerns regarding abuse. They said they would speak to the manager or office staff.
- Relatives told us people were safe. Comments included; "I believe [Name] is safe" and "Staff listen to [Name's] concerns and ours and act upon them."
- Staff received regular training on how to recognise and report abuse. Staff spoke confidently about safeguarding. Their comments included, "I understand the people I support and I believe I would recognise any changes in them even if they couldn't verbalise to me" and "I know who to contact and the process I need to follow." Staff told us how they responded to concerns and described the reporting procedure along with the necessity to keep clear and accurate records.

## Using medicines safely

- Individual medicines plans were in place which described how people wished to receive their medicines.
- Medicine administration records (MAR) were fully completed in line with best practice.
- 'As required' medicines had protocols in place which set out when they should be offered or administered.
- People told us they received their medicines on time. Their comments included; "Staff make sure I get my medicines on time" and "I like to take my medicines with juice and staff always have this ready."
- People were supported by competent staff who were trained and followed systems and processes to administer, record and store medicines safely.

## Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff support people to follow them. The service had good arrangements to keep premises clean and hygienic.
- The service make sure that infection outbreaks were effectively prevented and managed. It had plans in place to alert other agencies with concerns affecting people's health and well-being.
- Staff used personal protective equipment (PPE) effectively and safely.



# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has stayed the same. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were knowledgeable about the people they supported. They understood their individual needs and preferences.
- Care plans were mostly person centred and were unique to the individual. Some required review to ensure they remained up to date. We discussed this with the registered manager who offered an assurance that this process had started.

We recommend the provider follows good practice guidance in relation to the development and review of people's individual care plans.

- Each care plan had a one page profile which described people's likes, dislikes, dreams, things that are important to the person and how they liked to be supported. This document gave a brief good insight in to each person and was particularly helpful to anyone who didn't know the person well.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People supported by the service had a range of communication abilities and ways of communicating their needs, wishes and feelings. Care plans included some basic information to support staff to meet these needs. One person's plan included a communication dictionary which ensured staff could communicate effectively with the person. Another person's plan included the Makaton signs they used.
- Documents were not all available in formats suitable for people supported. For example; pictorial or easy read.

We recommend the provider ensures all documentation is available in accessible formats for the people they support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people spoke positively about their activities and interests they enjoyed. They told us; "I enjoy listening to music, doing jigsaws, reading and also watching television", "I enjoy watching DVDs and playing on my PlayStation" and "I like to go to the pub for lunch and also like to do craft activities."

- We received mixed feedback regarding people accessing leisure activities of their choice. People's comments included; "I cannot always go out for meals or shopping as there are not always enough staff", "I have to change my shopping day sometimes as there aren't always enough staff" and "I haven't been out much in a long time. COVID has stopped me doing a lot of things." Relatives comments included; "There aren't enough staff to support [Name] to do regular activities", "[Name] has put on weight as they haven't been able to go on activities and outings" and, "[Name] has all the essential care they need but doesn't do many activities which I know they miss."
- People were supported to stay in contact with friends and family.

#### Improving care quality in response to complaints or concerns

- People told us they felt confident to raise any concerns. Comments included; "I would tell the office if I had a problem and they would sort it. They always have" and, "I can tell staff or call the manager if I need anything or am worried about something."
- The provider had a complaints policy in place. Any complaints recorded have been dealt with appropriately and within the providers timescales.

#### End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- The registered manager told us they would work closely with health professionals to ensure people received a comfortable, dignified and pain-free death.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were systems in place to monitor the quality and safety of the service. Although these checks had supported the manager to identify and address some areas that required improvement, they needed further work to ensure they captured all areas of the service.
- The systems in place to monitor the quality and safety of the service had not identified all issues we highlighted during the inspection. For example, generic risk assessment rather than person specific, out of date language relating to people's health conditions, missing names on documentation and incorrect names on documents.
- Terminology within some documents was outdated and not person centred. This was mostly within documents used to describe people's behaviour and relating to continence needs. Language used within documents relating to people living with epilepsy was also outdated.
- The provider had not notified the CQC when they had experienced a significant COVID-19 outbreak resulting in a very high level of staff absence which impacted on the smooth running of the service.

The provider had failed to have robust systems and processes to assess, monitor and improve the service. This is a breach of Regulation 17 (Good Governance) of the Health and \Social care act 2008 (Regulated Activities) Regulations 2014.

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

- The provider understood the underpinning principles of the duty of candour and had an appropriate policy and procedure in place.
- Records showed that accidents and incidents had been monitored and recorded. Audits were completed to look for trends and help reduce the risk of further incidents.
- Records showed appropriate action was taken in response to any accidents and incidents and advice was sought from other health professionals when needed.

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

- The new manager and operations manager were clear about their roles and responsibilities with regards to ensuring people receive safe and high-quality care.

- A range of policies and procedures were in place to help guide staff in their roles.

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

- People had recently been invited to complete feedback forms 'How are we doing'. These were available in a pictorial format. Most comments were positive, and a clear explanation was available for those that highlighted areas for improvement.
- People told us they were happy with the support they received. Their comments included; "I get on well with all the staff. They are kind and caring. I am on top of the world" and "I love my flat and have it just how I want it. Staff support me to do the things I can't."
- Relatives told us communication was variable due to a high number of staff changes within the main office. One relative told us, "The service isn't always the most organised" another said, "Staff always keep me up to date with any changes."
- Staff told us they received supervision. Not all staff knew who their supervisor was due to the number of recent staff changes at the office.
- Staff described how they supported each other. They also described the positive relationships they had developed with the people they supported. Some services had good continuity of staff whereas others experienced staff shortages and changes which was unsettling for the people supported.

Working in partnership with others

- Records showed that people were referred to other health professionals for their expert advice when needed.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to consistently assess the risks to the health and safety of people using the service.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to have robust systems in place to assess, monitor and improve the service.