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Angelwings Homecare (Office)

Inspection report

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16 November 2016

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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

Our inspection of Angelwings took place between 14 and 16 November 2016 and was announced in line with our domiciliary care methology. The service was last inspected in February 2016 when we found one breach relating to safe recruitment processes. At this inspection we found improvements had been made and the service was no longer in breach of these regulatory requirements.

Angelwings Homecare is a domiciliary care agency, which provides care and support services to adults in their own homes across Brighouse, Rastrick, Elland and surrounding areas. The agency provides a range of services including personal care. At the time of our inspection the service was providing personal care to five people. A registered manager was not required to be in position since the provider is a single individual.

Since our last inspection the provider had put a more robust recruitment system into place which ensured information about people's previous employment and any employment gaps were explored and documented at interview.

There were sufficient staff deployed to support people who used the service in a safe manner. People told us their relatives were supported by regular staff who understood their relative's care and support needs and stayed the appropriate length of time to offer effective care and support. Staff arrived on time, had received appropriate training to support them in their roles and were encouraged to develop their skills further through additional training and development. Staff spot checks and supervisions were in place.

People who used the service and their relatives felt safe with the care staff who supported them. Safeguarding procedures were in place and staff had received safeguarding training which was up to date. Risks to people's health and safety were assessed and plans of care put into place.

The service was acting within the framework of the Mental Capacity Act. People who used the service were given choices regarding their care and support and independence promoted where possible.

Where the service was supporting people nutritionally, they were supported to consume a varied and healthy diet.

People's relatives told us staff were kind, caring and supportive and knew their relatives well, including what they liked, disliked and what their care needs were.

Care needs were assessed prior to service commencement and plans of care put into place. Care records and comprehensive daily plans were highly individualised and person centred. Staff knew people's care needs well.

We observed and people told us the service was well managed and the manager was friendly and approachable. Staff morale was good and there was a commitment to provide good quality and effective

care.

A range of audit systems were in place which the service was evolving as the service expanded.

Staff meetings were held regularly and people's opinions were sought through annual questionnaires and informal discussions.

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.

Sufficient staff were deployed to support people who used the service.

Risk assessments were in place and reviewed appropriately.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff training was generally up to date.

Evidence of consent was seen in people's care records.

People's health needs were assessed and appropriate referrals made where necessary.

Is the service caring?

Good

The service was caring.

People said staff treated their relatives with dignity and respect.

Care staff were caring and compassionate.

Staff supported people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Care records were person centred and contained person-specific information.

Reviews of care were seen to be completed and reviewed regularly.

People's individual preferences were seen to be respected.

Is the service well-led?

Good

The service was well led.

The manager was a visible presence within the service and led by example.

Staff felt supported and could approach the manager with concerns and issues.

An audit system was in place and the manager understood the need to evolve this as the service expanded.

Angelwings Homecare (Office)

Detailed findings

Background to this inspection

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

The inspection took place on 14, 15 and 16 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of an adult social care 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. The expert-by-experience used had experience of domiciliary care services.

Prior to the inspection we reviewed the information we held about the service. This including looking at information received about the service and any statutory notifications the service had sent us and contacting the local authority contracts and safeguarding teams. We had not asked the provider to complete a provider information return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we used various methods to assess to quality of the service. We were unable to speak with people who used the service due to their complex needs. However on 14 and 15 November we spoke on the telephone with four relatives of people using the service and interviewed four staff members. During our visit to the provider office on 16 November we spoke with two staff and the manager and reviewed four people's care records and other records relating to the management of the service such as staff files, training

records, policies and procedures.

Good

Is the service safe?

Our findings

At our last inspection of Angelwings, we saw safe recruitment procedures were not in place with a lack of evidence of appropriate checks being made to demonstrate people were safe to work with vulnerable people, such as checking gaps in employment or obtaining evidence of satisfactory employment. At this inspection, we saw improvements to the recruitment process had been made. For instance, we saw gaps in employment had been explored at interview, interview notes were present in staff files, and satisfactory references had been obtained. We saw new staff were not allowed to offer care and support to people alone until appropriate checks had been made to determine their suitability to work with vulnerable people. This included receipt of satisfactory references and Disclosure and Barring Service (DBS) checks. However, we noted one reference had been returned several weeks after the staff member had commenced at the service and the manager recognised this was an omission. We saw the manager was also putting a pre-employment system in place which would allow them to apply for the DBS check as soon as the staff member had interviewed successfully. This meant any delays to DBS checks being obtained would be minimised. We concluded the service was no longer in breach of regulations.

Staff and relatives we spoke with told us there were sufficient staff deployed to support people who used the service in a safe manner. Staff told us there was a low staff turnover and one staff member told us, "Staff tend to stay." People told us their relatives received care and support from regular staff who knew their relative well. One relative told us staff were, "Regular and phone if running late." We saw no evidence of missed calls.

Staff told us the service operated an 'on call' system for when the office was closed and this was effective. For instance, staff at one visit had cause to contact the manager the evening prior to our inspection and they had attended the house to offer support to staff and relatives. Staff told us there were enough staff to cover for sickness and absence and the service did not use any agency staff.

We reviewed the staff rotas and saw these were well organised and allowed sufficient time for staff to travel between calls. Where double up calls were made, we saw the same staff attended these calls to allow continuity of care and support. We reviewed people's daily records and saw regular staff attended calls and these were made at or close to the agreed call time. We saw evidence, and relatives told us, staff remained at the call for the correct length of time. Some relatives told us staff stayed, "over and above on occasions." Staff told us they had enough time with people to offer effective care and support.

All the people we spoke with told us they felt supported and safe with the care staff who attended their relative. Staff told us they felt people were safe. We saw appropriate safeguarding procedures were in place, staff had received safeguarding training and were aware of the procedure to follow if concerned about a person's safety. The service had not needed to make a safeguarding referral since the last inspection. However, from talking with the manager, we were confident they understood and were working within local safeguarding principles and procedures.

We saw people's risks were assessed and assessments put in place which included topics such as skin

integrity and nutrition. For example, we saw people had detailed manual handling assessments which clearly indicated risks associated with each task. We saw risk assessments were regularly reviewed and altered if the risk changed. Care records detailed information about positive risk management, such as what actions to take should nutritional concerns be identified.

We saw medicines were managed safely. Staff had received training on the safe administration of medicines and relatives we spoke with told us staff gave medicines as prescribed. We saw staff were assessed in the safe management of medicines and spot checks and observations were completed by senior staff.

We saw a list of medicines was listed in people's care records. This included the name, dose, frequency, purpose and possible side effects. This meant staff were fully informed of people's medicines. We saw the list in the care records corresponded to the list on the Medicines Administration Record (MAR). Where people's medicines were contained in a dossette box, a full list was present on the MAR. Dossette boxes are boxes containing medicines organised into compartments by day or time to simplify the administration procedure. This showed us the service kept a complete and up to date record of people's medicines.

We reviewed MARs and saw these were consistently completed, providing evidence people were receiving the correct medicines at the right times. Refusals and omissions were appropriately documented on the MAR and in people's daily records.

Some medicines are required to be given at specific times, such as before food. We saw systems were in place for staff to administer these medicines at appropriate times, such as at the start of the care visit with an appropriate time lapse before food was offered. Where topical creams were prescribed, we saw clear records to demonstrate these were applied according to the prescriber instructions.

We reviewed the accidents and incidents file and saw none had occurred since 2014. The manager confirmed this was the case and we saw no accidents documented in the care records we checked. An accident book was in place with an investigation report to document what actions were taken and lessons learned.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as 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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA and the manager had an understanding of how these principals applied to their role and the care they provided.

People's capacity was assessed as part of the planning of their care. We saw evidence of obtaining consent in people's care plans although some newly reviewed care records were awaiting signatures. We saw evidence of choice being offered to people within daily care records and people confirmed this occurred during care and support visits.

The staff we spoke with told us they respected people's rights to make choices and decisions about the way they wanted their care and support to be delivered and showed a good understanding of people's different needs and preferences. For instance, staff told us about one person who did not like soap so they used an alternative for personal care, and another person who lived on a high floor and did not want their curtains drawn.

We reviewed staff training files and saw training was up to date or booked. We spoke with the manager about further training for staff as the service expanded, for instance with regards MCA/DoLS, dementia, mental health and end of life care and they explained this was something they were aware of and had started to source this training from a local college. They also showed us staff were shortly attending training on challenging behaviour. Staff had received training in subjects such as moving and handling, medication, first aid, nutrition, infection control and safeguarding. Some training was done face to face, such as moving and handling, and others using workbooks and training DVDs.

Staff we spoke with felt they received training to equip them to offer people effective care and support and demonstrated appropriate awareness of the topics and people we asked them about. Relatives we spoke with all told us the care their relative received was effective and staff were appropriately skilled.

Staff received regular supervisions, spot checks and annual appraisals. These offered support, guidance and development as well as opportunities for staff to discuss any concerns. We saw staff were supported to achieve further qualifications in health and social care. For instance, one care worker came to the office on the day of our inspection and was discussing their NVQ3 modules with the manager who suggested they looked at an end of life module as part of this since they expressed an interest in furthering their knowledge

of this subject.

Since our last inspection, the service had simplified the uniform system due to lack of availability of some of the tunics. To make it easy for people to recognise what grade their care staff were, care workers now wore a pale lilac tunic and senior staff wore a dark lilac tunic.

We saw evidence in people's care records of health care needs being assessed and appropriate referrals made, such as GP, district nurses and dietician. The manager told us they had good communication links with the multidisciplinary team. They showed us a health care professional log which they had introduced to the care records since our last inspection which documented evidence of communication with health care professionals, advice given and actions taken as a result. People we spoke with told us the service was very proactive with helping maintain people's health. For example, one person's relative told us how a staff member had responded to their relative falling by telephoning for an ambulance and remaining with them until the ambulance arrived. A care worker told us about how the service had contacted the dietician after they had raised concerns about a person's nutrition. Another relative told us care staff checked their relative for any pressure damage and contacted the district nurse if there were any concerns. We saw in one person's care plan they required their blood sugar to be monitored daily and then prompted to administer their insulin. We saw from daily records this was taking place.

We saw care records also contained note books which was a way for staff, relatives and district nurses to leave information for each other. Relatives told us this was an effective way of communication if they weren't at the home when the care staff attended and staff took notice of any information they wrote. One told us, "They keep a diary, a book of what they've done," and, "If there's a problem they'll contact the district nurses."

Where the service supported people with their nutritional needs we saw this information was documented in people's care records. Nutritional care plans were in place, documenting people's likes and dislikes and providing staff with clear guidance on ensuring people had enough to eat and drink. This included any special requirements such as consistency of food and specialist cups required. We saw evidence in daily care records of people being offered different food and drink according to their needs and choices. Food and fluid charts were in place where people were at risk and these were completed appropriately. This showed us people were being supported to maintain a varied and appropriate diet.

Good

Is the service caring?

Our findings

All the relatives we spoke with told us staff were kind, friendly and caring. One person said the service their relative received was, "First class care." Other comments included, "Can't fault them; top notch care", "Lovely. They do make a difference to [relative's] life", and, "The caring is excellent. They go above and beyond." Some people's relatives told us they had moved to Angelwings from another agency and saw how the care and support provided was much improved.

Staff told us they thought Angelwings provided a good service for people. One staff member told us they felt the service provided, "Good quality care which is person centred."

People we spoke with told us staff spent time talking with their relatives and staff told us they were given the time in the care visit to be able to do this. One relative commented, "They talk to [person] as a person, not just doing a job."

Care staff told us they knew their clients well and were able to tell us about people, including their likes, dislikes and care needs. Most staff had been employed by the service since it started and staff told us turnover was low. One staff member said, "Staff tend to stay." This meant staff were able to build up good relationships with people and their relatives. We spoke with a staff member who was less experienced and they explained they always familiarised themselves with the care plan before going to a call.

Care records and call logs provided evidence people were treated with dignity and respect. Staff we spoke with were able to give us examples of how they treated people with dignity and respect. For example, one care worker told us they would leave the room if the person received a phone call and told us, "Client should be treated as I would wish to be treated myself." Another staff member said, "Need to recognise that it is people's homes and treat them with respect." Other staff told us how they would knock on doors, or leave the bathroom if a person was using the toilet in order to give them privacy, and keep talking to the person to let them know what they were doing. Other examples used by staff included closing curtains and doors for privacy and covering people with towels to maintain their dignity when assisting them to wash.

We saw evidence in people's care records and daily notes of people's independence being encouraged as much as possible. One staff member described themselves as "An enabler, not a disabler." Other staff told us they would encourage people to walk in the home where possible in order to maintain their mobility and independence. People's relatives told us staff encouraged their relatives to do what they could in a safe manner. One relative told us, "They support [relative} to make decisions."

Good

Is the service responsive?

Our findings

We saw people's needs were assessed prior to delivery of care and plans of care put into place. Care records were clear, easy to understand and person specific. Care records were clearly sectioned into specific categories including, 'About Me', 'My Mobility', 'My Medication', 'My Continence Needs', 'My Pressure Area Care' and 'My Nutritional/Fluid Routine'. Clear, person centred information was contained in each category. For instance, in one person's washing and dressing needs there were clear and specific instructions such as, 'I need help to wash my back and lower body. I can manage to wash my hands and face and do not use soap on these areas. I can also wash my front upper body with no assistance', and, 'I only wear socks. I do not wear stockings or tights.' We saw instructions in another person's care records for staff to encourage them to mobilise for pressure relief and independence. Another person's communication needs included, 'I wear hearing aids in both ears and you need to speak clearly to assist with my hearing. Please do not shout.' Staff were instructed to check this person's hearing aids were in place, speak clearly without shouting and use face to face communication. This showed us clear, person centred plans were in place.

We saw each person's care records contained a detailed routine for each care visit. This provided staff with clear information about what tasks to perform at each visit and contained relevant information such as, 'One carer to prepare a bacon sandwich with brown sauce and a cup of black tea, weak, one sweetener and service to [person's name] , explaining where the cup of tea is as [person's name] eyesight is not good.' This provided evidence of individualised care. We also saw staff were encouraged to chat with people during the visits and this was confirmed by relatives who told us staff spent time talking to their relatives.

We reviewed daily records and saw these were detailed and showed consistent visit times. We saw daily tasks were carried out in accordance with the planned daily routine, including documented evidence of staff spending time talking with people. This showed us care was being delivered according to people's care needs.

Care records were reviewed every three months and these were mostly up to date and additional care plans put into place when care needs changed. However, we saw one person's care plan evaluation had recently stated there were no changes and a pressure sore on their sacrum had healed, but the care plan still indicated this was present. We spoke with the manager who agreed this was an oversight, confirmed the pressure damage had healed and updated the care plan immediately. Most of the people we spoke with told us they had seen and were involved in developing their relatives' care plans and confirmed the service was responsive to their relatives' care and support needs.

Relatives told us the staff encouraged their relatives to do as much as they could themselves in a safe way. We saw people's individual preferences were respected through our review of care records and what people told us. For instance, the manager told us of one person whose close relative had passed away. The manager suggested two care workers could assist them attend the funeral and would remain with them. However, the person decided they did not want to do this, so the manager arranged for a care worker to go to their home instead to support them whilst the funeral was taking place.

People told us their relatives were supported to make decisions themselves and these were respected. One relative told us, "They support [person] to make decisions [themselves]." Staff also gave us an example of planning care and support around a person's dialysis appointment to ensure they were ready in time, as well as making their meal a little later for when they returned.

All the relatives we spoke with told us they had not had any cause to complain and felt able to communicate directly with the manager about any issues without recourse to the complaints process. A complaints procedure was in place and copies provided to people upon commencement of their care package. One relative referred to a list of contact numbers contained in the care plan if they needed to make a complaint. We saw a number of compliments about the quality of care had been received from health care professionals and families of people who used the service. These included, 'In 30 years working in the domiciliary care sector I can honestly say I have never come across a more caring organisation,' and, 'So thankful we have Angelwings on our side.'

Good

Is the service well-led?

Our findings

Because the provider was a single individual, a registered manager was not required to be in place at Angelwings. The provider was supported by an office administrator and two senior care staff to oversee staff supervisions and appraisals in their areas as well as perform quality service checks. All the relatives and staff we spoke with praised the manager. Relatives told us the service was well led and they had confidence in the manager, with some comparing the service favourably to a previous care company they had used. People commented on the high quality of staff employed, saying, "[Manager] is careful who she picks."

Staff and relatives all told us the communication was excellent from the manager. They commented particularly on the manager's ability to negotiate and sort problems out on their behalf. For example, one relative told us how the manager had managed to get a hospital bed for their relative ordered through the district nurses which they hadn't realised they were entitled to. We saw the manager led by example and made regular visits to people who used the service themselves. They told us, "I'm very hands on. Will go out if they need me." For instance, we saw how the manager had gone to spend time the evening previous to the inspection supporting care staff and the relatives of a person who had passed away that day.

We saw staff turnover was low and many staff had worked at the service since the formation of the company. The manager told us how this impacted on staff knowledge of the people they supported. They said, "My girls will know instantly if something is not right with a client." Our discussions with the manager and staff confirmed they were committed to providing good quality care and support. The manager told us, "I pride myself on the continuity of care."

Staff we spoke with told us they felt supported by the manager and senior care staff. One staff member told us the manager was approachable and they felt, "100% supported." Morale amongst staff was good and they all told us they were proud to work for Angelwings. Staff told us they communicated well with each other and would express any concerns either to the senior care staff or the manager directly. We saw the manager valued the staff working at the service and had recently bought each staff member a fob watch to wear with their uniforms as a 'thank you'. They told us, "Without them there'd be no company. They're so good together. They're good girls." We heard the manager praising a team of staff who had assisted at a person's house the previous evening, saying, "I couldn't have asked any better from you three last night."

We saw the service had an audit system in place including regular checks of care records, MARs, call logs, food/fluid charts, risk assessments and equipment. We saw these had been completed and actions taken as a result. This showed us the quality assurance systems were effective in assessing, monitoring and improving the service. However, the manager told us they had reviewed the audit process following a recent local authority contracts meeting. A new system would involve a senior care staff member checking care files monthly including MARs and a full service audit being completed every three months. We spoke with the manager who was aware of the need to evolve the audit process and make it more robust as the service grew. However, at the time of our inspection, the service was only providing care and support to five people so we concluded the current system had been acceptable.

We saw periodic spot checks were made on staff which were unannounced. These included reviewing how the staff member looked, if dressed appropriately in the correct uniform, if they interacted appropriately during the visit and if tasks were completed. We saw results of these were discussed and action plans put into place. At these visits, people were also asked their opinion of the care and support being provided. The manager told us people were also involved in the selection of care staff. For instance, one person asked to meet any new care staff to interview them before accepting them as their care worker. This showed us the service was actively involving people in the service.

We saw the service sent out annual satisfaction forms to people which indicated a high level of satisfaction. We also saw the service was sending out information to people about the service arrangements over the Christmas period.

Staff told us and we saw evidence that staff meetings were held regularly and staff signed to show their attendance. Topics discussed included uniforms, rotas, not rushing calls and any changes or issues regarding people's care. Staff told us these were a good opportunity to discuss any concerns they had as well as discuss best practice. We also saw staff were welcomed in the office for informal discussions and the manager had an 'open door' policy.

All staff and relatives we spoke with all said they would recommend the service to others.