

Angel Home Care Service Private Limited

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Inspection report

3 Newhey Avenue
Manchester
Lancashire
M22 8LP

Tel: 01616132722

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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

The inspection took place on the 22 and 27 February 2018. Because this service provides a domiciliary care service we gave them 24 hours' notice that we were conducting the inspection to ensure there was someone available at the office to assist with the inspection.

Angel Home Care Service Private Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. The service provides care to a range of people with different needs including older people, people living with dementia, learning disabilities, physical disabilities, mental health and sensory impairment. When we inspected the service, there were 51 people receiving domiciliary care. Calls to people's properties ranged from 30 to 60 minutes per visit. Not everyone receives the regulated activity of 'personal care'; The Care Quality Commission (CQC) only inspects the 'personal care' ; element of care. That is tasks related to personal hygiene and eating. We also take into account any wider social care provided.

Our last inspection of this service was on the 1 and 6 September 2016 and we found concerns relating to regulations 9, 11, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the provider was not carrying out adequate assessments of the needs and preferences of people using services. The provider was not acting in accordance with the Mental Capacity Act 2005. There were insufficient systems in place to assess, monitor and improve the quality of the service. Staff were not receiving appropriate training to enable them to carry out their duties and the provider had allowed two care workers to work before they had received a valid disclosure and barring certificate. The overall rating for the service was Requires Improvement. At this inspection, we found significant improvements had been made to the service and found the service to be 'Good' in all of our key questions; safe, effective, caring, responsive and well led.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and the timescale they needed to improve the key questions in safe, effective, responsive and well led. At this inspection, we found that the provider was completing comprehensive assessments of needs of people and documenting preferences in the care plan. The service was working in accordance with the Mental Capacity Act 2015 and assessing people's capacity and making referrals to the local authority, when required. Audits and quality assurance systems were in place to assist in monitoring and improving the service. All new staff members had the required pre-employment checks in place before starting to work for the service. Staff members were receiving training appropriate to their job roles.

The service had a registered manager in post since February 2017. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from abuse. Staff followed the provider's and the local authorities safeguarding

procedures to identify and report concerns about people's well-being and safety. Accidents and incidents were recorded, reviewed and analysed to determine patterns and take preventative measures.

Comprehensive assessments were carried out to identify any risks or potential risks to the person using the service. This included any environmental risks in people's homes, risks in the community and any risks in relation to the care and support needs of the person.

Staff were recruited safely and trained to meet people's individual needs. Wherever possible people were only supported by staff known to them.

There were enough staff assigned to provide support and ensure that people's needs were met.

Medicines was well managed and staff were fully trained in the safe administration of medicines.

Legible daily records were kept which documented what care and support each person had been given.

Care plans were regularly reviewed and were individual to the person.
People we spoke with told us that staff members were kind and caring.

Staff received support, regular supervision and attended training to enable them to undertake their roles effectively.

Staff were aware of the requirements of the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS] which meant they were working within the law to support people who may lack capacity and who may need to be referred, under the court of protection scheme, through the local authority.

People were aware of how to raise concerns about the service provided and felt the registered manager was approachable.

There were quality assurance systems in place to make sure any areas for improvement were identified and addressed. This meant the service was working to improve the service for the benefit of people using it.

The registered manager and care coordinators were present in the office and we observed them interacting with staff in person and by telephone. They regularly visited people in their own homes and each person we spoke with knew who they were.

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 is safe.

People told us they felt safe while being supported by staff members from Angel Home Care Services Limited.

Staff members were recruited safely and had all pre-employment checks in place prior to commencing employment.

People received robust risk assessments to support their care and support needs.

Is the service effective?

Good ●

The service is effective.

The service was working within the requirements of the Mental Capacity Act 2005.

Staff members received training suitable to their role.

People received thorough pre-assessments prior to using the service.

Is the service caring?

Good ●

The service is caring.

We observed caring and kind interactions between people and staff members.

People we spoke with said they received dignified and respectful care.

People were given choice as to how they preferred their care.

Is the service responsive?

Good ●

The service is responsive.

People and their relatives were involved in the pre-assessment of needs and care planning.

Care plans were person centred and fully described the support people required.

Complaints were answered in a timely manner with outcomes shared with the complainant, professionals and the staff team.

Is the service well-led?

The service is well led.

People, relatives and staff members found the registered manager kind and approachable.

Appropriate audits were in place to monitor and improve the service.

Notifications from the service were being submitted to the CQC in a timely manner.

Good ●

Angel Home Care Service Private Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

This comprehensive inspection took place on 22 and 27 February 2018 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was undertaken by one inspector on both days of the inspection. An expert by experience conducted phone calls to people who used the service to gain their views. An expert by experience is a person who had personal experience of using or caring for someone who uses this type of service.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the provider about incidents and events that had occurred at the service. Statutory notifications include information about important events, which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection we spoke with eight people who used the service, two relatives, a health and social care professional, the registered manager, two care coordinators and three staff members. We visited, with consent, the properties of three people receiving personal care from Angel Home Care Service Private Limited.

We looked at six people's care plans and risk assessments. We reviewed four staff personnel files and records relating to recruitment, induction, training and supervision. We looked at three people's medication records and a number of audits relating to medicines management, recruitment, safeguarding and quality assurance. We checked people's feedback on the service including the timeliness of calls and whether

people were involved in planning their care. We looked at health and safety and infection control and how risks were managed. We reviewed policies and procedures and business continuity planning.

Is the service safe?

Our findings

At our last inspection in September 2016, we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff members had been allowed to work before they had a valid Disclosure and Barring Service (DBS) check in place. A DBS check assists employers to make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups. We saw at this inspection that improvements had been made and this regulation was now being met.

All the people we spoke with told us that they felt safe and free from any harm while staff from Angel Home Care Service Limited were in their home. One person told us, "The carers are lovely, I have never had a problem with any member of staff, I can honestly say there is no problem and I feel looked after." Other people we spoke with told us that they felt safe due to the familiarity and support of regular staff members and their kindness.

We reviewed four staff personnel files and we saw that each staff member had the required pre-employment checks in place including two written references and a Disclosure and Barring Service (DBS) check in place. The service had a recruitment policy in place. This meant that there were processes in place to protect people from receiving care from staff who were unsuitable. Furthermore, staff were issued with identification badges and we saw spot checks recorded on staff members which checked that they were wearing the identification badges when supporting people.

People were kept safe and protected from abuse. The service had safeguarding policies and procedures for managers and staff to follow if required. Staff members we spoke with were able to describe in detail the action they would take if they suspected abuse was taking place. One staff member told us "I have read the safeguarding policy and we have a copy of the local authority policy to follow too." A whistle blowing policy was also in place. Staff received training to give them an understanding of abuse and knew what to do to make sure people using the service were protected. We looked at training records and staff confirmed they had completed training in safeguarding adults and said they would approach the registered manager or care coordinator if they had any concerns.

People told us the staff assisted them to have their medicines safely and as prescribed. The registered manager told us, and we saw that the service only accepted medicines presented in a Monitored Dose System (MDS) unless an acute medicine was prescribed. This is a medicine which is not routinely taken on a regular basis. An MDS is a method of dispensing medication from a special tray. The tray has a number of compartments which have the days of the week and times of the day recorded. This makes medicines easily identifiable and when it is due to be taken.

We saw that people consented to receive support with medicine as part of the assessment for their care package. This information was also documented in people's care plans. People were also assessed for self-medicating. This looked at the person's understanding of their medicine, if they were orientated to day and time and their willingness of taking medicines. The outcomes of the assessments gave three levels of

support. Level one being prompting, level two being administration and level three being requiring specialist assistance such as district nurse input. This meant the service was identifying appropriately where people needed help and not taking away the independence of those who could take their medicines independently or with prompting.

Staff told us that any concerns with storage or labelling of medicines were reported to the registered manager. We saw medication administration records (MAR) were kept for people who were being supported with medicines. This included recording of the date, time and the medicines taken. The MAR was signed by the staff member. One staff member we spoke with told us "We're aware which people needed to be supported with medication as it's written in the care plan." This meant staff were clear when supporting people with medicines. We checked the stock levels and MAR charts for three people and found stock levels were correct and the MAR charts were fully completed.

We saw that all staff employed by Angel Home Care Service Limited had received training in medicines. Staff members we spoke with said the training had given them good insight in safely administering medicines and they confirmed that they had received the training through an Elearning package provided by an accredited training organisation.

We saw that people had risk assessments in place for moving and handling which included looking at space restrictions in people's properties. The risk assessment described the manoeuvres needed to safely move a person and how many staff members were required. A relative we spoke with told us that two staff members always arrived to support their partner due to their individual needs including immobility.

We also saw that people, where appropriate, had falls risk assessments in place and advice documented on how to prevent people falling. We noted from accident and incident records that no one had fallen while being supported by staff members and that people who had fallen were often discovered by the staff members when they arrived to carry out their scheduled call. Staff we spoke with told us that if they found anyone had fallen, they assessed the person and called for medical help if required. They also contacted the agency office and the next of kin of the person and stayed with the person until help arrived.

We saw an analysis of the accidents and incidents and any outcomes were documented and learning from such concerns were shared with staff members. We saw that body maps were in place which identified where any injuries had been sustained. This meant the service was proactively working to reduce the frequency of accidents or from incidents reoccurring.

We reviewed risk assessments which gave staff member's guidance around handling infectious diseases. We also saw fire assessments were completed for each property which looked at the use of smoke alarms, storage and escape routes. A full premises risk assessment was completed for each property prior to the package of care being started. This looked at lighting, cleanliness, slip, trip and fall hazards, ventilation and room temperatures, window safety, electrical safety and security. This was to ensure the safety of both Angel Home Care Services Limited staff and people using the service. Any concerns raised were discussed with the home owner / family, social worker or housing authority to enable the concerns to be put right.

We observed staff visiting the office to collect personal protective equipment (PPE) such as gloves for use when delivering personal care. We also saw that PPE was readily available at people's properties. We saw that the service had an infection control policy in place and staff confirmed to us that they were aware of the requirements of the policy. One staff member told us they had received training in infection control and we saw that a further 10 staff members had recently completed infection control training and the remainder of the staff team were in the process of completing the training.

We saw that the service used key safes to access people's properties. The registered manager told us that key safe codes were only given to the person's regular carers. This meant the service was working to keep people safe and limiting the number of staff members who had access to the property.

People we spoke with said if the call was going to be late, the office staff called people who were expecting a visit to let them know. This was usually because of traffic or the staff member having to stay longer at the previous call. The general consensus was that late calls were not a concern as it did not happen often. People said they generally had the same staff member visiting them, unless the staff member was on holiday. One person told us, "I always have the same faces and I feel safe by knowing them."

Staff members told us, and the registered manager confirmed, that the rotas were completed a week in advance and emailed to staff. We saw that the rota also gave a brief overview of what care and support was needed on each visit. Where possible, staff were supporting people locally to each other and there was a 10 minute gap between calls. Staff we spoke with confirmed this. We saw that staff logged in and out of properties and call times were able to be monitored by the registered manager and the senior team 24 hours a day. This meant that the service could respond quickly when a call was late and be assured that staff members were attending to people at the correct time.

Is the service effective?

Our findings

At our last inspection in September 2016, we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service was not working within the requirements of the Mental Capacity Act 2005. Additionally, a breach of Regulation 18 found that staff did not receive appropriate training to enable them to carry out their duties. We found that there had been improvements at this inspection and both regulations were now being met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA 2005.

People told us that staff member's sought their consent prior to supporting them and we saw this in practice. We observed people being asked by staff members if the person was happy for them to sit in during the talk with us or whether they would like to speak with inspectors privately. We saw that staff ensured that the person's decision was respected. Staff told us they had received training in MCA and knew how to ensure they gained consent before supporting people. One member of staff told us that if they noticed a change in a person's cognition, they would report it to the registered manager. The registered manager would then raise the concern with the local authority.

We saw that the registered manager had raised concerns around people's mental capacity with the local authority which then led to the person's capacity being formally assessed. This meant that people were supported in line with the MCA and staff had a good knowledge of how they should support people in line with the MCA.

We saw initial pre-assessments had been completed for people receiving personal care from the service. Part of the initial assessment is to request consent to provide personal care and keep information about the person. Staff told us that when a new person begins to use the service, they check are happy with the information that is provided to them and that they get to introduce themselves to the person to read the care plans and risk assessments. All assessments we reviewed were fully completed and contained detailed information to enable the service to support people effectively.

We found the registered manager completed regular supervision with staff members. Training needs were identified through supervision and there were regular staff meetings. This meant staff members were able to share ideas and gain support to develop in their job roles.

Staff told us, and training records showed that they received regular training. We found training included moving and handling, fire awareness, food hygiene first aid, hand washing, safeguarding, mental capacity, dementia, medication and infection control. We saw certificates available in staff personnel files. These had

an overview of what was covered in the training and a question and answer exercise to check staff's understanding. One staff member told us, "My training is up to date, I have completed safeguarding and I know if I have any concerns, I will go straight to [registered manager] and report them." Another staff member told us that they were going to be completing the Level 2 in the safe administration of medication.

We saw that staff had their medication competency checked every three months and medication audits were completed regularly to ensure people were receiving their prescribed medicines safely.

We saw that care staff received an induction that was linked to the care certificate. The care certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life. New staff shadowed experienced staff members for a number of days until they were deemed competent to work alone. All staff members we spoke with confirmed that they had received an induction and the opportunity to shadow more experienced staff prior to working alone.

We saw that competency spot checks were undertaken at one to three monthly intervals which involved the staff member having an unannounced visit while at a person's home from a senior staff member. This was recorded in the staff personnel files and checked that the staff member was dressed appropriately, carried their identification badge and arrived on time. Furthermore, checks were made to ensure staff members were carrying adequate personal protective equipment (PPE) and were disposing of it appropriately, that they had knowledge of the person, were respectful and had a good rapport with them and that the care plan up to date. Staff also received regular documented supervision from the registered manager or the care-coordinators. We saw that staff members signed the supervision record and agreed outcomes for them to work towards. This meant staff were effective in their roles because they received appropriate training and professional support to do so.

We saw and the rota showed there were enough staff available to meet the needs of people using the service.

Is the service caring?

Our findings

At the last inspection, we found this domain to be good. At this inspection, this domain remains good.

People we spoke with said all the staff had a kind and caring attitude. One person told us, "I have never had a problem with any member of the team; I can honestly say they are all wonderful." Another person told us, "My dignity is always maintained. The level of care is wonderful and [registered manager] does beautiful care and has taught the staff how to care."

We witnessed kind and caring interactions between people who used the service and staff members. We saw one staff member joking with a person and the person laughed and seemed at ease with them. People told us their care was never rushed and occasionally staff would stay a little longer than their allocated time if possible. One person said, "Both my carers are very kind and very confident." A relative told us, "[Name] looked forward to the visits as they had a good banter and a laugh with the carers." All people we spoke with thought the staff knew them well and a friendship had been built up between themselves and the staff members. This meant people were supported by staff who understood their personalities and their needs.

The registered manager and staff confirmed that they tried, where possible, to keep the same care staff supporting people for continuity. The rotas we reviewed also confirmed this. One person told us that they were always informed if there was a change of staff member because of sickness or annual leave.

People told us that staff members treated them with respect. One person told us, "They help me where I need help." Staff told us that they encouraged people to do as much as they could for themselves to help them remain independent. A relative we spoke with said, "A lot of respect and dignity is seen when they shower, dress and guide [name] downstairs."

We saw people's preferences, likes and dislikes were recorded in their care file. This information was captured as part of the initial assessment. This included whether they preferred a male or female staff member.

People told us that staff members supported them how they wished to be supported. One person said, "I am visited twice a day as I requested." Another person said "They [staff members] help me to have a wash, make my meals, make sure I am comfortable and tidy the house. Nothing is too much trouble." A third person told us, "They absolutely show me respect and dignity."

We observed that doors and curtains were closed when personal care was being provided. We saw that staff knocked on doors and advised the person who was calling. This meant that staff members were supporting people in a dignified and respectful manner.

Is the service responsive?

Our findings

At our last inspection in September 2016, we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service was not carrying out adequate assessments of need. We found that there had been improvements at this inspection and this regulation was now being met.

We saw that people were assessed for care and support needs as part of the referral to the service. A care plan and assessment was completed by the local authority and the service used this document and their own care planning document to plan people's care. Staff we spoke with could describe people's care needs and from our observations, staff clearly knew people they supported very well. Observations included seeing staff members putting someone at ease while being hoisted and another person being reassured that they had received their medicines on time. We saw there were regular reviews of care plans and risk assessments and people told us, and we saw documented evidence, that people were involved in the reviews. One person said, "Yes, they update my file, I know what is in there and so do the staff. I have complicated health problems."

We reviewed six people's care files and saw initial assessments and care plans relating to eating and drinking, management of personal care, continence, dressing and undressing, support with mental health, social needs and sleep had been completed. There was detailed information on how people communicated and the condition of their hearing and vision. People told us they had been able to contribute to their care plan. One person said "I know about my care plan, the staff know what they are doing." Care files also had a detailed weekly care schedule. This confirmed the days and times of the visits, how many staff members were required and a brief overview of the care required.

We saw in one care plan that the person wanted the front lights left on after their evening call. The person told us that staff always did so as they had read it in the care plan. We also saw for another person that they preferred a male staff member. A relative told us that a male staff member always visited when support was required.

We saw that the service had received eight complaints since the last inspection. All complaints were responded to in a timely manner with outcomes recorded and shared with the complainant and the staff team. People we spoke with said they knew how to make a complaint and felt confident that they could raise any concerns with the registered manager. A person we spoke with said, "I know how to make a complaint but I would also tell my carer, they [the staff member] always listen to me." This meant that the registered manager and the staff team acted on the complaint made and resolved the issue. None of the people or relatives we spoke with had raised any complaints about the service. One relative said "I have no complaints; I would tell them if it wasn't right."

There were three compliments recorded which included the comments: "Thank you for all your hard work, we appreciate your dedication, you are all excellent at your job", "I would like to thank you for your kind care" and "[Name] passed away but it meant so a lot to her that she spent several months in her own home

and your care enabled that."

Is the service well-led?

Our findings

At our last inspection in September 2016, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were insufficient systems in place to monitor, assess and improve the service. Additionally, a breach of Regulation 18 found that the provider had not reported all allegations of abuse to the Care Quality Commission. We found that there had been improvements at this inspection and both regulations were now being met.

We looked at the service's quality assurance systems to ensure they effectively assessed and monitored that the care and support delivered was safe and effective. We saw that there were systems in place to monitor people's daily records, the checking of medicines to ensure it was being safely administered and audits of care plans. This process has assisted the service to make improvements to the medication administration records (MAR). There were unannounced spot checks of staff members to check they were completing what was expected of them and we saw there had been improvements to the quality of recruitment audits which verified all the necessary checks had been completed. At this inspection, we found quality checks to be comprehensive.

People we spoke with also told us that they received regular monthly phone calls from the registered manager checking they were okay and happy with the service provided. One person said "They make sure that I am fine and happy with things."

People we spoke with were complimentary about the registered manager. One person told us, "[Registered manager] is wonderful, so hard working and caring, they even do the home visits at weekends." A relative told us they found the registered manager very approachable and always calls them to let them know any changes. A health and social care professional we spoke with told us that they found the registered manager very good and confident on what they are doing. They felt that the service was well organised and have seen the improvements made since the last inspection.

We asked people if Angel Home Care Services Limited sought their views on the care and support provided. All the people we spoke with said that they had received a survey about the service they had received. We saw that surveys were sent out to all people using the service, quarterly and of the most recent survey, 18 responses had been received. Results showed that 77% of people strongly agreed that they received kind and compassionate care from the service and 23% of people agreed with this statement. 72% of people strongly agreed that they felt listened to and 28% of people agreed and 61% strongly agreed that they felt involved in decisions and 39% said it was not applicable to them. The registered manager told us that they used the surveys to assure themselves that they were providing a good service.

The registered manager was also the owner of the service and they told us they felt well supported by the care coordinators. Staff we spoke with told us they found the registered manager approachable and always willing to listen. One staff member told us, "[Registered manager] is very helpful, I always go to them and they know what they are doing, I feel well supported."

We saw that there was a business continuity plan in place. This confirmed what to do in the event of an

emergency, for example extreme weather or loss of communications.

There were policies and procedures in place in relation to safeguarding, whistleblowing, mental capacity, recruitment, infection control, medicines and end of life. We saw, and staff told us that they could access policies from a quality compliance app on their phone or tablet. All the policies were valid, in date and reviewed regularly.

We saw that the service had invested in a number of computerised management systems to help the work flow of the service. This included systems to help with the management of the rota and the recruitment of staff including DBS checks. Care planning, risk assessments, policies, procedures and staff monitoring were utilised as part of this system which enabled the service to be more effective. This had been proven to help streamline the service and have everything accessible in one place. Staff were also able to access parts of the system applicable to them such as Elearning and policies. Staff we spoke with confirmed they could access information on their rota and policies online.

We saw that the registered provider ensured statutory notifications had been completed and sent to CQC in accordance with legal requirements. Services providing regulated activities have a statutory duty to report certain incidents and accidents to CQC. The registered manager kept a file of all notifications sent to CQC.

We saw that the service had displayed their most up to date CQC rating at their office. This is a legal requirement for every premises where a regulated activity is being delivered.