Angel Homecaring Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection was announced and took place on 5 and 6 May 2017. Angel Homecaring provides personal care to people in their own homes. At the time of our inspection the service was supporting 21 people. This was the services first ratings inspection since they registered with us.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the provider.

People felt safe and were supported by staff who understood their risks and how to manage them. People were protected from harm and abuse as staff understood how to recognise and report it. People were supported by sufficient numbers of staff that had been safely recruited. People received their medicines safely and as prescribed.

People were supported by staff with the skills, knowledge and required support to provide safe and effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People who were supported by staff to prepare and cook meals of their choice and staff understood how to meet people's specific dietary requirements. Where people were at risk of poor nutrition or hydration this was being monitored. People were supported to access healthcare professionals if required.

People told us staff were kind and caring and they were encouraged to make day to day decisions about their care and support. Staff respected people's choices and promoted people's privacy and dignity and encouraged their independence.

People were supported by a consistent staff team who understood their needs and preferences. People and their relatives were encouraged to participate in the planning and review of their care. Staff were informed of any changes to people's care needs to ensure they were able to provide effective support. People's specific needs were assessed and planned for. The provider had a complaints procedure to ensure the effective and appropriate management of complaints raised.

The provider completed a range of audits and checks, however these were not always effective at identifying the required improvements. There were processes in place to enable people and their relatives to provide feedback on the service. Staff felt supported in their roles and were confident to raise ideas or suggestions about how to improve the service or care for people. The provider understood their responsibilities to notify us of certain events such as allegations of abuse and serious injuries and had done so appropriately.

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.

People were supported by staff who understood their risks and how to manage them. People were supported by staff who understood how to recognise and report concerns of abuse. People were supported by sufficient numbers of staff that had been safely recruited. People received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skill, knowledge and appropriate support to deliver their care. People's rights were protected as staff understood how to apply the principles of the Mental Capacity Act in their practice. People were supported to eat and drink sufficient amounts and were offered choices. People were supported to access healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring and enabled them to make choices about their care. People were supported by staff who understood the importance of treating people with dignity and respect and promoted their independence.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who understood their needs and preferences well. People and their relatives were involved in the planning and review of their care and their needs and preferences were documented and regularly reviewed. The provider had a system to appropriately manage complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The providers systems and processes to monitor the quality and consistency of the service were not always documented and were not always effective at identifying the required improvements. People and their relatives felt the management team were approachable and they were provided opportunities to give feedback on the service. Staff felt supported in their roles were encouraged to raise concerns or share ideas to improve the service.

Angel Homecaring Ltd

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 checked 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 inspection took place on 5 and 6 May 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of service.

Before the inspection we reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as allegations of abuse or serious injuries. The provider had submitted a Provider Information return (PIR). 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. We also contacted the local authority service commissioners and the safeguarding team for information they held about the service. We used this information to help us to plan the inspection.

During the inspection we spoke with eight people who use the service and nine relatives. We also spoke with five care staff, the service manager and the registered manager who was also the provider. We reviewed a range of records about how people received their care and how the service was managed. These included three people's care records, two staff files and records relating to the management of the service. For example quality checks, accidents and incidents logs and complaints.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person said, "I always feel safe when I am with them". Another person told us, "I do feel safe as they all know what to do". A relative said, "I do feel [person] is safe. They would contact me if any problems for example they phoned me when [person] turned them away from one of the visits". People were supported by staff who understood how to keep them safe and recognise and report potential harm and abuse. Staff we spoke with told us that they would report concerns about people's safety to their manager. Staff understood that safeguarding concerns were escalated to the local authority and expressed confidence that this was always done when required. Records we looked at confirmed what staff had told us. Staff were confident to report concerns to the local authority themselves if they felt appropriate action had not been taken following concerns raised. Staff were also confident to use the providers whistleblowing procedure if they suspected poor practice. One staff member told us how they had been supported following a whistleblowing concern they had raised. They told us the registered manager had taken appropriate action. They said, "We are encouraged to report concerns". This showed there were systems in place to keep people safe from harm and abuse.

People were supported by staff who understood their risks and how to manage them. One person said, "They use rotator equipment to help me stand and I feel safe. They all know what they are doing and I feel confident with them". Another person told us, My tablets have to be crushed and I need pureed food but it's all done well". Staff we spoke with could tell us about people's individual risks such as the risk of falls, choking and the risk of pressure injuries. They were able to tell us in detail how they worked to reduce the risks to people and we saw this information recorded in people's care plans. Records we looked at showed us that staff were supporting people appropriately to ensure their safety. For example people were being transferred safely using the appropriate equipment such as hoists and people's skin was being monitored where there was a risk of them developing a pressure injury. Risks were regularly reviewed and updated to ensure people's changing risks were being appropriately managed. Staff understood how to record and report accidents or incidents and we saw the provider was taking appropriate action to ensure people's safety. For example, appropriate healthcare professionals were contacted following a fall and people's care and support had been reviewed. One relative told us their family member's frequency of falls had reduced since they were being supported by the service. They said, "[Person] has also had less falls as they are being checked on more often". Accidents and incidents were being analysed to look for patterns and trends so the provider could take appropriate action to reduce the risk of incidents reoccurring. This meant people were supported to maintain their safety.

People were supported by sufficient numbers of staff to ensure their safety and their needs were met. People and their relatives told us they mostly received their care calls from consistent staff who arrived on time and had never experienced any missed calls. One person said, "There are 2 or 3 regulars who come to me now. They are on time unless there are any problems with anybody else, give or take 5 minutes and they stay for the time they should". Another person told us, "The staff have never not turned up at all". A relative we spoke with commented, The staff have half an hour window to arrive are usually on time within that window". Staff told us they felt there were sufficient staff to ensure people's safety. For example they told us two staff were always provided where this was required. The provider had sufficient plans in place to

manage staff absence and had a number of systems to monitor call times. The registered manager told us staffing levels were based on people's dependency and they attempted to provide consistent staff to attend people's calls to provide continuity of care. They said, "We would never take a package on if we were not able to provide the right numbers of staff to care for people safely". This meant there were sufficient staff to support people safely.

People were supported by staff that had been recruited safely. Staff told us they were not able to work with people on their own until the provider had received suitable pre-employment checks, such as references and DBS checks. DBS checks help the provider reduce the risk of employing unsuitable staff to work with vulnerable people. Records we looked at confirmed what we had been told.

People were supported to take their medicines safely and as prescribed by suitably trained staff. One person told us, "I feel very safe with them because they know what they are doing. They give me my tablets and eye drops and there are no problems and they are very hygienic which is important with the eye drops and wear the gloves". A relative said, "[Person] has a lot of medication and they complete the necessary forms and there has never been a problem". Another relative told us staff stayed with their family member until they had taken their medicines. Records we looked at confirmed people received their medicines as prescribed. Staff had been trained in the safe administration of medicines and were subject to spot checks to ensure people were being given their medicines safely and as prescribed.

Good

Is the service effective?

Our findings

People were supported by staff that had the skills and knowledge to deliver their care. A relative we spoke with told us, about their family member who had to be PEG fed. Percutaneous endoscopic gastrostomy (PEG) is where a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. The relative told us that staff had received appropriate training to ensure they were able to provide safe and effective care for the person. Another relative said, "Staff always changes the catheter for [person] every week and knows what they are doing. All the carers seem to understand about the catheter". Staff told us they had to complete an induction which included training, shadowing more experienced members of staff and the completion of the care certificate. The care certificate is a set of national minimum standards that new care staff must cover as part of their induction process. A relative told us, "When a new staff member starts they go out with one of the services trainers so the training is not theory based but more based on individual needs". Staff had access to ongoing training to ensure they were kept up to date with legislation and best practice and received specific training to enable them to effectively support the people they were caring for. They gave examples such as , diabetes, PEG feeding and dementia. Staff told us they had been provided with awareness training from a relative of a person who had a complex degenerative illness. They told us this was useful in getting to understand the person's condition and needs. This was confirmed by the relative. They told us the provider had initiated this session for staff which they had felt helped staff to understand their family member's condition better. Staff told us they had access to regular support from their line manager both formally through one to one supervisions and informally as and when required. Staff also told us they were spot checked and they were given feedback on good practice or areas for improvement. Records we looked at confirmed what we were told. This showed people were supported by staff that were suitably skilled and supported to undertake their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 may lack capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We looked to see if the provider was appropriately applying the principles of the MCA. People were supported by staff who sought their consent before supporting them. Staff we spoke with understood the importance of seeking people's consent before they provided care and support and told us they asked people fi they were ok to support them. Staff told us they would never force a person to do something they did not want to do and could give us examples of how they sought consent from people where they were unable to communicate this verbally, such as by checking facial expressions or body language. Staff had received training how to apply the principles of the MCA to their practice. Where people lacked the capacity to make decisions for themselves decisions were being made in their best interests. The provider was verifying that relatives that were making decisions on people's behalf had the legal right to do so and were involved in making decisions about people's care. However, historical decisions that had been made in one person's best interests had not been documented in their care plan. We spoke to the registered manager about this who immediately addressed this issue.

People who were supported by staff with their meals told us they received sufficient to eat and drink and were offered choices. One person said, "They heat up ready meals for me and do give me a choice between which meals I have". Staff understood people's specific dietary needs such as PEG feeding, thickened fluids and soft diets. People we spoke with and records we looked at confirmed that people were supported to have the correct specialist diets and appropriate healthcare professionals such as dieticians and speech and language teams were involved. Records showed that healthcare professional advice was being followed by staff in respect of people's specialist dietary requirements to ensure people maintained good health.

People mostly managed their healthcare appointments themselves or were supported by relatives but staff would support if required. A relative we spoke with told us, "They will even help for example if she needs to go to the Doctor they will take her". Staff understood the action they needed to take if they noticed a decline in a person's health or wellbeing and we saw where there had been concerns this had been reported and appropriately escalated. For example one staff member told us they supported a person who was at an increased risk of developing a urine infection. They told us they monitored the person for symptoms and escalated any concerns to the registered manager and the person's relative. Staff were able to tell us how they were following healthcare professional guidance. For example, the specific actions required to reduce the risk of people getting sore or broken skin such as pressure relief and the application of creams. One staff member told us, "we are supporting a person to do the exercises the physiotherapist has set them to do they have much improved their mobility is better and they are in less pain". This meant people were supported in ways that maintained their health.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us staff treated them well with kindness, dignity and respect. One person said, "I think I am lucky to have this service. It's wonderful and it's always nice to see somebody and have a little chat. I look forward to them coming. We have lovely chats just about everyday things but it means a lot to me". Another person told us, "They are so kind. They come and they do whatever I want them to do. If I feel like going shopping they will take me. If not then we have a chat". A third person told us "I can't fault them. They are marvellous, nice young girls. There are three or four of them I know now. One is a man and he is great very thoughtful. I'd highly recommend them". Another person said, "They are so helpful and will do extra little jobs like hanging my washing for me. They show an interest in me as a person". A relative told us, "The staff are all very pleasant. I wouldn't swap them and they are kind and gentle with [person]". Another relative said, "A couple of the girls went to see [person] whilst she was in hospital on their days off. When [person] went into respite she was taken by ambulance and I had to follow in my car. One of the girls went in the ambulance with her and held her hand as she knew she would be upset". They went on to tell us, I would say that they tend to recruit staff for their love of caring rather than their being academic or necessarily very educated. They tend to recruit for attitude and I'm fine with that". One staff member told us "It's our role to do our best for the people we care for; we want the best for them". People told us they developed good relationships with the staff that supported them and felt staff always tried to do their best to ensure people were provided with good care. One relative told us how a staff member had made a referral to the occupational therapist as they had identified the person looked uncomfortable when being transferred by staff. The relative told us how new equipment had been sought and said, "It's much better so they really helped [person]". We also found a compliment from a relative which praised staff for having patience and their ability to communicate with a person who struggled to communicate verbally. It stated, "This is becoming more obvious as [person] is talking more".

People were involved in making day to day choices about their care and support. People and relatives we spoke with told us staff always provided choices when delivering care. One relative said told us their family member was asked where they would like to take their medicines. We saw a compliment raised by a healthcare professional about a person who struggled to communicate verbally. It that stated, "[Person] spoke for the first time this is due to the staff's interaction and involving [person] in making day to day decisions". Staff told us about the ways in which they encouraged people to make a range of choices whilst carrying out care and support such as, a choice of clothes, food and drink and how they preferred their personal care carrying out. One staff member told us, "We ask people how they prefer their care to be delivered". They shared examples of how they ensured people who were unable to communicate verbally were provided with choice and control over their care, such as showing them a selection of clothes for them to choose or the options of food and drink that were available to them.

People were supported by staff that understood the importance of maintaining people's privacy and dignity and promoted their independence. "I have got to know [staff member] and he is brilliant. I feel reassured. The way he covers my wife all the time is very respectful and he is generally respectful with her and me". Another relative told us staff never discussed other people's business in front of others and respected people's confidentiality. Staff shared examples of how they worked to maintain people's privacy and dignity

such as closing doors and curtains when supporting people with personal care and covering them with a towel. Staff told us that people were encouraged to do things for themselves where possible and support was provided where required. One staff member said, "I love my role as you can support people to maintain their independence". People's care records detailed how to maintain people's privacy and dignity and of the tasks people were able to undertake themselves.

Good

Is the service responsive?

Our findings

People were supported by staff who knew their care needs and preferences well. People were mostly supported by a consistent team of staff and staff told us this helped them to get to know people better. One person told us, "There is a group of them who have become familiar to me". Another person said "Those who come make me feel safe with them. They are fairly familiar and sort of suit me". One staff member said, "During induction you get to meet people and find out how they like things doing". Another staff member told us, "We are generally allocated the same calls, it provides continuity for people". People were provided with their choice of male or female carer and the registered manager told us they always tried to meet people's preferences. Staff were able to tell us about how people's care and support should be provided and of their likes and dislikes. People's care plans were personalised and contained details of their needs and preferences and these were reviewed regularly to account for any changes. One relative said, "We get a customer review every month it's brought round by a senior carer so the review of my relatives care is an ongoing process". Staff were made aware of changes in people's needs. One staff member said, "If there is change in need or risk the office will contact you before you go to the next call. We are also texted with any changes and communication between staff is good, we pass information on to other staff". This meant staff had access to up to date information about people's care needs.

People and their relatives were in involved in the planning and review of their care. One relative told us, "Initially when they did the initial care plan [staff member] was here ages and the plan was very thorough and she included us both in all decisions". Another relative said, "[Staff member] came out from the office this morning and went through the care plan with me and [person]. She tried to involve [person] as much as possible. I did mention to her about [person] needing more encouragement to eat and drink". A third relative told us communication was good between them and staff. The said, "They have a plan in the folder and we are able to read everything they write about how he has been and what they have done." Another relative told us staff would advise them if their family member had refused medicines or food which enabled them to follow this up themselves. They said, "They do respond well to my requests and if I leave a note for example about new medication then they respond".

The service was keen to ensure that all people would feel comfortable accessing the service regardless of their religion, race, disability or sexuality. We saw the literature and posters that were used at the service reflected the services inclusive approach. The services initial assessment was tailored to ensure a person centred approach was used to assess people's needs and ensure all of their needs and preferences could be met. The registered manager told us they had in the past supported a same sex couple and a transgendered person. They told us they wanted all people to feel comfortable accessing the service and to ensure people were supported holistically.

People told us the service was flexible and responsive to their needs. For example one relative told us, "They are quite responsive. When we were on holiday last week and needed the number of visits temporarily increasing to my relative they were able to do this with the week or so notice we gave them". Staff told us they tried to be flexible to ensure people's preferred call times were accommodated. One staff member told us, "We will change the times of calls if requested".

People and their relatives knew how to raise concerns or complaints and felt confident to do so. One person said, "I would complain if anything went wrong". Another person told us of a complaint they had made about a staff member and they had requested the staff member no longer completed their calls. They told us the request had been respected. A relative said, "If there are any issues then I contact them straight away and they are quite responsive". Another relative said, "I am aware of the complaints procedure and I would certainly ring the office if I needed to. The provider had a complaints policy in place to appropriately manage complaints. We saw complaints had been documented, investigated and responded to. This meant the provider had a system to ensure complaints were appropriately managed.

Requires Improvement

Is the service well-led?

Our findings

The provider carried out a range of checks and audits to monitor the quality and consistency of the service. For example medicines audits, spot checks of staff and checks of people's daily records were being completed to ensure their care was being delivered in line with their care plan. However, some checks had not been documented and some audits were not effective at identifying the required improvements. For example, the medicines audits had not identified some of the recording errors we found during the inspection. We also found care plan checks and reviews had not identified that specific decisions that people were unable to make for themselves had not been documented. Historic best interest decisions had also not been recorded in people's care records where this was required and this concern had not been identified through he provider's audits and checks. We discussed our findings with the provider and the service manager who told us they would take the necessary action to address these issues.

People told us they felt the service was well led and the registered manager was approachable. People told us they felt comfortable approaching the registered manager to raise concerns or complaints and were confident these would be acted upon if raised. People also told us they were regularly visited by senior staff members to check on them and review their care. One relative we spoke with said, "They seem quite organised. The size and intensity of the care package [person] needs not many agencies would take on but Angels did". Another relative told us, "I have only had to contact the office once and they were very helpful and it was easy to get through and they phoned me back when they said they would. I chose Angel because when Social services gave me a list of the agencies in the area I phoned a few and left messages but Angel were the only one who bothered to phone me back".

People, relatives and staff were provided with opportunities to provide feedback on the service and this information was being used to make improvements. People told us they were asked for their feedback during care reviews and through the use of telephone reviews and a satisfaction survey. Records we looked at confirmed what we were told. For example we saw the provider had taken appropriate action in relation to concerns raised about a staff member. We saw the provider had followed this up with the person to ensure their concerns had been resolved. We looked at some completed satisfaction surveys and saw positive comments such as "Thank you for all your help". The registered manager had explored other means of gaining people's feedback and involving them in the development of the service, such as service user and relatives meetings. However these had not been well attended. This demonstrated the provider was keen to ascertain people's feedback in order to develop the service.

Staff felt supported in their roles and told us the management team were supportive and approachable and felt their ideas or concerns were listened to. One staff member told us, "The registered manger is very approachable, there is an open door policy and if you have any problems there is always someone to contact". Another staff member said, "We do our best and we are well supported in our roles we feel there is someone behind us". Communication within the team was good. Staff told us they had regular team meetings where they could discuss any concerns or ideas to improve the service. One staff member said, "We have team meetings and seniors have management meetings. We review the service and discuss any suggestions for change or improvement. We have made suggestions about changing the call runs to reduce

travel and improve efficiency. We have trialled it and it has improved". The registered manager told us they provided feedback to performance and development by sharing audit findings and feedback from spot checks. They told us praise was also offered to staff where it was identified staff had achieved something positive. Staff we spoke with and records we looked at confirmed what the registered manager had told us. For example, we saw staff letters had been sent out offering praise and thanks to staff following a compliment from a healthcare professional. Staff told us they felt gaining feedback useful in ensuring they were providing good care to people. Staff meeting records we looked at confirmed what staff had told us. We saw staff were encouraged to put forward their ideas and raise any concerns they might have. This showed us that staff felt well supported in their role and they were encouraged to be involved in the development of the service.

The registered manager kept up to date with best practice and legislation by attending training, keeping up to date with their nursing registration, attending meetings with partners and key stakeholders, attending conferences and the use of websites. This meant the registered manager has access to up to date information to ensure the service was effective in meeting the needs of people. The registered manager had a good understanding of their responsibilities and appropriate notifications of events as required to by law, such as allegations of abuse or serious injuries were submitted in a timely manner.