

Angels Care Wirral Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We visited Angels Care Wirral Ltd on the 6 and 7 April 2016. Angels Care Wirral Ltd provides care and support to people living in their own homes on the Wirral. At the time of our visit, the service was providing support for 47 people, and twenty care and support staff were employed.

The service had a registered manager. 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.

We found that the care plan and risk assessment review records were not all up to date or had not reflected the changes of the health of people using the service.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. Staff were aware of the safeguarding procedure in relation to safeguarding adults and all were aware of the need to inform the manager or a supervisor immediately.

We found that recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. The procedure required updating and auditing as there were gaps in the documentation. Staff received regular training to enable them to work safely and effectively. The policies and procedures in place required updating as they had not been reviewed since 2010.

The responses from people who spoke with the inspector were that the service was either very good or excellent. People told us they were very happy with the staff and felt that the staff understood their care needs. People confirmed that staff stayed for the length of time allocated and arrived on time. People also confirmed that calls were rarely missed and that an on-call system was always available. All of the people we spoke with had no complaints about the service.

The staff employed by Angels Care Wirral Ltd knew the people they were supporting and the care they needed. People who used the domiciliary service and staff told us that Angels Care Wirral Ltd was well led and staff told us that they felt well supported in their roles. We saw that the manager was a visible presence and it was obvious that they knew the people who they supported really well.

At this inspection we found a number of breaches relating to risk assessments records that were not being completed thoroughly by staff when a risk was identified, a person's care and treatment plan must be designed to make sure it meets all their needs. Systems were not in place to effectively monitor the service.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was mainly safe.

Staff had been recruited safely. Recruitment, disciplinary and other employment policies were in place but required updating.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people.

Risk assessment records were not being reviewed and did not work in conjunction with the care plans.

Requires Improvement ●

Is the service effective?

The service was mainly effective.

Staff had undertaken relevant and appropriate training.

Staff were appropriately inducted and received ongoing training.

Staff were provided with supervision or an annual appraisal of their work performance.

Good ●

Is the service caring?

The service was caring.

People told us that their dignity and privacy were respected when staff supported them.

People we spoke with praised the staff. They said staff were respectful, very caring and helpful.

Good ●

Is the service responsive?

The service was not always responsive.

People who used the service were involved in their plan of care and, where appropriate, their support needs were assessed with them and their relatives or representatives.

Suitable processes were in place to deal with complaints.

Requires Improvement ●

Care plan review documentation was not always updated.

Is the service well-led?

The service was not always well-led as it lacked documentation to demonstrate how.

The registered manager was clearly visible and staff said communication was open and encouraged.

The service had a manager who was registered with the Care Quality Commission.

The quality of the service was not being monitored appropriately as documentation was not being completed.

Requires Improvement ●

Angels Care Wirrall 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 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 inspection took place on 6 and 7 April 2016. We gave 24 hours' notice to make sure that the manager would be available. The inspection was carried out by one Adult Social Care inspector. Before the inspection, the provider completed 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. As part of the PIR the CQC contacted people using the service by sending a questionnaire. We received fourteen responses, all were positive.

An Adult Social Care inspector visited the office on 6 April 2016 and looked at records, which included five people's care records, five staff files and other records relating to the management of the service. We spoke with the manager, the co-coordinator/supervisor and four other members of staff. The visit was followed up by the inspector with home visits on the 7 April 2016 to two people who used the service and their families.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public.

Is the service safe?

Our findings

People who used the service said they felt safe when supported by the staff. One person who used the service told us "Oh yes, the staff all know what they're doing I feel totally safe". A relative also commented "Staff who visit my wife always ensure she is safe when supporting her". We received no reports of missed visits and were told that the staff were almost always on time.

We saw that risks to people's safety and well-being had been identified and plans put in place to minimise risk in the original care assessment records. The risk assessments had not been updated and reviewed in three of the five care plans looked at. The manager told us that they should be completed annually or sooner if there was any change in the person's needs. An example was care had been increased for a person due to their diminishing health. There was no reviewed risk assessment to inform staff of the change and actions required to minimise the risks. Another example was again due to a service provision increase and change of care but no record of what the reasons were and what the risks were had been identified.

These examples are breaches of regulation 12(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Assessing the risks to the health and safety of service users of receiving the care or treatment).

The original risk assessments had been completed with regard to moving and handling, the environment, handling medicines and people's physical health. We discussed how the service monitored equipment that was used in people's homes, this included when equipment was due to be serviced. The manager told us two people were being supported by hoist and the care packages were new. Staff were trained on site by occupational therapists; records were seen to be up to date.

Records showed that all staff had completed training about safeguarding adults, some of this training had been identified as needing updating by the registered manager and we saw the training plans in place to update staff knowledge. The provider had a policy on safeguarding and this was dated April 2010, we were told that the policies were being updated. Staff we spoke to were all aware of the need to report any concerns to a senior person and they had knowledge of their own responsibility to report any concerns about their workplace to an outside body if necessary.

We saw that personal protective equipment such as gloves and aprons were provided to staff. The provider ensured all staff were provided with uniforms and protective clothing. One person who used the service said "They're all very clean and follow good hygiene protocols".

We looked at a sample of staff files we saw records to show that recruitment and checking processes had been carried out when staff were recruited. This included a Criminal Records Bureau (now Disclosure and Barring Service) disclosure and written references. The manager who did all of the recruitment needed to ensure that all references were validated. The employment history on two of the five staff files looked at had not been completed appropriately and there were gaps. Copies of original documents did not show any information that an original document had been seen, the date and by whom. This meant that the manager

had not ensured staff applications were completed fully. We were told that there had been no audit of staff files completed.

These examples are breaches of regulation 17(2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance).

We looked at how the service supported people with their medication. Some people were prompted to take their medication, whilst other people needed support with administration of their medication. Medication Administration Record sheets (MARs) were available within the care files, these were provided by the provider and we saw these had been completed appropriately by care staff. The three MAR's looked at had been completed as required by the provider however information was omitted including PRN medication recording. There were no codes on the MAR's to inform why staff had not provided medicines including refusal. The manager told us that she was looking at the MAR to update them. People who required support with medication were encouraged to use blister packs. We were told by everyone we spoke to that there were no problems with their medications. The medication policy and procedure required up dating and had not been reviewed since 2010.

Staff had received training in medication administration, staff we spent time with told us any issues with medication was always reported to the manager who dealt with the issue immediately.

We saw that the registered manager had accident records that were completed in full. There had been no accident or incidents at the service in the last twelve months.

We also saw the service had disciplinary procedures in place that had been followed according to their policy.

Is the service effective?

Our findings

People we spoke with felt that the staff calling on them were fully trained and had the necessary skills. One person said "The staff are very competent and professional". A relative told us "Staff who visit here are very good and their skills meet my wife's needs".

The service employed 20 care staff, three of whom had completed their Health and Social Care Diploma Level 3 and one other staff had fully completed their level 1. Six staff had completed an National Vocational Qualification in care. The manager told us that she looks for sponsorship for care qualifications to register staff to ensure they are confident and competent in their roles. The manager also informed us that she had liaised with Skills for Care to meet with her to look at the training provided at the service.

Care staff had been provided with supervision meetings. The manager told us that she did go into the community with staff and observed them in their role. There was no record kept of this. Staff told us they did have supervision with the manager and said there was an open door policy and the manager was supportive and dealt with their issues immediately. Staff had not had an annual appraisal since 2014 the manager told us that she was behind in setting up the annual appraisals, she said that staff were seen on a regular basis so that she was aware of what was required but had not recorded this.

We reviewed five staff files in relation to staff employed and saw evidence that staff had received an induction when they first started working at the service. Records showed that a range of training was undertaken by the staff team and this was confirmed by the five staff we spoke with. The training had previously been provided in house and by an external training company. Subjects that had been covered included Dementia, Food Hygiene, Hand Hygiene, Infection Control, First Aid, Moving and Handling, Safeguarding and Fire Training. A training plan was in place for the current year and the manager showed us the training materials and plan that was being used. One family member told us "Staff are well trained and always professional".

One person who spoke with us had food prepared for them by staff from Angel Care. They said they were very happy with everything that was done for them.

The care plans we looked at showed care delivery had been agreed to by the person receiving the service or if they lacked capacity their relatives.

Care plans included examples of specialist advice that had been sought. For example, a person had also been provided with a lot of health care professional support and they requested that care staff inform them of any changes to the person's health. Records showed this communication took place regularly to ensure the comfort of the person. One relative who used the service also told us that the service were always willing to adapt if their family member had hospital or doctors' appointments, they said "Very flexible service".

Is the service caring?

Our findings

People told us that staff were always kind and compassionate when attending to them. One person who used the service said "They're very nice, very caring and professional" another person told us "Excellent staff, go above and beyond to help me". A relative said "They're excellent and very caring people" and another relative told us "They treat my [family member] with dignity and respect, couldn't ask for anything more."

People who used the service and relatives were visited by the manager and asked about the service provision. They told us that the manager worked as part of the team in providing care and support and asked them at all visits if the service was providing what they required. This was not formalised and no records had been completed by the manager. People we spoke with were very happy about the care and support provided by Angels Care . We were told that staff were very respectful and caring and carried out their role in a professional manner. One person said "I have to have care provided the way I want it done. The staff are excellent and they know exactly what I want".

The people we spoke to felt they were well informed and were also involved in the care being delivered. The care plans we looked at had all been signed and agreed. People and relatives told us that the care was what they required from the service.

We looked at the information supplied by the service at the homes of two people, both had a copy of the 'Service User Guide' that gave all relevant information about Angels Care, how to contact and who to discuss any questions or issues with.

We observed that confidential information was kept in the manager's office and the main office; they were locked when there were no staff at the office. Files were locked in filing cabinets and all computer access was protected by a password code.

We were told by one relative "I could not have asked for more, excellent care". Another commented "I would strongly recommend Angel Care".

Is the service responsive?

Our findings

The people who we spoke with were more than satisfied with the way care was provided, could not fault the approach of the staff, and felt listened to. They told us that they would certainly be able to express concerns about the service if they had any. All of the people spoken with were sure they would know how to complain if it became necessary and all had not, so far, made any complaints. One person told us "I have nothing to complain about, excellent". Another person said "I've no faults at all, great".

We saw that information was kept in three different locations. These were the person's home, the lockable cabinet and on a password protected database. We saw that this information was not always reviewed and information updated to reflect changes that had taken place. One example was a person's care had been increased and visits were taking place four times a day. The information in the care plan did not reflect this change as a review had not taken place. We discussed the change with the manager and were told that staff and the person receiving the care were aware of the care required and that she had not updated the care plan record.

These examples are breaches of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance).

The agency had a clear written complaints policy and this was included in the information pack given to people when they started using the service. The complaints procedure advised people to contact the manager if they wished to raise any concerns and gave contact details for the CQC. We asked people in the community if they had the complaints procedure and had they used it. People told us that they had the complaints procedure and would use if required. None of the people contacted had complained, there had been no complaints in the last twelve months.

All reported that they had full choice in their care and the way it was provided and they all considered they were in control of the care and support they received. Staff always consulted people about how their support was to be provided.

We spoke with the manager and care co-ordinator/supervisor and we were informed a service was not provided until they had been to meet and assess the person in their home surroundings. Whenever possible a family member was also present. People we spent time with in the community with told us the manager had visited them on numerous occasions.

We saw records of these assessments in people's care files. The assessment forms had been completed in detail and recorded agreement for the service to be provided. The forms were signed by the person requiring a service or a family member. Following this, the manager gave information about the person to staff and also she or a supervisor accompanied the staff on their first visits to ensure the appropriate and agreed care was going to be provided. This was supported through discussions we held with the care staff.

Care staff completed a visit log after each visit and we saw that entries were detailed and described the care

that had been given and how the person was feeling. The manager told us that the staff received training on how to write reports appropriately.

One person who used the service told us "I explained what I wanted, I met with the manager and I agreed. There's a daily diary the carers write in. I have access to read that at any time if I wish".

We asked how staff liaise with any community services on behalf of the people receiving care. All staff told us they would call a doctor/ emergency services if they had concerns. They would always notify the manager of any actions taken and record in the daily record actions taken and the outcome. We were able to see how the service was able to contact relevant people to provide appropriate treatment and we saw how the service worked appropriately with other agencies.

Is the service well-led?

Our findings

All the staff who spoke with us said the service was well led. One person told us "The manager is very approachable. If you have a problem she will sort it out" another staff member said "I feel very supported the manager is very accessible and always acts when I raise an issue". People who used the service told us "The manager is excellent, part of the team and always willing to support her staff" Another commented "The manager is excellent I would recommend this service to anyone, brilliant".

We requested information on how the service was monitored. The manager did not have any audits for example of the service user files and staff files. The manager told us she did go out in the community to monitor service provision and asked people who used the service to express their views of the service acting on issues and comments made. However the manager did not formally record these visits. We did find that care plan reviews and risk assessment records were not being completed as written in the safe part of this report.

These examples are breaches of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance).

The registered manager was supported by two care co-ordinator/supervisors. All took responsibility for staff rotas and planning the service. All also spent time working directly with people who used the service.

The registered manager was the provider who provided anything the care co-ordinator/supervisors thought appropriate, this included management training. A senior member of staff spoken with said "If I need anything I get it." And "The manager is so supportive we work so well as a team".

The five staff spoken with all told us that the manager was very supportive and had an open door policy which meant they could speak to her at any time they required support. Staff told us that any issues were dealt with immediately. There were no records of these meetings. The manager told us that she was behind in formal supervision of staff as written in the effective part of this report.

We were able to see how the service worked alongside other professionals such as district nurses and G.P.'s to ensure care services were personalised. An example of this that we saw was the manager requesting support for a person who's mobility had become restricted due to their illness.

The services policies and procedures had not been reviewed by the manager/provider since 2010 and required updating, these included health and safety, confidentiality, recruitment and lone working. People's care files were stored securely to protect their confidential information.

A staff member told us "I'm really happy, I do seriously love working here".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments were not being completed by staff when a risk was identified. This meant that people were at risk.</p> <p>Regulation 12(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Assessing the risks to the health and safety of service users of receiving the care or treatment).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not in place to effectively monitor the service and ensure records were relevant and up to date.</p> <p>Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance).</p>