

Angels Community Enterprises C.I.C.

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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 

Overall summary

The inspection was announced and took place on 24 November 2015. We gave the provider 48 hours' notice of our visit to ensure the registered manager of the service would be available.

The last inspection was November 2013. The provider was found to be compliant in all areas.

Angels Community Enterprises is an independent domiciliary care agency which provides personal care, in addition to a cleaning, shopping and meal preparation service to their clients. At the time of the inspection was providing personal care to three people.

A registered manager was in post and present for the inspection. A registered manager is a person who has

Summary of findings

registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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 looked at records relating to the personal care the service was providing and found care was well planned and reviews involved the person receiving care where appropriate and their family.

Recruitment procedures were effective with appropriate checks made on people's employment histories and with the Disclosure and Barring Service (DBS). The DBS is a national agency

that holds information about criminal records and persons who are barred from working with vulnerable people. This supports employers to make safer recruitment decisions.

People felt safe using the service and said their call times were adhered to. We saw policies and practice that ensured people's privacy and dignity were respected. Staff spoke highly of the supervisor's and registered manager and felt well supported by them.

All staff had completed training on medication however there was only one person who received their medication by staff at the time of the inspection.

The people who used the service told us they did not need support to eat and drink as the care staff just delivered personal care. Staff supported people to healthcare appointments if needed and provided personal care as required to meet people's needs.

Staff were aware of the Mental Capacity Act (2005) and one member of staff had completed training in this. The registered manager had put into place at the time of our inspection another training session for both staff to attend.

Angels Community Enterprises had a complaints procedure in place. People who used the service, their relatives and staff knew how to complain. No complaints had been received since the last inspection.

There was an accident and incident file in place within the agency. At the time of our inspection there had been no accidents or incidents.

Summary of findings

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 safe.

Good



Staff had a good understanding of safeguarding and how to appropriately report abuse.

Risk was well assessed and managed in order to keep people safe.

There was a robust recruitment policy in place

Is the service effective?

The service was effective.

Good



People felt that they were supported by staff with the skills and experience to provide the care they needed.

Staff received regular feedback and supervision to support their delivery.

People who use the service and family were involved in making their decisions in relation to the Mental Capacity Act (2005).

Is the service caring?

The service was caring.

Good



People had good relationships with care workers.

The service promoted privacy, dignity and independence well.

People were involved where appropriate in making decisions about their care and the support they received.

Is the service responsive?

The service was responsive.

Good



Care needs were assessed well, documented and reviewed.

People were consulted in the review of their care.

The service had a system in place to manage complaints.

Is the service well-led?

The service was not consistently well led.

Requires improvement



Summary of findings

The registered manager understood the importance of quality assurance systems to ensure continuous improvement in the service, however these were not in place when we inspected.

The staff felt listened to by the supervisors and registered manager.

People who used the service could express their views. They had opportunity to complete questionnaires.

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Detailed findings

Background to this inspection

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

The inspection took place on 24 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be in. The inspection was carried out by one adult social

care inspector. We spoke to one person on the telephone receiving personal care to ask them about the care they received. We also spoke to two relatives and the two staff who's role was to provide personal care to the three people who used the service. At the agency office we spoke with two of the supervisors and the registered manager. We looked at all three care records and recruitment records for two members of staff. In addition we looked at records and policies relating to the management of the service, staff meeting minutes and staff's supervisions and appraisals.

Before the inspection we reviewed the information that we held about the service and service provider. We had received no notifications for the service. We contacted the local authority who had no concerns about the service.

Is the service safe?

Our findings

One person who used the service told us they felt safe with their care worker. They told us “I feel safe with the [name of person] they always rings the bell before entering.”

The service had a safeguarding policy which contained clear and detailed guidance for the registered manager and staff. Safeguarding training was given during induction. We spoke with the staff members providing care and the registered manager about safeguarding. We found they had a very good understanding of types of abuse people may be at risk from and how to report any concerns. The registered manager had a good understanding of their responsibilities. One care worker told us “If I had suspicions of any type of abuse I would need to report them to my manager.” No safeguarding concerns had been raised to date

We found any risks to the people who used the service had been assessed and the person providing care had good understanding of what these were and how to protect the person. We saw the person’s initial assessment covered support with eating and drinking, allergies, personal care and communication. The assessments were detailed and had been signed by the person’s relative to show they were in agreement with them. We saw the care planning policy included guidance on performing an environmental risk assessment of a person’s home during their initial assessment which was seen in the person’s care file.

At the time of the inspection the level of personal care activity was small. One person’s relative told us that their family member always had the same care worker and that if they were not available then they preferred to manage by themselves. However the family member said that “The staff always phone to let us know if they cannot make it.” They told us “I know that would not want anyone else to come to support with personal care.”

We looked at recruitment records of care staff. We saw that appropriate recruitment and identification checks were undertaken before staff began work. These checks helped to make sure job applicants were suitable to work with vulnerable people and included Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records and persons who are barred from working with vulnerable people.

At the time of our visit the service was only supporting one person with their medication. All the staff had received medication training and were aware of the recording and administering of medications. Any allergies were clearly visible in the person’s care plan. We saw that the service had a comprehensive medication policy in place which gave clear guidance to staff about how to keep people safe from the risks associated with medication.

Is the service effective?

Our findings

One person told us that they were supported by a member of staff with the right skills and experience. They told us “[Name] knows what they are doing they do not rush and they talked to me.”

The registered manager had identified the training staff needed in order to provide care and support effectively. Staff we spoke with told us they had training to support their role and if they needed extra training they would ask for this. Induction for staff covered a three month probation period in which they were given training which included; effective communication, person centred care, infection control, medication, mental capacity and dementia care. One of the staff members told us “I have been working as a carer for many years and I feel I am the right person to support people in their home.” The registered manager also spoke about a member of staff who had completed a national vocational qualification in health and social care level 2 and were now looking to start level 3. At the time of the inspection training was up to date, however the registered manager was looking at developing systems for monitoring training more effectively to ensure staff received up to date refresher training..

We talked to staff about the ways in which they were supported by the registered manager. They told us they felt that they had good support to do their job. One person said “I speak to the manager verbally and also have meetings around ideas of what to do and how to support people. “I to 1 time.” We talked to the registered manager about how they managed supervision and appraisal. They told us “At the moment we talk to the staff all the time and this is recorded in the communication book in the office, we have

a close relationship and talk regularly to both staff about their performance.” The care workers files showed evidence of two supervisions throughout the year. Both members of staff we spoke with told us they received both formal supervisions and informal feedback from the manager and told us they got good support from the supervisors and the manager.

The Mental Capacity Act (2005) (MCA) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. At the time of our inspection one person who used the service did not have capacity to consent to their care and had an Independent Mental Capacity Advocate (IMCA) involved ensuring decisions were made in their best interests and as least restrictive as possible. One staff member told us “The person I support lacks capacity so we arranged for an IMCA to be involved in the whole process.” One staff member had received mental capacity training. The other member of staff had completed this previously. The registered manager was looking to arrange another training session for both staff to attend to review their knowledge around mental capacity and to ensure that both staff were up to date with their training.

We found people who used the service or their relatives dealt with people’s healthcare appointments, although staff told us they did sometimes arrange GP, dental or optician’s appointments for people when needed. Staff members told us if people became unwell during their visit then they would call either a GP or an ambulance and would stay with the person until help arrived.

The people who used the service told us they did not require support to eat and drink as the care workers just delivered personal care.

Is the service caring?

Our findings

A person who used the service said they got on with their care worker. They told us “[Name of care worker] is nice always talks to me when doing any personal care and supports me; staff’s alright.” Both members of care staff told us that they were happy supporting people. One person told us “I am calm when I am supporting people I always say good morning and talk to them.” When discussing the assessment of people who used the service one of the care staff said, “I am involved in the changes to the plans and I am actively involved in the changes.” The registered manager told us that staff got to know the person before supporting with any personal care and that an initial assessment was carried out prior to supporting someone. One example was that staff shadowed another member of staff before carrying out any personal care in the person’s home.

We asked one person receiving care if they had been consulted in writing or reviewing their care plan. They told us “Yes I have been involved in this, I am happy with the service.” We saw evidence of the person’s family and carer

having been involved in the initial assessment. Staff told us that they had been involved in the care plan for the people that they support and could tell us what their needs were around their personal care. This was reflected in the person’s care plan. One staff member told us “I try for them to do as much as possible to maintain their independence.” Another staff member said “Angels do a fantastic job the care that the person who I support gets is great.”

The service had an equality and diversity policy in place and we saw that the person’s initial assessment had space for the person to make or add any comment about ‘Anything else that I would like you to know about supporting me.’ Staff had a good understanding of equality and diversity and we saw support was tailored to meet people’s individual needs.

The service had a privacy policy in place to give guidance on privacy and dignity. We asked both members of care staff how they ensured people’s dignity and privacy when working. One staff member told us, “I ensure the doors and blinds are closed and I talk to the person I am supporting.” One person who used the service told us that their care worker always rang the bell before they entered the home.

Is the service responsive?

Our findings

The care records contained a clear assessment of the person's needs made before they started to receive personal care. This included the types of assistance that was needed, how the person liked to receive assistance and at what time. We saw the care planning policy in relation to the assessment process contained guidance for staff to enable them to make the person feel 'comfortable and secure' before starting the process. This included maintaining eye contact and engaging in conversation.

We looked at all the records of visits made to the people receiving care and saw that they were all at the person's preferred time. They told us that there had never been a problem with staff missing calls. One person told us "Staff come when they say they are coming, if they are not available I will wait." One member of staff told us "If I have to change my shift at any time I contact the agency and also the person I am supporting to make sure this is ok, there has never been a problem with this." The supervisor said that if there had been any missed calls that she would report straight away to the Care Quality Commission (CQC).

The three care plans we looked at were detailed and personalised to ensure that support was provided according to the person's preferences. People's care plan

had information about any allergies and how to support each person in their preferred way around personal care. Staff and the registered provider had considerable knowledge of the person's preferences.

The people who used the service received care which was personalised and responsive to their needs. Staff demonstrated a knowledge and understanding of their care, support needs and routines and could describe care needs provided for the person. Staff told us the care and support plans were reviewed on an annual basis. Staff also discussed care plans at each supervision to see if any changes were identified.

One person we spoke with and two family members said that they had no complaints. They said they could approach any member of staff with a concern and it would be taken seriously.

We looked at the complaints record file which was available at the time of the inspection. There had been no complaints made since the last inspection in November 2013. Even though no complaints had been made family of the people who use the service said that they knew how to complain. One person told us "I have never had to complain but I know how to complain." Staff we spoke with knew how to respond to complaints and understood the complaints procedure.

Is the service well-led?

Our findings

There was a registered manager in place at the time of our inspection. They had support from two supervisors and an accounts supervisor who dealt with all accounts and wages for the agency.

We spoke to the registered manager about systems which they had in place to monitor the quality of the service. They told us “We don’t have formal systems in place, only systems we have in place are for accidents and incidents.” We looked at the records relating to this and they confirmed no accidents or incidents had occurred since the last inspection. The registered manager said “We know what is going on as we are only small in providing personal care to three people and two support staff.” We discussed the importance of having audits and quality assurance in place in the service with the registered manager during the inspection. The registered manager set up a quality assurance file at the time of the inspection which looked at the quality of care provision for people who used the service and for staff around supervisions, spot checks and training.

People who use the service and their relatives were happy with the service they received. One person told us “I am happy with the service. Happy with the manager and the supervisors as I speak to them every day. “One relative told us “We are getting the service we require.”

Staff we spoke with were positive about the registered manager and told us that they enjoyed working for the agency. One told us “I feel supported and the registered manager has always been responsive with any issues that have come up in the past and they have been dealt with.” Another said “I get good support and verbal compliments and recognition for the work I do.”

The agency had a an online system in place from the Leeds Directory Independence Company where anyone at any time could go on the system and leave reviews and complete questionnaires anonymously. Some of the quotes taken from these were “Service was very reliable.” “Excellent, does a fantastic job.” “If someone is off they will find another staff member to cover.” On the day of the inspection we made the registered manager aware that records of conversations around the service or a small questionnaire would be effective for the people who are receiving personal care.

The agency did not do spot checks of staff practice. The supervisors and the registered manager was made aware at the inspection that these would be beneficial to ensure that staff were delivering care effectively. The registered manager said that they would put these in place straight away and add these to the quality assurance systems to be introduced.

Staff told us that they spoke by telephone and also went to the agency quite frequently to talk to the supervisors and registered manager. One staff member said “I am aware of what is happening but I only work an hour and a half a week for the agency, if there are any changes we are made aware verbally and these are documented in the communication book.” The registered manager said that they used to send a newsletter out to staff but staff did not feel this was necessary. The registered manager said they were aware of what support the staff were giving to people and spoke weekly to both staff and the people who used the service.