Archangel Enterprises Limited

Angel Home Care

Inspection report

1 Victoria Square
Birmingham
B1 1BD
Tel: 0121 632 2101
Website: www.archangelcare.co.uk

Date of inspection visit: 13 August 2015
Date of publication: 02/10/2015

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

Overall summary

This inspection took place on 13 August 2015 and was announced. We gave the provider 72 hours' notice that we would be visiting the service. This was because the service provides a supported service to people living in their own homes and we wanted to make sure staff would be available to speak with us.

Angel Home Care provides personal care and support to people, with learning and physical disabilities, in their own homes within supported living schemes. The service currently provides care and support for six people.

There was a registered manager in post. 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.

Following our last inspection on 31 January 2014, we found the provider was not fully compliant with the regulations we inspected. We had concerns about the provider's risk assessments. They were not detailed enough for staff to know how to assist people. Staff files were incomplete. There was no evidence of an induction programme to include shadowing an experienced

Summary of findings

member of staff. There was no evidence staff had been identified as being competent to work unsupervised. The provider sent us an action plan outlining how they would make the improvements and we considered this when carrying out this inspection. We found that the provider had addressed these concerns.

Staff knew how to reduce the risk of harm to people from abuse and unsafe practice. The risk of harm to people receiving the service was assessed. Where people required support with taking their medicine, there were procedures in place.

People felt there were sufficient numbers of staff available to meet their needs. However, some of the staff felt there was a requirement for additional staff. There were procedures in place to recruit staff safely.

People and relatives felt safe and secure with staff supporting their relatives in their homes. They felt staff had the skills and knowledge to care and support people.

Staff were trained and supported to care for people. Where appropriate, people were supported by staff to access health and social care professionals when needed. The provider had taken the appropriate action to protect people's rights.

The staff was caring and treated people with dignity and respect. People's independence was respected and promoted and staff responded to people's individual support needs. People felt supported to take part in a range of social and leisure activities.

People felt they could speak with staff about their worries or concerns and they would be listened to and have their concerns addressed.

Everyone felt the quality of the service had greatly improved with the appointment of the current registered manager. The provider had internal quality assurance systems in place to monitor the care and support people received, to ensure it was to a good standard.

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.

Risks to peoples' health and safety were assessed and managed in positive ways. People were protected from the risk of harm.

Staff had the knowledge and skills to support people in a safe manner.

There were recruitment processes in place to ensure suitable staff were recruited and the relevant pre-employment checks had been completed

People felt supported with their medicine.

Good

Is the service effective?
The service was effective

Staff were aware of key processes to ensure people's rights were protected.

Staff were provided with training and support to make sure they had the necessary skills and knowledge to meet people's needs.

People received effective care and support that met their care and support needs.

People were supported with their health and dietary requirements.

Good

Is the service caring?
The service was caring

People felt that the staff were caring, kind and treated them with dignity and respect.

People and relatives were involved in the planning of people's care.

Staff supported people to maintain their independence where ever possible.

Good

Is the service responsive?
The service was responsive

People and relatives were encouraged to provide feedback on the quality of the service they received.

Changes in people's needs were quickly recognised and prompt action taken to include the involvement of external professionals where appropriate.

Good

Is the service well-led?
The service was well led

Quality assurance processes were in place to monitor the service to ensure people received a quality service.

People found the overall quality of the service they received had improved and was good. They were happy with the service they received.

Good

Angel Home Care

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 13 August 2015 and was announced. The inspection was conducted by one inspector.

The provider was given 72 hours' notice. The registered manager could be often out of the office supporting staff and people and we needed to make sure that someone would be in. This was because people lived in 'supported living' accommodation and had individual tenancy agreements, so that a staff member would always have to be at their house to support them.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. 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. We contacted the local authorities who purchased the care on behalf of people to ask them for information about the service and reviewed information that they sent us on a regular basis

During our inspection, we visited the provider's main office location and spent time with the registered manager and two staff. After the visit, we spoke with two people, one relative and an additional three staff by telephone. We reviewed the care records of three people, to see how their care was planned and looked at three people's medication administration records. We looked at staff recruitment and training records for two staff. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to check people received a quality service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt the service they received was safe and that staff supported them with their care and support needs. One person said, "I feel very safe the staff look after me." A relative told us, "[Person's name] is safe; the staff are there to support them." A staff member told us, "Our priority is the safety of the people we support and if there was anything wrong, we would report it to the manager."

Staff we spoke with confirmed they had received training on how to reduce the risk of people being harmed. They were knowledgeable in recognising signs of potential abuse and how to follow the provider's safeguarding procedures. For example, they said they would observe for signs of bruising, change in behaviours and a person's body language. One staff member said, "We have worked with the same people for some time and know them really well, if I thought they were being abused in any way, I would report it to the manager." Another staff member told us, "[Person's name] can't tell you but they can gesture and I know what the gestures mean, if they were upset or afraid they would tell me, I'd reassure them and then let the manager know." Staff knew how to escalate concerns about people's safety to the provider and other external agencies. There had been one safeguarding concern raised in the past 18 months. The registered manager had discussed this with the local authority and followed their own safeguarding procedure to make sure the risk of harm to the person was reduced. An action plan was developed and measures put in place to reduce the risk of the incident re-occurring.

At our last inspection in January 2014, we saw that some risk assessments were not detailed enough for staff to know how to assist people. This had improved. People and relatives we spoke with told us their family members received risk assessments. A relative said "We are involved in the assessments and we speak with the manager and staff on the phone regularly." We saw that risk associated with the care and support needed by people had been identified. This included environmental risks and any risks due to the health and support needs of the person. For example, information about what action should be taken to minimise the chance of harm occurring in the event of a person suffering a seizure. Some people had restricted mobility and information was provided to staff about how to support them when transferring people in and out of chairs and their bed. The assessments were person centred and comprehensive and any risks identified with the care and support by people had been managed.

We asked staff what action they would take in the event of an emergency. One staff member explained the process for a person who was choking, they said, "I would lean the person forward and give them back slaps to see if that dislodged the blockage." Another staff member explained the process for a person who might experience a diabetic hypoglycaemia attack, "First thing I'd do is make sure the person was safe and clear the environment around them and give them something sugary to drink, then call for an ambulance." We saw the provider had an accident and incident policy in place to support staff. Although staff had not used this process; the provider safeguarded people in the event of an emergency, because they had procedures in place and staff knew what to do.

Generally everyone we spoke with felt that there were enough staff and they had the skills and knowledge that met people's individual needs. A relative told us, "Sometimes I think there should be more staff on at night in particular, I don't think one staff member on duty is always enough." The registered manager told us they did not use agency staff to cover for holiday and sickness and that staff would provide cover. One staff member told us, "We cover for each other; it helps with the people we are supporting, as they don't like change". Another staff member said, "At the moment I think we have enough staff but you can always do with an extra person." The registered manager explained to us that a member of staff had recently resigned and they were in the process of replacing them.

At the last inspection in January 2014, we found that some staff files had no evidence of references. This had improved. Staff spoken with told us that all required recruitment checks were undertaken before they commenced their work unsupervised. We checked the recruitment records of two staff and found the necessary pre-employment checks had been completed to ensure staff were safe to support people. The files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of identify. Therefore, the provider had processes in place to safely recruit staff.

Good

Is the service safe?

We saw from care records, staff would prompt and 'give' medicines to people. People had assessments completed with regard to their levels of mental capacity and whether they were able to administer their medicines independently or needed support. One person told us, "I get my medicines on time." Another person told us they were supported by staff to have their medicines. A relative said, "[Person's name] knows exactly when they are meant to take their medicine and will tell you if it's late, they are very good like that." There were up to date policies and procedures in place to support staff. We saw there had been one medication error reported and that this had been managed in accordance with the provider's processes. We saw an action plan had been drawn up and processes reviewed, with refresher medicine handling training arranged for the staff. There were systems in place to ensure that medicines had been stored, administered and reviewed appropriately. Staff described how they supported people with their medicines and explained how they completed Medicine Administration Record (MAR) sheets each time people had their medicine. For example, one staff member said, "When we have seen the person take the medicine, we complete the MAR sheet to document it." We saw from three MAR sheets which confirmed this. We saw from records and our discussions with staff that they had been trained in the administration of medicines and their competency regularly assessed.

Good

Is the service effective?

Our findings

We last inspected this service in January 2014 and found the provider was not meeting all the requirements of the regulations we looked at. There was no evidence staff had completed an induction programme when they started their employment and there was no evidence of shadowing an experienced member of staff. We asked the provider to send us an action plan outlining how they would make improvements. We saw that improvements had been made.

Staff members told us they had completed induction training, which included shadowing a member of staff. One staff member said, "I was prepared after my induction to do my job but felt the shadowing didn't go that well on some things, so I asked my supervisor to show me again and they did." Another staff member said, "My induction was excellent, the staff member was brilliant." We could not see from individual records, held at the main office, any evidence of shadowing been completed during the induction. Therefore, we reviewed timesheets and staff rotas. This confirmed to us new staff had been shadowed throughout their induction. We also saw from supervision records that staff received support from their supervisor and the registered manager, during their first three months of employment. We discussed this with the registered manager who agreed to introduce an induction checklist that would be kept in the main office. This would clearly identify when the induction was completed and which member of staff provided the shadowing.

Staff generally felt the training was good although they would like to have more practical, 'hands on' training. One staff member told us, "The training is good but a lot of it is on line." Another staff member said, "My training is in the process of being set up so I can complete the Care Certificate." Another staff member told us, "We have recently completed some practical training that was really good and I would like to see more of this. The on line training is ok but practical training give staff good hands on training." The registered manager explained the provider had recently engaged a new trainer for the Care Certificate and hoped this would enable them to introduce more practically based training events. The care certificate is an identified set of standards that care staff should adhere to when carrying out their work.

The registered manager told us they had also recently changed their training provider and this allowed them to monitor the training requirements of staff on line. We saw from the provider's training records, refresher and additional training for staff had been completed and scheduled throughout the year; with courses in diabetes and epilepsy awareness to be completed shortly.

People told us they felt the care they received was consistent and staff that supported them had the correct training and knowledge to meet their needs. One person said "[Staff name] is very good." A relative told us, "I think staff are trained in what they do, [staff name] is very good with [person's name] they know them really well." Staff were able to explain to us about people's needs and how they supported them.

The staff we spoke with told us that staff meetings took place approximately every quarter and supervision was conducted with their supervisor, approximately every three months. One staff member said, "I have supervision probably every six weeks but if I need one sooner I can ask." Another staff member told us, We are a very good team we always talk to one another." We saw staff had received supervision, which included regular spot checks. We saw where problems had been identified; these were discussed with staff during their supervision and where appropriate measures put in place to assist the staff member with additional training and support.

Staff told us they had completed mental capacity training and were able to demonstrate to us in their answers how they supported people to make decisions about their care and support. People and relatives we spoke to said staff would always seek consent before carrying out any support and care needs. We saw that mental capacity assessments were completed for people and where appropriate best interest decisions had been made in line with the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people. They make sure restrictions to people's freedom and liberty have been authorised by the Court of Protection, because they are required to protect the person from the risk of harm. Staff were able to tell us the people that were subjected to a Court of Protection

Good

Is the service effective?

order and demonstrated their understanding why this was necessary. The registered manager explained to us they had submitted a fifth application for consideration by the authorities.

People were happy with the support they received from staff in relation to their dietary requirements. One person enjoyed sweet food. They told us, "The staff help me choose what I should eat, they have helped me to be healthier and I've lost weight which I am very proud of." Staff explained how they encouraged the person to try more healthy options. For example, they suggested the person try different fruits instead of biscuits and cakes. A staff member told us, "We keep a record of what people eat daily and we help them with their shopping. We do try to encourage people as much as we can to choose the healthy option." A relative said, "I'm very happy with how the staff support [person's name] diet, they encourage them to eat low fat food." The support people received varied depending on people's individual circumstances. For example, some people could prepare their own breakfast, drinks and snacks, others required more support. Staff prepared meals from fresh ingredients and where appropriate, if people were identified as being at risk because of their diet, for example, diabetes, staff recorded and monitored their food and fluid intake.

Staff were available to support people to access healthcare appointments. People and relatives told us that staff would sometimes attend appointments with them for additional support. One person said, "[Staff name] will come with me to my medical appointments." A staff member told us "I recently attended a medical appointment with [person's name] they asked me to go into the consulting room with them, which I did and I stayed with them for support." We could see there was involvement from other health and social care professionals which included district nurses, psychiatrists and GPs. We saw that care records were in place to support staff by providing them with guidance on what action they would need to take, in order to meet people's individual care needs.

Good

Is the service caring?

Our findings

People and relatives we spoke to were complimentary about the quality of the care and support from the staff. They told us staff were caring and kind and that people received the help and support they needed. They said the staff were patient and treated people with respect. One person said, "[Staff name] is very caring." A relative told us, "[Staff name] is very good with [person's name] they tell me how easy it is for them to talk, I see them talking all the time and that is really important to [person's name]."

People using the service and relatives told us they were involved in planning the care they received from staff and that the staff listened to them. One person told us, "The staff listen to me." A relative said, "The staff do listen to [person's name] and they are very happy with the staff that support them." We saw from people's care plans they were supported to express their views and to be involved in making decisions about their care and support. Another person told us, "Staff talk to me about my support". The registered manager had regular contact with people both in person and by telephone where they discussed their care. Everyone that we spoke with confirmed the registered manager maintained regular contact with them and involved them in decisions about their care. Staff were able to explain how they supported people to express their views and to make decisions about their day to day care.

We saw that people were also provided with additional support from an Independent Mental Capacity Advocate (IMCA) when decisions relating to their care and welfare had to be reached. Advocates are people who are independent and support people to communicate their views and wishes. The provider had supported people to access advocacy to ensure they could fully express their views

People told us they were treated with respect and dignity. One person said, "The staff are always polite and respectful." Another person said "Staff are very polite." A relative told us that they never heard staff talk disrespectfully about another person when they visited. Staff were respectful of people's privacy and maintained their dignity and demonstrated this with instances of how they ensured people's dignity and privacy. For example, with regard to personal care one staff member explained, "It's important to shut doors because there are other people in the house and to keep a person's body covered as much as possible. Staff received guidance during their induction in relation to dignity and respect. We saw their practice was monitored through supervision notes when they were observed during spot checks.

Staff understood the importance of promoting people's independence and this was encouraged and identified in people's care plans. For example, one staff member explained how they were supporting a person to re-gain their confidence and independence following a fall. They said, "We spend time talking to the person and offering support and bit by bit their confidence is getting better". Relatives said the staff encouraged people to be as independent as possible. A relative told us, "[Person's name] is encouraged to do some things for themselves and they are quite lucky because they can." A staff member said "I always try to encourage people to do things I know they can for themselves, sometimes it can be a bit difficult if they want you to do it but I always try."

Good

Is the service responsive?

Our findings

We last inspected this service in January 2014 and found the provider was not meeting all the requirements of the regulations we looked at. The provider had not sought consent from people to have their medicines administered from the office in their home. Consent had not been sought for one room in their home to be used as an office by staff for audits carried out on their care files. We asked the provider to send us an action plan outlining how they would make improvements. We saw the provider had now sought agreement and consent from people.

People using the service and relatives told us they felt people's needs were being met. They said they had been involved in the assessment process and agreed with the outcome about delivering their care and support needs. A relative said, "We are involved in talking about [person's care] although I would like it to be more regular." We saw from people's care plans that assessments had been undertaken to identify people's support needs and were developed outlining how these needs were to be met. These were reviewed on a monthly basis and any changes made to the support when required. We saw that care plans were detailed and person centred.

Staff demonstrated to us, through examples, their knowledge about the people they supported. Staff were aware of people's preferences and interests as well as their health and support needs. This enabled them to provide a personalised and responsive service. A relative told us, "[Person's name] loves shopping and the staff try to make sure they go clothes shopping regularly." A staff member told us how they try to encourage people to be more independent, "Before I do anything I always ask them what they would like me to do and if they would like to try for themselves." People were encouraged to maintain their independence, where appropriate. Staff prompted people to undertake certain tasks rather than doing it for them. For example, one person explained when they had visitors they would always make them drinks. One staff member told us, "It's important to let people make their own choices. We are here to support. If they can do it for themselves, that's really important".

Staff supported people to access the community and minimise the risk of them becoming socially isolated. For example, four people attended day centres on a regular basis. Another person attended college and social clubs to meet with their friends. This helped people to remain part of their local community and maintain social relationships.

People were actively encouraged to give their views and raise concerns or complaints. They were encouraged to complete a member assessment form about their key worker and the quality of the support they received from them. This was in a picture format that took account of people's different communication means. In addition, the registered manager made contact with every person by telephone and visited them at each scheme on a weekly basis. This was in order to obtain people's views and to give them the opportunity to raise concerns. The registered manager explained that visiting people on such a regular basis helped develop relationships.

People using the service and their relatives told us they were aware of the formal complaint procedure. They were confident that the registered manager would address concerns if they had any. One person said "I know the manager they are very good if I have a problem, they sort it out for me". The provider viewed concerns and complaints as part of improving the service. We were told by people, relatives and staff that information about how to complain was in each supported living scheme. There had been one complaint made since April 2014. We saw the provider had tried to incorporate feedback following the investigation process, to identify good practice and areas for improvement. We saw the issues raised had also been addressed with the individual staff member during their supervision.

The registered manager told us that prior to them starting with the provider, there had been a number of issues raised but they had developed new and more robust systems and felt good communication systems were now in place. This ensured people felt comfortable to raise issues before they escalated into complaints. Staff understood that people who received a service should feel able to raise concerns. One staff member said, "[Person's name] is very good about telling us if there is something they are unhappy about, when they do raise something we discuss it with them and support them to talk to the manager."

Good

Is the service well-led?

Our findings

People we spoke with were positive about the service they received. One person said, "I am happy with the help I get from [staff name]." A relative told us, "It has got a lot better since the new manager started, I am happy with the service [person's name] gets."

People explained they had been asked for their comments about the staff that supported them. One person said, "I have filled in forms about the staff." A relative told us, "I don't remember being sent a questionnaire but I do tell staff if I'm unhappy about anything." In addition to questionnaires sent out to people, the registered manager telephoned people or would visit them in their home on a weekly basis. The information gathered from the calls and face to face meetings was used as a means to identify any areas for improvement or concern that needed to be addressed with staff. We saw calls and meetings were made on a regular basis. The registered manager told us all the information gathered was analysed and used for continued improvements as well as recognising areas of good practice.

Staff told us they didn't previously have regular team meetings or supervision but with the appointment of the current registered manager, this had greatly improved. One staff member said, "We have regular supervision now but if you are worried about something you don't have to wait until your supervision you can talk with your supervisor or the manager at any time, they are really approachable and helpful." We saw there were records of these meetings and supervisions having taken place. The staff felt supported and valued by the management team. One staff member said, "I like the flexibility of working here and the openness of the manager." Another staff member said, "The manager always get back to you, I love working here."

Staff told us they would have no concerns about raising anything they were worried about with the registered manager. A staff member said, "If you have a problem you can ring the manager and they help sort it out. They are very much hands on and because of that everyone works as a team, we all get on really well." Another staff member said, "On occasion when we might be a little short staffed, the manager does the care themselves, they are really nice". Another staff member said "If I had a problem I would tell the manager and if nothing was done about it then I'd contact Care Quality Commission (CQC)." Although staff had not used the whistleblowing process, we saw the provider had a policy in place to support them.

There was a registered manager in post. The provider had not notified us about events that they were required to by law. We saw that since the last inspection in January 2014 there had been one incident that we should have been informed of. However, we saw the registered manager had been in regular contact with other professional bodies and reviewed their own processes with an action plan in place, to reduce the risk of a re-occurrence. We discussed this with the registered manager; they explained the circumstances that surrounded the incident and their reasoning why we had not been notified. The registered manager then explained to us what type of incident they would need to report to CQC and the process they would follow. Therefore, the provider did have processes in place in the event of reporting an incident or accident to us.Before the inspection we asked the provider to send us a Provider Information Return (PIR), this is a report that gives us information about the service. This was returned to us completed within the timescale requested. Our assessment of the service reflected the information included in the PIR.

The provider had internal quality assurance processes in place. This included a monthly audit completed by the provider. We also saw that audits had been completed to seek feedback from people who used the service and their relatives. This included sending out surveys and telephoning people who used the service and their relatives. We saw that matters identified through the quality assurance processes had been documented and had been actioned by the provider.