

Home Angels Healthcare Services 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?

Good ●

Summary of findings

Overall summary

This inspection took place on 14 November 2016 and was announced. We gave the manager prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Home Angels Healthcare Services Ltd is a domiciliary care agency providing care and support to mostly older people who live in the community. At the time of our inspection there were 45 people using the service and receiving personal care.

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

People felt safe while supported by the staff and relatives agreed their family member were safe. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

People were supported by sufficient staff to meet their individual needs. However, some people told us they were not always informed about the changes to and timings of the visit. Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

People were treated with respect and their privacy and dignity was promoted. People said their support workers were good and supported them in the way they wanted most of the time. Staff were responsive to the needs of the people they supported and enabled them to improve and/or maintain their independence with personal care. Risks to people's personal safety were assessed and plans were in place to minimise those risks. There were safe medicines administration systems in place and people received their medicines when required. People's health and wellbeing was monitored and appropriate action was taken when required.

Staff training records indicated which training was considered mandatory by the provider. Most of the staff were up to date with their mandatory training. The registered manager had planned and booked training when necessary to ensure all staff had the appropriate knowledge to support people. Staff received supervision and appraisals to discuss various matters and review their performance.

People received support that was individualised to their specific needs. Their needs were monitored and support plans were kept under review and amended as changes occurred. People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure people's

rights were promoted.

Staff felt they worked well together and supported each other, which benefitted people. Staff felt management worked with them as a team most of the time though the communication could be improved at times. The registered manager was aware of the concerns and action was being taken to address this.

Quality assurance systems were in place to monitor the running of the service and the quality of the service being delivered. The registered manager continuously looked at ways to improve the service. They praised the staff team for their dedication and hard work and appreciated their contribution to ensure people received the best care and support.

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 felt safe and would report any concerns to staff. Staff could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of staff to keep people safe and meet their needs. Medicines management was in line with the provider's procedures.

The provider followed their recruitment process to employ appropriate staff.

Is the service effective?

Good ●

The service was effective. People benefitted from a staff team that had the knowledge and skills to support them.

Staff communicated with relatives and other professionals to make sure people's health was monitored and any issues responded to.

People were supported to eat or drink appropriately to maintain their health.

Staff and management acted within the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The staff were caring. People were treated with kindness and respect. People told us they were very happy with the staff and the support they provided.

People's privacy and dignity was respected. People were encouraged and supported to be as independent as possible.

People were encouraged to express their views about the support they received and the service.

Is the service responsive?

Good ●

The service was responsive. Staff supported people with their needs and wishes. Visits were carried out at the time specified in the care plan most of the time.

Support plans recorded people's likes, dislikes, people's daily needs and how to provide support.

People knew how to make a complaint when they needed to. There was an appropriate complaints system.

Is the service well-led?

The service was well-led. The service had systems to monitor the quality of the service and make improvements. The registered manager took actions to address any issues and reduce the negative affect on people's lives and the service.

Staff were working to ensure people were comfortable and happy. Staff felt supported by the management team and able to challenge poor practice.

The service was interested and committed to listen to people's comments that would help improve the quality of the service.

Good ●

Home Angels Healthcare Services 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 14 November 2016. It was carried out by one inspector and was announced. We gave the manager prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. An expert by experience made telephone calls to interview people. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the manager 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 looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and notifications the provider had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with nine people using the service, eight relatives and received feedback from five support workers. We spoke with the registered manager. We looked at five people's health and care management records including support plans, risk assessments, daily records, and medication administration records. We also looked at the recruitment files of six support staff and at staff training records. We saw a number of documents relating to the management of the service including quality audits, meeting minutes, complaints records and incident and accident reports.

Is the service safe?

Our findings

People felt safe in their homes and liked the staff who supported them. People could speak with staff if they were worried. People benefited from a safe service where staff understood their safeguarding responsibilities. Staff undertook safeguarding awareness training to understand their responsibilities in keeping people safe. Staff could explain how they would recognise and report abuse. They were familiar with safeguarding policies and with the service's whistleblowing procedures and had a good understanding of their responsibilities for reporting accidents, incidents and/or concerns. The registered manager understood their responsibilities in regards to safeguarding people who use the service. When a safeguarding or concerns were raised, the registered manager took appropriate action in a timely manner.

There were arrangements in place to keep people safe in an emergency at their homes. Staff understood these and knew where to access the information and guidance. In an emergency situation they knew they could call the manager or the office as well as emergency services. Recently the registered manager improved the on-call system to ensure it was used appropriately should staff needed support or advice. The service had business continuity plan to help dealing with emergency situations effecting the service and staff like loss of power in the office and severe weather. People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risk assessments included information about people's needs and skills, and safety measures in place to ensure their safety while staff supported them. These assessments also guided the staff on how the person was to make a decision about the risk and what support was needed. New risks individual to each person were reported to the office by staff so that appropriate actions would be taken to make sure the person remained safe.

The majority of people and their relatives were positive about the timing of visits and said staff came on time. The staff ensured people were happy with everything before they left. They said, "They are usually on time and they always check before leaving that everything is done" and "They have never missed a call to us and they give us the medicine". Some people mentioned that there were occasions where staff did not turn up or were late. This was not always clearly communicated to the person. We spoke about this with the registered manager. They said they would address it with staff and ensure people and relatives were informed consistently if the visits had to change or the staff were late. The registered manager arranged visits so the same staff would attend people, whenever possible, to maintain continuity of care and support. People appreciated the continuity and felt this had a positive effect on them. Most of the people knew their staff and felt appropriately supported. There were 18 missed calls recorded this year. Appropriate action was taken including working with professionals, addressing it with staff and information given to the person and relative of actions taken.

The service was using a system to schedule people's visits throughout two weeks. This detailed different colours on a spread sheet so that senior staff were able to identify which visits needed staff cover. People

and their relatives would receive a copy of the staff rota indicating who would visit them. Although some people said staff skills varied at times, they felt there were sufficient staff to meet their needs. The management and the staff team worked together to make sure all the people they supported were visited on time. A few staff felt staff absence could affect their next visit being late. However, they felt there were enough staff to carry out their roles and they were able to care for people properly.

Peoples' medicines were managed and administered safely by staff who adhered to medicine policies and procedures. Staff did not administer medicines to people unless they were trained to do so. They were able to explain how they reported and recorded any medicine errors. We saw appropriate action was taken to address the errors and records were kept. We reviewed a sample of medicine administration record (MAR) sheets. On some days staff did not sign when the medicine was administered. We noted this to the registered manager. They said they had already identified this issue and a new form was being used which included an audit of the MAR sheets. The new system had been introduced to ensure any errors or discrepancies were picked up and addressed swiftly. People and relatives confirmed they received support to take their medicine as per their care plan.

It is the legal responsibility of the provider to obtain information to ensure that people are not placed at risk of being cared for by unfit and inappropriate staff. Safe recruitment procedures ensured that people were supported by staff who were of good character, suitable for their role and had appropriate experience. We looked at the recruitment files of staff employed recently. The provider checked staff's proof of identity, criminal records and health. We found some discrepancies with information regarding full employment histories and the reason staff left previous employments. These were noted to the registered manager and they rectified the discrepancies immediately. They had also reviewed reference request forms and application forms to ensure appropriate and full information was gathered when recruiting staff.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled and able to meet their needs. We received complimentary comments from people and relatives about the support they valued most. For example, staff ensured the personal care people received was effective and resulted in a good quality of life. Comments included, "The regular carers are brilliant and the new ones come and shadow" and "They are very good at communicating any issues".

When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own. New staff were introduced to people before they started supporting them. This was confirmed by people and their relatives who said new staff would not come on their own. They always had an experienced staff member with them. Staff felt they had the training and skills they needed to meet people's needs. Any additional training specific to people's needs were provided as necessary. New staff were completing the Care Certificate, which is a set of 15 standards that health and social care workers need to complete during their induction period. Staff were also able to obtain further qualifications such as the National Vocational Qualification (NVQ).

We looked at the most current training matrix. Records showed some staff were out of date with subjects like safeguarding and medicine. However, the registered manager monitored the training according to the training plan and was in the process of booking staff to complete the refreshers. There had been no negative impact to people and their care at this time.

People were supported by staff who had regular supervisions (one to one meeting) with their line manager. Staff could and were encouraged to contact the office if they needed advice or support. The registered manager aimed to meet with staff every two months and more often if needed. They told us they always kept in touch with staff and ensured they felt supported. The registered manager carried out spot checks to ensure staff performed well and provided appropriate support to people.

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

Staff were aware of their responsibilities concerning the Mental Capacity Act 2005 (MCA). Staff explained it was important to communicate with the person and ensure they always had a choice and right to make decisions about their care and support. The registered manager demonstrated a good understanding of mental capacity considerations and presuming capacity to ensure people could make their own decisions. If there was a situation where someone became unable to make decisions regarding their wellbeing or safety, then they would support the person to make decisions in their best interest. Families and professionals would be involved as necessary. People said they were asked by staff for consent before doing anything.

The staff were aware of people's dietary needs and preferences. Some people needed support with eating and drinking as part of their care package. The level of support each person needed was identified in their support plan. For example, if someone needed encouragement with drinking and having a balanced diet, there was guidance available for staff. Staff were aware of how to monitor people's food and fluid intake if there were any concerns regarding their diet.

Staff communicated with the senior staff reporting any changes or issues related to people's health and care needs. If needed, health or social care professionals were involved. People and relatives said the staff communicated well between them and professionals if there were any problems or issues with health and wellbeing. Each person had individual needs assessments that identified their health and care needs. The provider communicated with GPs, local authority professionals, community nurses and families for guidance and support. People's needs were reviewed to make sure they were supported effectively and changes were identified quickly. The registered manager said if they felt needs were changing or increasing, professionals were notified accordingly.

Is the service caring?

Our findings

The service delivered care and support that was caring and person-centred and that had a positive effect on people. Most of the people and relatives told us they enjoyed staff's company and the chats they were having, as well as the support provided as part of the visit. People and staff knew each other well and had well established relationships. Staff made sure people were comfortable and relaxed in their own homes and able to share any concerns with staff should they need to. People and relatives told us staff knew them well and provided good support. They said, "it is more like a friend coming to help her" and "They always make [family member] smile".

People and relatives told us staff respected their privacy, dignity and choices at all times. They told us they were happy with the care they received. People felt they were treated with kindness and compassion. They said, "They will shut the door whilst washing my [family member]" and "I am confident with her regular carers. They will leave the room when [family member] is on the toilet".

The staff ensured the privacy and dignity of people was upheld. They were positive and courteous about the people they supported and explained how they supported people in a respectful way. For example, making sure people had their privacy when support was provided to preserve dignity during personal care and asking for permission to do things in people's homes.

People and their relatives felt the staff took their time to complete all the tasks and provide support that was needed. Some people felt the staff who did not attend them regularly could improve on some support skills if the regular staff did not attend the visit. However, most of the time people felt the care was good and gentle. They felt staff were able to spend quality time with them. They said, "They are very kind and considerate and chat to my [family member]" and "The regular ones know her well and if [family member] calls out or is distressed they will talk to her and calm her down". Staff knew people's individual communication skills, abilities and preferences and informed people about the care they were providing. One relative said, "My [family member] cannot communicate but they chat away to him and tell him what they are doing. I even hear him laugh out loud which is nice". People's records included information about their personal circumstances and how they wished to be supported.

People were encouraged to be as independent as possible and relatives agreed with it. People felt they mattered and were supported to live an independent life as much as possible. Staff told us people were encouraged to be as independent as possible. They understood this was an important aspect of people's lives. People and staff carried out some tasks together but people did a lot for themselves to maintain their independence. Staff were there to help if someone needed assistance.

Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office. Staff were aware of confidentiality and appropriate information sharing.

Is the service responsive?

Our findings

People and relatives were complimentary about the care and support and felt their care during visits was managed well. The service's aim and objectives were to provide people with person centred, high quality support and care. The registered manager and staff worked together to ensure people, and what was important to them, was at the centre of their work. People and relatives were respected, consulted and involved as per the aims and objectives of the service.

People received the care and support they needed at the time specified in the care plan most of the time. People and relatives were occasionally not informed when the visits were late or changes had to be made regarding staff attending the visit. However, people and relatives reported it did not happen often. Where people and relatives identified some issues, we informed the provider. They took action to ensure people were happy with visit times and communication should the visits be delayed. People and relatives felt the communication between them and the office was mainly good. When staff visited, people and relatives said staff would make sure all the tasks were completed.

Staff continually checked and monitored any changes in people's needs to ensure they received the right support, enabling them to make timely referrals to appropriate professionals. People and relatives could share their issues or concerns with staff or call the office. They felt staff were approachable, polite and supportive when they spoke to the office or in person. The care and support provided at each visit was recorded. There was information about people's physical health, emotional wellbeing and how they spent their day.

People and their relatives were involved in the care planning process. People's needs had been assessed and care plans were in place. Relatives were encouraged to support people to plan their care if needed. The registered manager and staff were responsive to requests and suggestions. Where appropriate relatives felt supported and involved in the lives of their family members. Staff were responsive to people's needs and wishes. Each person had a support plan reflecting their needs and preferences. Support plans included practical information on maintaining the person's health and wellbeing, emotional support, their daily detailed routines and communication needs. Staff used these plans as an important source of information to make sure the support they provided was personalised to each individual. People and relatives said staff knew them well and support was always guided by people. They said, "They never assume they can do something, they will ask", "They already know that I like lots of butter on my toast" and "[Family member] looks forward to them coming, they are more like a friend to them".

The registered manager and staff sought feedback about the support and service from people. They asked and checked people during visits and encouraged people to contact the office if they wanted more support or to raise any concerns. People felt staff checked they were alright and comfortable. People's needs were reviewed regularly and as required. Where necessary, health and social care professionals were involved, for example, community nurses were supporting people to look after their health. Staff shared any information about people with their permission to ensure their needs were met appropriately.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. These were recorded in detail and investigated thoroughly. People's concerns and complaints were encouraged, investigated and responded to in good time. Staff knew how to respond to any complaints and issues and report to the senior staff in a timely manner. When the service received compliments from people, relatives and professionals, these were shared with staff and informed them that their work was appreciated.

Is the service well-led?

Our findings

The service had a registered manager in place. They had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The queries we raised with the provider from people's and relatives' feedback were taken seriously and acted upon.

The service promoted a positive culture and wanted to ensure staff felt the management was available, approachable and supportive. Some staff and people felt communication between staff members could be improved at times. However, they were positive about the relationships they had with each other and felt the management team was approachable and helpful. Staff had clearly defined roles and responsibilities in ensuring the service met the desired outcomes for people. Staff worked together as a team to provide people with the support and care they wanted. They understood their duty of care and their responsibility to alert the senior staff if they identified any concerns in the quality of care provided. Staff felt there were opportunities to discuss issues or ask for advice. Staff agreed the service was working hard to ensure people received high quality care and support in a timely manner as far as possible.

Quality assurance systems were in place to monitor the quality of service being delivered. These included audits of the files and information held and received about care, support, performance, and staff spot checks and observations. Additionally senior staff would call or visit people and relatives for feedback about the services provided. We reviewed the records held for these checks. People and the relatives told us the staff checked if everything was alright. They were happy with the service they received. The provider took appropriate disciplinary action if they needed to address poor performance. The registered manager reviewed all reported incidents and accidents related to falls, health and any errors made when providing care. All the information was recorded and actions taken to address any concerns.

The provider sought feedback from people and their relatives to help them monitor the quality of service they provided and pick up any issues or prevent incidents. People's experience of care was monitored through daily visits, care reviews, regular contact with people and their relatives and surveys. The monitoring systems gave the management team an opportunity to chat to people and gave an insight into how people were supported. They were able to identify any issues or concerns. The registered manager sent out a survey for staff to gather their feedback. They completed an action plan after analysis of responses. It gave them a clear idea of how people and staff felt about the service and they identified any themes to address. Any issues were and how to make things better were discussed with staff. Staff felt improvements made had affected the team work positively. People and relatives told us they were encouraged to always call the office if they needed anything. The registered manager supported staff to visit people when needed to ensure the visits were attended on time. The service provided a car, which has proved to be very useful especially when staff had vehicle breakdowns. This ensured people who use the service had continuity of care in these circumstances as the staff were able to get to people quickly.

The registered manager was aware of their current challenges which were around recruitment. They were looking at various ways to find the right people. The registered manager also felt it was important for them

and staff to manage their time well to do good quality work. They tried to improve the service by finding different ways to work more efficiently. The registered manager felt the new electronic system introduced in July 2016 helped them reduce issues and improve quality in many areas of the running of the service. She explained it was easier to access the information and any actions the service needed to take were flagged up by the system. It also helped them maintain regular checks on reviews which assisted with the quality assurance process.

Staff meeting minutes and records showed that the staff team discussed various topics related to the service and ensured people were supported appropriately. Additionally senior staff and work planning meetings were held to ensure the smooth running of the service and any actions to complete were identified. Weekly memos went out to all the staff to ensure everyone was up to date with the most current information regarding the service and people's care. The registered manager and staff were interested and motivated to make sure people were well looked after and able to live their lives the way they chose.

The registered manager encouraged open and transparent communication in the service. They continuously spoke to staff and asked if there was anything concerning them. The management team worked with people, relatives, staff and other health and social care professionals to ensure best practice was always present in the service. The registered manager valued how staff worked well together and supported people who use the service. They said, "The staff are really good, a brilliant team. They are very supportive of each other and help out each other". People and relatives were happy with the support and care they received. They said, "I cannot think of anything they could do better", "I look forward to seeing them" and "I cannot fault them so far and we are finding it very good".