

Professional Angels Ltd

# Professional Angels Limited

## 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?

Good



Is the service well-led?

Requires Improvement



### Overall summary

We conducted an inspection of Professional Angels Limited on 1 December 2014. The service provides care and support to people living in their own homes. There were six people using the service when we visited. This was our first inspection of the service.

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.

We identified some discrepancies in the medicines records. There were discrepancies between the "monthly medicines sheets" which was a record of which medicines were given to people and the lists of medicines that people were supposed to be taking as recorded in a separate document entitled "health assessments". Out of date information in these documents created a risk that new staff could potentially be unclear about which medicines people should be taking.

# Summary of findings

Staff had completed medicines administration training within the last year and were clear about which medicines people were supposed to be taking.

Risk assessments and support plans contained detailed information and practical guidance for staff. Most records were reviewed within six months or where the person's care needs had changed.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard people they supported. Staff had received safeguarding adults training and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Staff demonstrated a good knowledge of their responsibilities under the Mental Capacity Act 2005. Records indicated that staff had obtained information about the different arrangements people had in making decisions that affected their lives.

Staff demonstrated an understanding of people's life histories and supported people to meet their individual needs in a caring way. People using the service and their relatives were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role. Staff were provided with appropriate training to help them carry out their duties. Staff received regular supervision and appraisal. There were enough staff employed to meet people's needs.

People were supported to maintain a balanced, nutritious diet and their nutritional needs were monitored. People were supported effectively with their health needs and had access to a range of healthcare professionals.

People using the service and staff felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was an effective complaints policy and procedure in place.

The organisation did not have adequate systems in place to monitor the quality of the service. We found discrepancies in care records, which were not identified by management. The registered manager told us medicines audits were conducted, but could not produce copies of these or explain what they involved.

# 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 not consistently safe. Medicines records did not contain consistent information. We were not shown evidence that medicines were audited.

The risks to people who use the service were identified and appropriate action was taken to manage these and keep people safe. Records were reviewed and updated where required.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected that abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

**Requires Improvement**



### Is the service effective?

The service was effective. We found staff were meeting the requirements of the Mental Capacity Act 2005.

People were supported by staff who had the appropriate skills and knowledge to meet their needs. Staff received an induction and regular supervision, training and annual appraisals of their performance to carry out their role.

People were supported to eat a healthy diet and were able to choose what they wanted to eat.

People were supported to maintain good health and had access to healthcare services and support when required.

**Good**



### Is the service caring?

The service was caring. Staff understood people's needs and knew how to support them. Staff understood people's diverse needs and helped them to meet these.

People using the service and their relatives were involved in decisions about their care. People were treated with respect and staff maintained people's privacy and dignity.

**Good**



### Is the service responsive?

The service was responsive. Staff understood how to respond to people's needs. Staff encouraged people to participate in activities that they enjoyed.

People knew how to make a complaint and there was an appropriate complaints procedure in place.

**Good**



# Summary of findings

## Is the service well-led?

The service was not consistently well-led. Systems were not in place to assess and monitor the quality of the service people received. We did not see evidence of regular auditing to check the quality of the service provided.

People and their relatives were asked for their feedback on the quality of service they received. We were told that issues were dealt with on an individual basis.

Staff reported they felt confident discussing any issues with the registered manager.

## Requires Improvement



# Professional Angels Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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.

A single inspector carried out the inspection. The inspection was announced. We gave the provider 48 hour's notice of our inspection as we wanted to be sure that someone would be available.

Prior to the inspection we reviewed the information we held about the service. 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 a representative from the local authority safeguarding team.

We spoke with two staff during our visit over the telephone and a senior member of staff and the registered manager in the office. We spoke with one person using the service and one relative of a person using the service. We also looked at a sample of three care records of people, five staff records and records related to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe when using the service. One person said “I trust staff” and another person commented, “I feel safe with the carer.” Despite these positive comments we found that medicines were not always managed safely.

We spoke with a senior staff member and the registered manager about how they managed people’s medicines. We were told that staff prompted people to take their medicines and recorded this on “monthly medication sheets”. These sheets were then returned to the office and reviewed by the registered manager. We saw copies of the sheets for the three people whose files we viewed. These appeared to be fully completed. The person and relative we spoke with told us staff prompted them to take their medicines. The person said “they do remind me”.

However, we found people’s care records did not contain up to date information about their medicines. Care records included documents called “health assessments” and this included a section listing their medicines. We found some discrepancies between the medicines listed in these documents and those listed in the “monthly medication sheets” for two people. We spoke with the registered manager about the discrepancies and they confirmed that the documentation needed updating. Out of date information in these documents created a risk that new staff could potentially be unclear about which medicines people should be taking. The registered manager told us audits were carried out of medicines, but they could not produce copies of these or explain what these audits involved.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

All staff had completed medicines administration training within the last year, which included a test of their competency and observation by a senior staff member. Staff were knowledgeable about how to correctly store and administer medicines.

Risk assessments had been completed for areas such as physical health, moving and handling and the safety of people’s home environment. The information in these documents was detailed and included practical guidance for staff in how to manage risks. Risk assessments had been reviewed within six months in two files we viewed. However, in one file we looked at, we found that both risk

assessments and the care plan had not been updated for over one year. We asked the registered manager about this and they told us this person’s care had been reviewed, but the documents had not been updated to reflect this because of an administrative oversight. We spoke with the staff member who supported this person and they spoke knowledgeably about this person’s care. They confirmed the person’s care needs had not changed in over a year. We also spoke with the person’s relative and they confirmed that their relative received the care they needed.

We spoke with two staff members on the telephone during our inspection about the identified risks to people they cared for. Staff spoke knowledgeably about the risks to people. For example, one care worker was able to tell us the allergies one person had as well as their other healthcare needs.

The service had a safeguarding adults policy and procedure in place. The safeguarding lead at the local authority confirmed they did not have any concerns about people using the service. Staff told us they received training in safeguarding adults as part of their induction and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. Staff also said they would use the provider’s whistleblowing procedure if they felt their concerns had not been taken seriously. Whistleblowing is when a worker reports suspected wrongdoing at work. A worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone’s health and safety is in danger.

Staff received emergency training as part of their induction, which involved what to do in the event of an accident, incident or medical emergency. Staff told us what they considered to be the biggest risks to individual people they cared for and they demonstrated an understanding of how to respond to these risks. Staff told us their emergency training would inform their responses to these situations.

The relative we spoke with told us the staffing levels met the needs of their relative and said they had “never had a problem”. They told us their family member was always seen by the same staff member and this ensured they could develop a relationship and get to know one another well. The relative told us and staff confirmed they had enough time when attending to people and were unrushed when working.

## Is the service safe?

We spoke with the registered manager about how they assessed staffing levels. They explained that they conducted an assessment of peoples' needs when they first contacted the agency. As a result, they determined how many care workers were required per person and for how long. The registered manager told us they hired enough staff to ensure consistency thereby maintaining continuity of care, which was important to people using the service.

We looked at the recruitment records for five staff members and saw they contained the necessary information and documentation required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms.

# Is the service effective?

## Our findings

People told us staff had the appropriate skills and knowledge to meet their needs. Comments included “Carers help me with my needs” and “they are very knowledgeable”. The registered manager told us and staff confirmed that they completed training as part of their induction as well as ongoing training. Records showed that this included a period of shadowing more experienced staff.

The registered manager told us and staff confirmed they discussed person centred care on their induction. Staff told us these discussions focussed on how to deliver a service which focussed on people’s individual needs. Staff gave us practical examples of how people’s individual choices were at the centre of the work they did. We were given various examples by staff who described people’s individual routines, their specific preferences regarding food and drink as well as how they responded to people’s particular behaviours which were unique to them.

The registered manager told us that each year as part of their performance appraisal staff were invited to select other training modules which would be useful to their role. Staff confirmed they could request extra training where required and they felt that they received enough training to do their jobs well. Records reflected that people’s training was in date. One staff member told us, “The training is fantastic..

Staff told us they felt well supported and received regular supervision of their competence to carry out their work and this included formal observations. We saw records to indicate that staff supervisions took place every two months and annual appraisals were also conducted. We were told by staff that they used supervisions to discuss individual people’s needs as well as their training and development needs.

We found that Professional Angels Limited was meeting the requirements of the Mental Capacity Act 2005 (MCA). We spoke with staff about their understanding of the issues surrounding consent and the MCA. Staff explained what

they would do if they suspected people lacked capacity. They described possible signs people could demonstrate if they lacked capacity and told us, they would report this to their manager.

We spoke with the registered manager and they explained that whilst they had not received training in the MCA, they would refer any concerns to the person’s social worker and seek advice from their local authority lead. We saw completed documents in people’s files which showed staff had obtained written consent from people in relation to various matters including consent to discuss their healthcare needs with their healthcare professional. The registered manager demonstrated an understanding of the issues surrounding consent and gave us examples of the different arrangements some people had with regard to how they managed their finances and made other decisions. Records indicated that senior staff had obtained full information about whether someone had assigned Lasting Power of Attorney or made other arrangements about how they made decisions should they no longer have capacity to do so. This meant staff understood who they should communicate with in relation to various decisions about a person’s care and they had confirmed that the arrangements made were within the requirements of the MCA.

People were encouraged to eat a healthy and balanced diet. People’s care records included information about their dietary requirements and appropriate advice had been obtained from their GP and other health professionals where required. Staff told us they helped people to go shopping and cooked their meals. We saw records to indicate people’s nutritional needs, allergies and likes and dislikes in relation to food. Staff demonstrated a good knowledge of this area of people’s lives.

Care records contained detailed information about people’s health needs. The service had up to date information from healthcare practitioners involved in people’s care, and senior staff told us they were in regular contact with people’s families to ensure all parties were well informed about people’s health needs. When questioned, staff demonstrated they understood people’s health needs well.



# Is the service caring?

## Our findings

The person we spoke with gave good feedback about the staff member who supported them. The person told us “She is very caring” and a relative commented, “[the staff member] is brilliant. I would recommend her to anybody.” The person we spoke with said the service communicated well with them and took the time to have meaningful conversations with them. We looked at the person’s daily records and saw details of meaningful conversations they had with the staff member who supported them relating to their childhood and family history.

Staff showed they had a good knowledge and understanding of the people they were supporting. They told us they usually worked with the same person so they had developed a relationship and got to know one another well. All staff gave details about the personal preferences of people they were supporting as well as details of their personal histories. They were well acquainted with people’s habits and daily routines and the relative we spoke with confirmed this.

The person we spoke with told us they were able to make choices about the care and support provided and staff helped them to achieve their goals. The person said “I

decide what I need and the carer helps me with this.” Staff told us people made their own choices and lived their lives how they wanted. One staff member told us, “I support the client to do what they want and I respect this.”

We looked at three care plans and all had been completed with the people who used the service and their relatives. They provided detailed information about how the person’s needs and preferences should be met.

Staff explained how they promoted people’s privacy and dignity. For example, one staff member said “I never walk into a room. I always knock and give [the person] privacy when he wants this.” Another staff member gave us detailed examples of ways to preserve people’s dignity. They said “I use my judgment and will always ask permission before I do anything.” The person we spoke with also confirmed their privacy was respected. They told us “she [the staff member] respects my wishes.”

Care records demonstrated that people’s cultural and religious requirements were considered when people first started using the service. A senior staff member gave us a specific example of how they met one person’s religious requirements on a daily basis with the care provided. We looked at this person’s care record and saw it contained various details about how the person’s faith informed their daily living needs. When we spoke with the staff member who supported this person they demonstrated a good understanding of the person’s faith.

# Is the service responsive?

## Our findings

The person we spoke with and a relative told us they were involved in decisions about the care provided and staff supported them when required. The person said “They [staff] do what I ask them. I am happy with the service.”

People’s needs were assessed before they began using the service and care was planned in response to these. Assessments included physical health, dietary requirements and mobilising. We looked at three care records and saw these included a support plan, which was signed by the person using the service. Care records showed staff prioritised people’s views in the assessment of their needs and planning of their care. Care plans included extensive detail about people’s preferred routines, habits, likes and dislikes in relation to a number of different areas including nutrition and activities. One care plan included details about the person’s former profession and included suggested topics of conversation for staff in relation to this.

We saw that each person had a number of ongoing regular assessments to check if their needs had changed. We saw an example of one person’s changing health needs in their care records. Care records showed that staff had obtained up to date information and advice from the relevant healthcare professional. The advice sought from this person was subsequently used to amend the person’s care plan. Staff demonstrated a good up to date knowledge of this person’s needs.

The person and the relative we spoke with confirmed they had been involved in the assessment process and had regular discussions with staff about their needs. The

relative also confirmed that care staff kept daily records of the care provided and these were detailed and legible. They told us they found these records useful in keeping updated about their family member’s daily activities.

Care records showed people’s involvement in activities. Senior staff told us they worked with family members to prevent social isolation by encouraging people to participate in activities they enjoyed and where they had concerns, they would discuss this with relatives and people using the service to formulate a workable solution. The relative we spoke with confirmed staff supported their family member to be active in ways they enjoyed.

People expressed their views and these were prioritised in decisions about the support they received. People were given information when first joining the service in the form of a brochure and a “client handbook” which included details about how to make a complaint and specific details about the service provided. Senior staff told us they could arrange for this to be provided in an easy read format on request.

The service had a complaints policy which outlined how formal complaints were to be dealt with. Both the person and relative we spoke with confirmed they had never had any complaints, but told us they would speak with the registered manager if they had reason to complain. The registered manager told us they had never received any formal complaints but would deal with these by discussing any issues with staff. Staff confirmed they discussed people’s care needs in their supervision sessions and if there were any issues they would discuss these at this time.

# Is the service well-led?

## Our findings

People may not have been protected from the risks associated with unsafe or inappropriate care as the organisation did not have adequate systems in place to monitor the quality of the service. We did not see evidence of quality monitoring of care records. As a result we found one care record had not been updated to show that it had been reviewed and the list of medicines in “health assessments” was not up to date. We were told that medicines audits were completed, but the registered manager could not find copies of these to show to us and could not explain what these involved. In addition the management team had failed to identify the shortfalls that we found. We did not see evidence of any other form of quality monitoring.

This is a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2010.

We saw evidence that feedback was obtained from people using the service, their relatives and staff. Feedback was sought in the form of a questionnaire, which had space for other comments. We were told that where issues were identified these were dealt with individually and improvement plans were put in place.

Staff gave a consistent view about their vision of the service and their purpose in working for the organisation. The registered manager told us, “We want to provide person

centred care which is focussed on people’s individual needs.” One staff member told us, “What the client wants is the most important thing”. Staff confirmed that the provider’s vision for the organisation was covered in their induction when they started working at the organisation and this was also something that was reinforced in supervision meetings and in general discussions with their manager.

Staff confirmed they maintained a good relationship with their manager and felt comfortable raising concerns with them. One staff member said “She keeps in contact. She is great,” and another member of staff said, “I can talk to her if there’s something bothering me.”

Records were kept of accidents and incidents, and each form was reviewed by the registered manager to identify what had occurred, and what could be done to prevent a reoccurrence. Records included further action to be taken following an incident, and the registered manager and staff confirmed that learning points from incidents were discussed with them in their supervision meetings.

The registered manager told us safeguarding concerns would be discussed in a similar way and if the service received any complaints they would also be discussed individually with staff. The registered manager told us they would check every concern individually and devise an action plan as well as monitor for trends.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>Service users were not always protected against the risks associated with the unsafe management of medicines, by means of the making of appropriate records of medicines.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>Service users were at risk because the provider did not have effective systems in place to monitor the quality of service provision.</p>