

Angels Home Care (Kent) Limited

Angels Home Care (Kent) Limited - 5 Premier Parade

Inspection report

5 Premier Parade
The Avenue
Aylesford
Kent
ME20 7EU

Tel: 01622715500

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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

About the service:

Angels Home Care (Kent) Limited is family run domiciliary care provider that was providing personal care to people in their own homes. People receiving support had a range of needs including, the elderly, people that were living with dementia and people who have a learning disability or autistic spectrum disorder. At the time of our inspection there were 66 people receiving personal care.

People's experience of using this service:

- People told us they received a service where the staff felt like an extended member of their family. People said they received a quality service and would recommend the agency to others.
- People told us they felt safe with the staff who knew how to meet their needs, in the way they preferred. People's needs were assessed prior to receiving a service. People's protected characteristics under the Equalities Act were supported.
- People were at the centre of their care and support; care plans enabled people to maintain their independence. Care records were regularly reviewed to ensure they met people's needs. Staff knew what action to take to protect people from the risk of abuse.
- People were provided with consistency and continuity of care with a small team of staff. Staff were to be recruited safely and the management team worked as part of the care team to ensure there were enough staff to meet people's needs.
- Potential risks posed to people and staff had been mitigated. Staff supported people to attend healthcare appointments and express their views about their support. Staff worked alongside health care professionals to promote people's health.
- People told us staff were skilled in carrying out their role. Staff said they were supported by the management team, who they saw on a regular basis.
- People told us the staff were kind and caring; staff promoted people's privacy and dignity at all times. Staff responded to people's emotional needs which had been included within their care plan.
- People, staff and others were encouraged to raise any concerns they had or make suggestions to improve the service.
- The management team promoted an open culture where staff were kept informed about any changes to their role. Staff told us they enjoyed working for the agency, and that the management team were

approachable and listened to their ideas and suggestions.

- Systems were in place to monitor the quality of the service; spot checks and reviews were carried out by the management team.

Rating at last inspection:

This service was rated, "Good" at the last inspection on 13 July 2016. We published this rating on 24 August 2016.

Why we inspected:

This was a planned comprehensive inspection to check the service remained Good. We found overall that the service continued to meet the characteristics of Good.

Follow up:

We will continue to monitor the service through the information we receive. We will carry out another scheduled inspection to make sure the service continues to maintain a Good rating.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

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Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by an inspector and an assistant inspector. An expert by experience made telephone calls to people using the agency. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience caring for an older person.

Service and service type:

Angels Home Care (Kent) Limited is a domiciliary care service. It provides personal care to people living in their own houses and flats. It provides a service to the elderly, people that were living with dementia and people who have a learning disability or autistic spectrum disorder.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 5 days' notice of the inspection site visit because we required the registered manager to gain consent from people to contact them for feedback.

Inspection site visit activity started on 4 March 2019 and ended on that day. We visited the office location on 4 March 2019 to see the registered manager and office staff; and to review care records and policies and

procedures.

What we did:

Before visiting the service, we looked information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. We also looked at information sent to us by the registered manager through the Provider Information Return (PIR). The PIR contains information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection record.

We reviewed four people's care records, which included care plans, risk assessments, daily care records and medicines records. We looked at documentation that related to staff management and recruitment including four staff files. We also looked at a sample of policies and complaints and compliments.

We gathered people's experiences of the service. We spoke with six people and three relatives to gain their views. We also spoke with the registered manager, two members of the management team and two members of care staff. We received feedback from two external health and social care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment:

At the last inspection, we recommended that the registered manager ensured the staff recruitment files contained the relevant information. At this inspection improvements had been made.

- Staff were recruited safely. There was a recruitment policy and processes that would be followed to minimise risks. This protected people from new staff being employed who may not be suitable to work with them. Pre-employment checks were made, including obtaining a full employment history, references were sought. Staff completed Disclosure and Barring Service (DBS) checks before they began working with people. DBS checks identified if applicants had a criminal record or were barred from working with people that needed care and support.
- The registered manager told us that no new staff had been recruited since the last inspection. There was a continuous recruitment drive however, this had not been successful in recruiting new staff.
- People's needs and hours of support were individually assessed by the agency and the commissioners that funded some packages of care.
- There were enough staff to meet people's needs and provide people with continuity of care.
- Systems were in place for the monitoring of any missed or late calls. People told us that either their staff or the office would telephone and let them know if their care staff was running late due to traffic. One person said, "The communication is good they will let me know if they will be late." There had not been any missed visits.
- People and staff had access to an out of hours on call system manned by senior staff.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe and knew the care staff that supported them. A relative said, "Having the same staff makes me feel that my husband is safe and knowing that they are in my home I feel I can trust them."
- Staff received annual training in safeguarding adults and understood the potential signs of abuse.
- Staff followed the organisations policy and procedure and knew how and to whom they would report any concerns.
- The registered manager and management team understood their role in keeping people safe and knew when they needed to contact the local authority safeguarding team.
- The registered manager confirmed the agency had not had any safeguarding concerns since the last inspection.

Assessing risk, safety monitoring and management:

- Potential risks posed to people and staff had been mitigated.

- Risk assessments were individualised for people's specific needs such as, personal care needs, health risks and mobility risks. Staff followed detailed guidance that informed them of the action to take to minimise the risk.
- Staff knew people well and understood the importance of minimising any potential risks to people.
- Environmental risks and potential hazards within people's homes had been identified. For example, risks relating to electrical equipment within the property and the external environment.
- A log was kept and monitored by the office staff regarding the servicing of people's equipment such as, hoists and ceiling tracking. The make, model and serial number was kept if a problem was identified.

Using medicines safely:

- People that required support to manage their medicines told us they received them safely.
- Each person had specific guidance for staff to follow, detailing the support that was required for the administration of their medicines.
- Staff received training in the safe administration of medicines and were observed by a member of the management team prior to administering medicines. Staff had completed an additional long-distance training course in the administration of medicines.
- Staff had worked with other care professionals to support one person to manage their medicine.
- Systems were in place for the auditing of people's Medication Administration Record (MAR). These were checked during spot checks and monthly to identify any missing signatures.
- Some people received additional support to monitor the stock of their medicines. This was to ensure they had a continuous supply of their prescribed medicines.

Preventing and controlling infection:

- People's care plans contained specific information about infection control procedures such as, the disposal of any clinical waste products.
- Staff had been trained and understood the importance of promoting hygiene to prevent the risk of cross contamination.
- Staff had access to a range of personal protective clothing such as, gloves, aprons and over shoes.
- Staff followed the provider's policy and procedure regarding infection control.

Learning lessons when things go wrong:

- The registered manager and management team took steps to ensure that lessons were learned when things went wrong.
- A small number of staff covering a particular area left the agency for other employment, this left a shortfall of staffing for visits. As a temporary measure the management team covered the care calls and the decision was made to hand the care calls back to the local authority. As a result, the continuous recruitment programme was started to reduce the risk of a reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs and choices were assessed with them prior to receiving support from the agency.
- The assessment included specific information such as, the preferred time and day of the care call. A certain member of the management team completed the initial assessments and subsequent care plans.
- People's individual protected characteristics under the Equality Act 2010 were considered during needs assessments and recorded within people's care plans. For example, specific communication needs or any religious beliefs.

Staff support: induction, training, skills and experience:

- People were supported by staff who had the skills, knowledge and experience to deliver effective care.
- Staff told us they had received appropriate training to meet people's needs and were encouraged to undertake additional long-distance training courses for development.
- People told us that staff understood their needs and could meet these. One person said, "I am happy with the way they are trained, even if they send stand ins they know what they are doing and are just as efficient." Another person said, "They all know how to use the hoist and they will give me the option of trying without but the choice is always mine."
- Two members of the management team were qualified to teach staff the provider's mandatory training. There was a training room within the registered office which stored equipment used for training such as a hoist and slide sheets.
- Staff had been trained to meet people's specialist needs such as, dementia care or end of life care.
- There was an induction for new staff which included, completing the provider's mandatory training and working alongside experienced members of staff before working alone.
- Staff told us they felt supported in their role. Staff received support and guidance through supervision meetings, annual appraisals and spot checks with a member of the management team.

Supporting people to eat and drink enough to maintain a balanced diet:

- Staff received training regarding nutrition and diet so they had the knowledge to support people to eat healthily.
- Not everyone received support with their meals. Some people told us that a loved one managed their meals whereas other people told us staff prepared and cooked their meals. One person said, "I am very happy with my meals, they prepare everything from scratch three times a day."
- Staff followed people's care plans which detailed the support they required with mealtimes. One person said, "For breakfast they know I like toast, they will make me a sandwich and put it in the fridge for my lunch and they make me up a flask with a hot drink."

- Some people required a specialist diet and thickened drinks. Staff followed guidance from health care professionals to ensure the person maintained their nutrition and hydration whilst maintaining their safety.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:

- Health care professionals told us that the agency had worked with them to increase people's skills and reduce packages of care. An occupational therapist wrote, 'I have worked with Angels for many of my clients and have always found them to be extremely helpful. They also feedback any concerns they have over clients to ensure they receive the assessments they require.'
- People's health needs including their medical history had been recorded within their care plan. Guidelines were in place to inform staff of the specific support the person required during their call and any equipment staff were required to use. For example, the use of any moving or standing aids.
- Staff were vigilant about any decline in a person's health. One person told us that the staff had noticed their loved one was not their usual self and suggested they sought medical advice. The person was then diagnosed with a chest infection, following the prompt action from staff.
- There was a close working relationship with health care professionals to ensure people remained in good health. For example, staff contacted a person's GP to discuss the frequency of antibiotics they had been prescribed. The GP had prescribed these four times a day however, the agency only supported the person three times a day. A health care professional wrote, 'The staff in the office are extremely knowledgeable and are very good at communicating with me.'

Ensuring consent to care and treatment in line with law and guidance:

- 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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection. We checked whether the service was working within the principles of the MCA.
- Staff had been trained and understood how this applied to their role. For example, offering people choices about all aspects of their care and support.
- People were assumed to have the capacity to consent; where there were any concerns, people's capacity to consent to care and support had been assessed and recorded.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People told us the staff were kind, caring and knew them well. Comments included, "I know all my carers and they are all pleasant and helpful", "I feel like they are an extended member of my family" and "We have had the same carers for such a long time now they are like part of our family."
- People's care plans contained information about their likes, dislikes, preferred name, background and personal history. For example, what was important to the person and their chosen name; this had been reflected throughout the care plan.
- People's emotional needs were recorded within their care plan along with any specific communication needs. These enabled staff to respond to their needs at the time they needed it. For example, guidance was in place to support a person who did not use verbal communication; to ensure staff knew how to meet the person's needs.
- Confidential information about people and staff was stored securely in locked cabinets and online. The computers were password protected to ensure only people authorised could access it.

Supporting people to express their views and be involved in making decisions about their care:

- People and their relatives told us that they had been involved in the development and review of their care plan. People's wishes and decisions were recorded and acted on.
- People were given opportunities to express their views about the service they received. Views were sought through spot checks, reviews and surveys. Any suggestions or changes to their care and support were acted on promptly.

Respecting and promoting people's privacy, dignity and independence:

- People told us that staff respected their privacy and dignity at all times. One person said, "They always check if it is ok to do this or that." Comments from relatives included, "They will close the blinds and shut the door when washing him" and "They have a lovely way of engaging, they banter with my dad."
- Staff could describe how they promoted this throughout the care call. For example, closing doors and curtains, covering people up with a towel and asking others to leave the room.
- People told us and records confirmed that people were encouraged to maintain as much independence as possible. One person said, "They all know how to use the hoist and they will give me the option of trying without but the choice is always mine." A relative said, "They know that my husband likes to try and do things for himself and they respect that, they are on hand to step in if he can't manage."
- People's care plans recorded the objectives and desired outcome for their care and support. For example, to increase their skills and knowledge and to encourage people to be as independent as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care plans were personalised and placed their views and needs at the centre. Care plans were detailed and informed staff what the person's abilities were and the support they required from staff.
- People told us they had a folder within their home that contained their care plan and care notes for each call they had. One person said, "All of them do exactly what I want them to do and it might change from day to day, communication is good."
- People's care plans and risk assessments were kept under continuous review to ensure staff were meeting the person's current needs. A member of the management team kept a log of each persons' review dates to ensure people's needs were reviewed regularly.
- Some people's care plans were written in conjunction with and following information from health professionals such as, district nurses and speech and language therapists. An occupational therapist wrote, 'From my experience with the agency I cannot speak highly enough about them.'

Improving care quality in response to complaints or concerns:

- People told us they felt confident in raising any concerns or complaints to their staff or through the management team whom they saw on a regular basis.
- A complaints policy and procedure was in place and information had been included within the service user guide which was kept within their home.
- Records showed that the complaint that had been acknowledged, investigated and concluded as per the policy.
- The agency had received 18 compliments from people and their relatives over the past 12 months. These were in the form of cards and letters thanking staff for the care and support they had given. One card read, 'I just wanted to say thank you for everything you have done for me. I certainly wouldn't be where I am today if it wasn't for you. You have been so supportive of my ambitions and have given me the skills I needed to fulfil my ambitions.'

End of life care and support:

- The agency staff worked alongside the district nurses and the local hospice team to support people at or near to the end of their life to ensure they were pain free.
- Staff had completed specific training relating to supporting people at the end of their life.
- A member of the management team told us that if a new package of care for a person at the end of their life started, the staff team for that person would come into the office to discuss the specific needs of the person.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People told us they felt the agency was well run and they knew the management team. Comments included, "I am very pleased that I chose this company as they are well managed and efficient" and, "I think it is well managed, the overall service is excellent and I would recommend them."
- The management team promoted an open culture where staff were kept informed about the agency and their job role. A member of staff said, "They keep you informed, they tell you what needs to be done, if there is anything specific that needs to be done."
- Newsletters and memos were used to inform staff of any changes in people's needs, policy updates or legislation changes.
- The registered manager and management team had been working within a domiciliary care setting for many years. The entire team were passionate about delivering a high-quality service to people; and always looked to improve.
- The registered manager and management team understood their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager understood that notifications had to be submitted to the Care Quality Commission in an appropriate and timely manner in line with our guidelines.
- The quality of the service that people received was checked on a regular basis by the management team through spot checks and 'observations' on staff to ensure they continued to have the knowledge and skills to support people. Action plans were developed when shortfalls had been identified and these were actioned.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People, staff and others were fully involved in the development of the organisation and the service they received. A survey was sent to people from the registered office to gather feedback and listen to suggestions. The management team saw people on a regular basis as they worked as part of the care team.
- The management team worked as part of the care team, this enabled them to speak to people about the service they received on a regular basis.

- Feedback was also sought during care reviews with people and their relatives.
- Staff told us they enjoyed their role and felt like they "team were one big family."

Working in partnership with others:

- The management and staff team had developed relationships with health care professionals to ensure people were receiving the appropriate care and support to meet their needs. During our inspection a member of the management team made arrangements for a persons' specialist bed to be repaired when staff had noticed a fault. Another person was due to receive a piece of equipment to aid their mobility; the office contacted the relevant health care professional to arrange training for the staff team.