

Angels DCS Limited

Angels Domiciliary Care Services

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

Angels Domiciliary Care Services is a small family run domiciliary care provider, which cover the Chorley and South Ribble area. At the time of our inspection the service was supporting 14 people.

The Registered Manager was present during the visit to the registered premises and was cooperative throughout the inspection process. 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.

The service was registered with the Care Quality Commission in July 2013. We last inspected Angels Domiciliary Care Services on 18 & 24 September 2015. At the inspection in September 2015 we found the service was not meeting three of the regulations that we assessed and we asked the provider to take action to make improvements. The three breaches of regulation were in relation to gaining valid consent from people prior to their care and support being delivered; the lack of established systems and processes in place to prevent adult abuse and staff not receiving appropriate support via robust training, supervision and appraisals.

We issued three requirement notices and asked the registered provider to tell us how they were going to make the improvements required. At this inspection we found that the registered provider and registered manager had made the changes and improvements needed to meet the three requirement notices issued from the previous inspection. However we found the service to be in breach of one further regulation at this inspection.

People told us that they felt safe when receiving care and support from staff employed by Angels Domiciliary Care Services. However we found an issue with one person who was receiving care and support that presented as a safeguarding issue, which had not been recorded as being reported through to the local authority safeguarding team. We have made a recommendation about this.

The service had up to date safeguarding and whistleblowing policies in place which meant that staff had clear guidance to enable them to recognise different types of abuse and who to report it to if suspected.

We found evidence to show that staff received appropriate training and formal supervisions and appraisals took place. Staff also received a good level of training across a range of areas.

The service was working within the principles of the Mental Capacity Act 2005 (MCA) and staff received training in this area. Staff understanding of the principles of the MCA act was limited however they were able to talk around the area of consent well.

People, and relatives we spoke with, told us they were happy with the care and support they received and

that staff were caring and compassionate.

People we spoke with and their relatives told us they knew how to raise issues or make a complaint and that communication with the service was good. We saw that the service kept records of complaints, concerns and compliments and responded to complaints in line with their own policy.

All care plans contained an initial assessment of the person's needs prior to their care beginning. We saw that care plans were reviewed regularly although some elements of care plans needed to contain additional information and guidance for staff.

We saw evidence of some quality audits taking place. We discussed the need to expand this area as and when the business grew, although it was evident that the registered manager knew the people the service cared for well.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always Safe.

The provider did not always appropriately assess the risks to the health and safety of people or reasonably mitigate such risks.

People medicines were managed satisfactorily by sufficiently trained staff.

The service undertook the necessary background checks on staff prior to them providing care and support independently.

Is the service effective?

Good 

The service was Effective.

Staff received formal support in the form of training, supervision and appraisals. Staff we spoke with also told us that they had good informal support mechanisms via peer support and the management team.

Staff underwent a thorough induction, which was adapted through the care certificate.

The service was working within the principles of the The Mental Capacity Act 2005.

Is the service caring?

Good 

The service was Caring.

People, and relatives we spoke with, told us they were happy with the care and support they received and that staff were caring and compassionate.

The service provided care and support for people at the end of their life with experienced staff.

People who wished to be were involved in the design of their care.

Is the service responsive?

Good ●

The service was Responsive.

People we spoke with and their relatives told us they knew how to raise issues or make a complaint and that communication with the service was good.

Most care plans contained good detail and staff told us that there was enough information within them when undertaking care and support. However some of the care plans we reviewed needed further detail and guidance for staff.

Is the service well-led?

Good ●

The service was Well-led.

We saw evidence that some quality audits were taking place.

We received positive comments about the organisation, its management and staff from people we spoke with.

The registered manager carried out regular 'spot checks' to ensure staff were carrying out their duties to a good standard.

Angels Domiciliary Care Services

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 16 & 18 May 2017. We gave the service 24 hours' notice of the inspection to ensure the registered manager and other key members of staff would be available to answer our questions.

The inspection team consisted of one adult social care inspector and an expert by experience. 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 by experience made phone calls to people and relatives on the 18 May to talk with them about their experience of the service. The lead inspector visited the registered office on the 16 May to look at records, which included four care plans, four staff files, quality audits, team meeting notes and other associated documents.

We spoke with a range of people about the service, this included six people who received a service, four family members and six members of staff including the registered manager.

Is the service safe?

Our findings

All of the people we spoke with who received care from Angel Domiciliary Care Services Limited told us that they felt safe. One person told us, "Yes I am safe and it is good to have the care workers." Another person said, "Yes at all times I feel safe" and another person said, "Yes no problems at all". Relatives we spoke with also told us they had no concerns with the safety of their loved ones when receiving care and support from the agency. Comments included; "Yes we do feel safe.", "Brilliant, they (staff) are good people" and "Oh yes very good, they are very supportive."

At our previous inspection we found the service to be in breach of regulation 13; safeguarding service users from abuse and proper treatment. This was due to the service not having effective safeguarding systems and processes in place to prevent abuse of people using the service. We saw that the issues raised at the previous inspection had been resolved in that a new safeguarding policy was in place and was kept under review via an independent care consultant. Staff signed to state that they had read and understood all policies and procedures including the safeguarding of vulnerable adults policy and we saw evidence of this. Staff were now trained in this area and a safeguarding and accident and incident file were in place.

As the service now had up to date safeguarding and whistleblowing policies in place this meant that staff had clear guidance to enable them to recognise different types of abuse and who to report it to if suspected. We spoke with staff about the agencies' safeguarding procedures. They were all aware of the safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow when we spoke with them. They were also able to tell us who they would report issues to outside of the agency if they felt that appropriate action was not being taken and displayed good knowledge of local safeguarding protocols.

However, when reviewing the care plan of one person the registered manager informed us of a current circumstance that they thought presented as a safeguarding issue. The issue was in relation to a person possibly being deprived of their liberty. The registered manager told us that an initial discussion with the local authority had been undertaken, although there was no record of this discussion. There had been further communication with the fire and rescue service as there were valid concerns about the safety of this person in the event of a fire or other emergency evacuation. We saw email correspondence and a diary sheet entry evidencing this. Following further discussions with the registered manager it became apparent that the issue presented as a safeguarding concern, as the person in question was unable to leave their own home in the event of an emergency. The registered manager immediately referred the issue through to the local authority safeguarding team.

Following the inspection we discussed this issue with the local authority safeguarding team who had closed the referral down following discussions with the person receiving care. We were told that the issue had been discussed directly with the person in receipt of care and support. The agency had held the majority of discussions with a family member as opposed to the person they were supporting. The family dynamics involved were complex when discussed further with the registered manager in detail. However from the information presented at the time of the inspection the issue should have been reported to the local

authority safeguarding team at the earliest opportunity. There was also an indication of another safeguarding issue involving this person during our discussions. We recommend that the agency review its safeguarding reporting procedure to ensure that all actions are recorded accurately and that when potential issues are discovered, whenever possible, this is discussed directly with the person in receipt of care and support to ensure their voice is heard.

We looked at staffing levels within the service to ensure that there were enough staff employed to provide the assessed care people required. No people or relatives we spoke with raised concerns regarding staffing levels. People were happy with the consistency of care staff coming to their home or their timeliness. We discussed staffing levels with the registered manager as some staff we spoke with told us that rotas were only produced weekly and this was not ideal for them in terms of planning their family and social commitments. The agency had lost a few members of staff in the period prior to our inspection. Hours were being covered by the registered manager, office manager and co-director as well as the existing staff team. We were told that one weekly rotas had been introduced in the short term whilst staffing issues were addressed. When we gave formal feedback to the service a few weeks after the inspection a two weekly rota was in place.

At the time of our inspection the weekly rota was available for staff at the registered premises and was also sent to people via an application (app) on their smart phone if they had one. All staff were provided with a basic mobile phone to use for work purposes but the phones did not support apps. If staff wanted a hard copy version this was printed off for them and was made available at the registered office for them to pick up. Staff confirmed this to be the case when we spoke with them and all the staff we spoke with owned a smart phone. Staff told us that they were given enough time to carry out visits and that travel time was also taken into account when rotas were devised.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people. We reviewed recruitment records of four staff members and found that robust recruitment procedures had been followed including Disclosure and Barring Services (DBS) checks, application forms being completed, candidates attending an interview and suitable references being sought. There were a couple of minor issues such as interviews not being scored and one file only had one reference. However the person with one reference had a limited employment history and when we gave formal feedback a few weeks following the inspection a scoring system for interviews was in place.

We checked on the support staff gave to people who needed help to take their medicines. People we spoke with had no concerns with how staff helped them to take their medication. The staff training matrix showed that staff who had responsibility for administering medication had received appropriate training and this was updated annually. Staff we spoke with told us they were confident in administering medication and they had sufficient training and support to do so. We saw evidence of monthly audits taking place and weekly audits for new people to the service or if people's needs had changed, for example following a stay in hospital.

Staff were competency checked at intervals to ensure that they were working to a recognised standard when supporting people with their medicines. Staff we spoke with confirmed these checks took place and we saw evidence of them.

As stated previously we saw evidence that accidents and incidents were now recorded effectively and investigated appropriately. Records of all accidents and incidents were kept at the registered offices and this

information formed part of the services health and safety checks and auditing processes.

There was a suitable policy and procedure in place related to infection control measures. Staff were trained in this area and no one we spoke with raised any concerns regarding staff appearance or hygiene. Staff confirmed with us that they had access to personal protective equipment such as gloves and aprons. Care plans contained a section for infection control and contained specific instructions and guidance for staff. One example being how to administer eye drops for one person. This instructed the carer to ensure that separate drops were administered to each eye. Specific instructions were in place on how the carer was to wash their hands and the person's eye shield following this procedure.

We saw that environmental risk assessments were carried out to ensure that people were as safe as possible when receiving care and support in their own home. This also ensured that staff were protected from risks such as trip hazards and faulty equipment.

Is the service effective?

Our findings

People we talked with told us that they believed the staff to be competent, caring and felt they knew their care and support needs well. One person told us, "We are really happy with the care workers, they do all the tasks well." Another person said, "My care worker is very skilled indeed, she used to be a nurse." Relatives we spoke with also told us they were happy with the staff who cared and supported their loved ones. One relative said, "Yes, no problem at all with skills, my relative needs someone with good social skills, all the care workers have this." Another relative said, "From what I can see the care workers are good."

At our previous inspection we found the service to be in breach of regulation 18; staffing. This was due to staff not receiving appropriate formal support in the form of training, supervision and appraisals. We found the necessary steps had been taken to meet this breach of regulation at this inspection.

We spoke with staff about the support they received, including formal support such as training and supervision. The comments we received were positive in this area. One member of staff told us, "I feel confident in my job and the training is there to help us." Another member of staff said, "There is always someone there to talk to. I recently had supervision and am due to go on some additional training." We saw that training was planned a few weeks following our inspection via a notice in the office. This included updates to medication training, moving and handling, health and safety and person centred care.

Training was delivered by a variety of methods that included classroom based training and accredited e-learning via a well-known external company. Staff were also regularly competency checked by the registered manager in areas including medication, approach, appearance, infection control and punctuality.

We found evidence within staff files that supervisions were taking place and staff we spoke with confirmed this. This meant that staff had one on one time dedicated to them to discuss issues that included personal development and training needs. We also found evidence to show that staff received annual appraisals that reviewed their performance over the previous 12 month period. Where appropriate targets were set and reviewed within supervision sessions.

We saw that staff received a thorough induction, which was adapted through the care certificate, via reviewing staff files. The care certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

The registered manager told us that all new staff shadowed more experienced members of staff for a two week period. If needed this period of shadowing was extended for one further week of shadowing with the registered manager. Staff we spoke with confirmed this had happened when they began to work for the agency. One member of staff who had recently completed their induction told us, "Yes I had an induction. I came into the office for two weeks and then there were shadow shifts for two weeks which included some shifts with the (registered) manager."

All staff were given a copy of the service's employee handbook. Staff signed to confirm they had received their copy. The handbook contained information relating to a number of areas such as; salaries and wages, holiday entitlement, sickness, whistle-blowing, disciplinary procedures and health and safety.

Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

At our previous inspection we found the service to be in breach of regulation 11; need for consent. This was due to some people's consent not being gained appropriately. We saw at this inspection that care plans now contained a section entitled 'consent to care'. This included people consenting to a care plan being in place and that they were involved in its design if they wanted to be, medicines management if appropriate to their care and support, photographs being taken for the purpose of care planning and information about them being shared with other health and social care organisations if the need arose. New versions of consent forms were being distributed at the time of our inspection to ensure that all the people receiving care had up to date consent forms on within their care plan.

We saw that the agency carried out its own mental capacity assessments. We discussed one issue with the registered manager where a person they had assessed as having capacity had a family member involved in their how their care was delivered. Despite this person having capacity the family member had power of attorney for their care and welfare. The registered manager told us that they did consult with the person directly whenever possible however the person did not always wish to engage with them.

We saw evidence that staff received MCA training. We spoke with staff regarding their understanding of the MCA, the responses we received, in terms of their understanding of the legislation, were not always accurate. However staff were very knowledgeable when discussing the issue of consent. All were very knowledgeable about how to ensure consent was gained from people prior to them assisting people. We asked care staff to talk us through how they would support people with personal care and they were able to do this effectively. This gave us confidence that people's dignity was being upheld. People we talked with told us that staff communicated with them and they told us that staff were understanding of their needs at all times. The service had a consent to care and support policy which had been issued in August 2016. The policy referred to the MCA and the relevant health and social care act regulation.

People we spoke with had no issues about how their nutrition and hydration needs were met. Care plans we reviewed reflected people's care needs in this area. They contained a section entitled 'dietary intake and preparation of food'. One example we saw was where a person's appetite had decreased. The agency had reduced the amount of food presented to this person which had resulted in their appetite improving. Their food and drink preferences were detailed within this section of their care plan.

Is the service caring?

Our findings

People, and relatives we spoke with, told us they were happy with the care and support they received and that staff were caring and compassionate. One person told us, "Oh yes, they are wonderful. [Name] is very good, very experienced, always goes the extra mile." Another person said, "They [carers] are Lovely people, I am very happy with them indeed, they are very caring." Another person said, "I had another company before, but when I changed here I have never regretted it, they are very good." Relatives also spoke highly of staff. One relative told us, "My relative is extremely happy with all the different care workers that come; they are more like friends to her." Another relative said, "Oh yes, they are very supportive, very good, they really do care and they will always ask if we need anything else doing."

Good information was provided for people who were interested in using the service. The agency had an informative and up to date website and there was also a service user guide that contained information about the agency and the services it provided.

The service provided end of life care to support people to remain at home during their final days. Not all staff provided palliative care, only those that wanted to and had the necessary experience to do so. The registered manager told us that staff that provided end of life care were experienced members of staff who had completed a level two or three NVQ in care and had expressed a wish to do so. No formal training in this area was offered at the time of our inspection but this was an area the agency were looking into.

There was no-one at the service using an advocate at the time of our inspection. An advocate is an independent person, who will act on behalf of those needing support to make decisions. The registered manager told us that they had supported people in the past to contact other support agencies such as Age UK and day care facilities.

We spoke with staff from the local authority who commissioned from Angels Domiciliary Care and they did not have any current issues. The registered manager told us that they had been approached by the local Continuing Health Care (CHC) team to discuss admission to their end of life providers list and we were given a named person from the CHC with reference to this.

We saw evidence that people were involved in the design and delivery of their care and support if they wished to be. People we spoke with confirmed this to be the case. There were no issues around confidentiality, privacy or dignity and policies were in place for these areas that staff signed to state they had read and understood.

Is the service responsive?

Our findings

People we spoke with and their relatives told us they knew how to raise issues or make a complaint and that communication with the service was good. They also told us they felt confident that any issues raised would be listened to and addressed. One person we spoke with told us, "I have all the numbers; there are no issues to contact the office." Another person said, "Very happy with the office, we know who to go to with any concerns."

The service had a complaints policy in place which staff were aware of and signed to confirm they had read and understood it. We reviewed the service's complaints that had been received during the 12 month period prior to our inspection. There were two issues that had been classed as a complaint during this time. Neither 'complaint' was more than a general concern; we discussed this with the registered manager. They told us that all concerns were treated as a complaint and investigated as such. Both issues had been resolved quickly and within the timescales set out in the complaints policy. The file also contained compliments received from people and their relatives in the form of thank you cards.

We reviewed four people's care plans in detail. We generally found care plans to be detailed with good guidance in place for staff. Staff told us that they felt care plans gave them the information they needed to carry out their duties effectively and efficiently. There was also evidence that care plans were reviewed and people who wanted to be were involved within this process. The registered manager told us that three care plans were chosen each month and reviewed and audited to ensure the correct, most up to date information was in place to reflect people's care plans.

All care plans contained an initial assessment of the person's needs prior to their care beginning. There was a section entitled 'About me' which gave a brief family, work and social history of the person. This included and equipment or specific support each person required as part of their care. When people first began to receive support from the agency they were given a 'Client's Handbook' which included the agency's statement of purpose, information about specific types of support, details of the registered provider and the complaints process. There is also a section on privacy and dignity.

Care plans were broken down into areas including; mobility needs, dietary intake, personal hygiene and dressing, skin integrity and sleep. There were also specific sections dependent on the person's needs such as diabetic care and angina. The majority of the information we saw was of good detail with additional references to guidance. For example one person who had angina. Their care plan contained detail about what angina was, why it happened and the different types of treatment and complications people could have as a result of living with angina. This meant that staff had the opportunity to learn further about people's needs.

We did find some information that we felt was not detailed enough within one person's care plan. This person had recently had a pacemaker fitted and there had been issues with how it had functioned. This was highlighted as an issue to alert staff to it but there was no guidance in place for staff as to what to do if this problem occurred again. Within the same care records a risk of falls had been highlighted as a potential

problem. The action taken to minimise this risk was '999 to be called'. This was not an action to minimise risk but a reactive response once the identified issue had occurred. We discussed this with the registered manager. They told us that this person had only been with the service for a few weeks, which their care plan did reflect, so it was still a work in progress.

Is the service well-led?

Our findings

We received positive comments about the organisation, its management and staff. One person we spoke with said, "I think they are excellent, a very caring company, their staff do not look at the clock and always go the extra mile." Another person said, "I would recommend them, I am very happy with them." One relative we spoke with told us, "I was recommended this company; I can now recommend them as we are really happy with them. In fact we are extremely happy." All the people we spoke with knew who the registered manager was and knew how to contact them.

We saw evidence of some quality audits taking place. These included medicines management, care planning and daily notes. We discussed the possibility of the service introducing a more robust system of auditing to ensure that as the business grew such systems would keep pace with any growth. At the time of our inspection the service was only being provided to 14 people whom the registered manager knew well. This issue had been discussed at our previous inspection but as the size of the service had not grown a great deal since then, and some audits had been introduced since, we felt this was not an issue due to the registered manager and staff knowledge of people and their support needs.

The registered manager carried out regular spot checks to ensure that staff were turning up on time and completing their tasks correctly. This also served as an opportunity to review care planning documentation in the house and to undertake a general welfare check on people.

Annual quality surveys were completed which consisted of nine questions plus a comments box. The survey asked people their opinions across a range of areas such as staffing, management and dignity. The last survey had been sent out in November 2016 and three response had been received which was approximately a 20% return rate. All were very complimentary about the service, management and staff. Comments had been received such as; 'Just glad we have you', '[Name] is very happy' and 'If there are issues we leave a note for the carer and any actions necessary are implemented immediately'.

In addition to people and families being sent quality surveys a staff survey had been introduced and sent out in April 2017. Six responses had been received and again the responses were positive. Staff could reply anonymously if they preferred.

Team meetings took place approximately every three months and staff came into the office on a regular basis. The agenda for an upcoming team meeting was on display in the office when we were undertaking the inspection. Staff we spoke with told us that team meetings were useful and they had the opportunity to voice any concerns or issues they had during this forum.

There were no registration issues at the service. Notifications were sent in as required and the service was displaying its latest rating both in the registered premises and on the home page of its webpage.

The service had a full range of up to date policies and procedures in place which were updated by a recognised external company. As any policies were reviewed or updated staff were sent a message to inform

them of this and that they had to sign to state they had read and understood the new version.

At the time of our inspection the service had been nominated for three 'Enterprise Vision Awards' (EVA). EVA awards recognise women in business from across the North West. During feedback to the service it was confirmed that the registered manager had been shortlisted for the Business lady of the year award for 2017.