Archangel Enterprises Limited

Archangel Home Care

Inspection report

Meridian House
Winsford Industrial Estate
Winsford
Cheshire
CW7 3QG

Tel: 01606869051

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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

We visited this service on 3 and 4 December 2018. We gave notice of the visit to ensure that the registered manager was available to assist us during our visit.

This domiciliary care service is owned by Archangel Enterprises Limited and is registered to provide personal care to adults within their own homes. The agency offers support primarily to people with a learning disability mainly within the Winsford and Northwich areas of Cheshire. The service is run from an office situated on the outskirts of Winsford within an established industrial estate.

The service provides care and support to both people living in 'supported living' settings and people living in their own home. Supported living settings are designed so that people can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living or in people's own homes; this inspection looked at people's personal care and support. At the time of our visit 90 people were being supported by the service.

There was a registered manager employed to work at the service. 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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At this inspection we found the service remained Good.

People told us they felt safe using the service and felt safe with the staff team. Staff demonstrated an understanding of the types of abuse that could occur and had confidence in systems in place to report these.

Medication management was safe with people able to manage their own medication independently.

There were sufficient staff in place to meet the needs of people who used the service. Recruitment of new staff was robust with appropriate checks in place to ensure that they were suitable to support vulnerable people.

The risks faced by people in their support and in their living environments were taken into account. The registered provider sought to enable people to take risks in a safe manner in order to increase

independence in their daily lives.

Staff received the training and supervision they needed to perform their role. People told us that the staff knew their needs and preferences.

The registered provider was aware of the principles of the Mental Capacity Act 2005 but was not routinely involved in assessing whether people should be the subject of deprivation of liberty safeguards. People were consulted about the support they received, agreed with it and had the opportunity to become more independent through discussions with staff through positive risk taking.

People's nutritional needs were met and people were supported to be involved in the preparation of food in line with their abilities.

People always received support in accessing medical services when needed.

People and relatives felt that the staff team were caring and took their privacy into account at all times. People's personal information was kept secure and confidential.

Staff interactions were respectful and positive.

People had their communication needs taken into account with staff able to effectively communicate with those with limited verbal communication.

Care plans were person centred and people who used the service were involved in their creation.

The registered provider supported people in leisure activities as well as voluntary work and paid employment.

A robust complaints procedure was in place.

People told us they knew who the registered manager was and felt that the service was well run.

A range of audits were in place to check the quality of the service provided. The views of people who used the service, relatives and other relevant professionals were gained to assist in quality assurance.

The registered provider was aware of their responsibilities as a registered service and always let CQC know of any significant events that had happened.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Archangel Home Care

Detailed findings

Background to this inspection

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

The inspection took place on the 3 and 4 December 2018. Both dates were announced. We gave notice to the agency to ensure that the registered manager was available to assist us. On the first day we looked at records relating to the support provided to people and spoke with the staff team. On the second day we met and spoke with people who used the service in their own homes or within workplaces by prior arrangement and agreement.

The inspection team consisted of one Adult Social Care Inspector.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at six people's care plans, training records, policies and procedures, medication systems and various audits relating to the quality of the service. In addition to this we spoke to nine people who used the service. We also spoke to the registered manager, three care co-ordinators and six support staff. Relative were invited to comment on the support their relations received with two providing feedback. We spoke with members of the local authority commissioning team. They had not conducted a recent review of the service.

People were able to give an account their views verbally. Where people had particular ways of communicating, we used elements of sign language and observations to determine their relationships with the staff team and their views on the support they received.

As part of our inspection, we ask registered providers to complete 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. A PIR had been returned in a timely manner by the registered provider when we asked. We used the information in the PIR to inform this inspection.

Good

Is the service safe?

Our findings

People told us that "I feel safe" and "Yes I trust [staff] and feel comfortable with them". Other people used hand gestures and other non-verbal communication to express their views about how safe they felt. They agreed by gestures that they felt safe and happy with the staff team. Other people who could not express their views appeared relaxed and comfortable with the staff who supported them.

People were protected from abuse. Staff were clear about the types of abuse that could occur. Systems had been established for the identification and reporting of any concerns. Staff were confident that concerns they had would be heard and acted upon. They were aware of the role of external agencies to which concerns could be referred to, including CQC. Staff had contact details to use in such circumstances and this resulted in people who used the service being supported by an agency that sought to protect them from harm.

The hazards faced by people in their daily lives were recognised and reflected in risk assessments. Some people faced risks from health issues and in those instances appropriate assessments were in place outlining those risks and how they could be minimised. Other risk assessments related to risks in people's environment to both people and staff. The registered provider adopted a positive approach to risk and encouraged people to gradually access the local community independently, for example. We were provided with reflective accounts of the progress made by people during the time they had been supported. A feature of this was people accessing the local community with staff support or medicines management. Gradually the positive risk-taking approach resulted in people safely doing this on their own.

The registered provider ensured that there were sufficient and reliable staff to meet the needs of people. People told us that staff always arrived to support them in their homes and never missed calls. A staff rota was available. Where shortfalls had occurred through sickness, for example, steps were taken in advance to identify these and to ensure that vacancies were filled. Staff told us that there were enough staff on duty to support people in those instances where people required 24-hour support in their own homes.

Medicines were managed safely and supported the people who used the service to maintain their health. Where medicines were administered by staff, appropriate and safe systems were in place to ensure that these were stored and administered in an accountable manner. Records were maintained and these were completed appropriately. People told us that they always received their medicines when needed and that these were never missed. Medication systems were audited and staff had their competency checked to ensure that they were safe to manage medication.

People were protected by the practices of staff in relation to infection control. Those people who required personal care told us that staff always wore personal protective equipment (PPE) such as disposable aprons and gloves during their support. This ensured that infection was not spread from person to person. As part of the support packages, people were encouraged to be independent in or prompted to maintain cleanliness standards in their own home. People told us that staff were very good in assisting them with these tasks.

The registered provider had systems in place to look at how lessons could be learned when things went wrong. This included reflections on events as well as general progress made by people. Where accidents occurred, remedial actions were taken and this extended into responses to incidents. Care plan evaluations provided staff with the opportunity to respond to events that had gone wrong and take appropriate action, for example, a review of the support package provided or the input of one to one staff working with people to best support them. Necessary actions were also taken following safeguarding investigations to ensure the safety of individuals in the future.

Good

Is the service effective?

Our findings

People told us "I am keeping well", "They look after me when I am ill" and "If I am not well, [staff] help me to see a doctor or anyone else who can help". They told us "I help out with preparing my meals and I always eat what I want" and "[staff] make nice meals". People also said "[staff] know me" and "They are very good at helping me but they let me do things on their own".

Staff confirmed that they received training in line with their role. This included training subjects in line with mandatory health and safety topics as well as training relating to the needs of people such as dysphasia (problems in communicating verbally), safeguarding, medication and the Mental Capacity Act 2005. Staff thought that training enabled them to meet people's needs effectively. Some training had also been extended to people who used the service and they told us that "This was good".

Staff and records confirmed that supervision was received by them. This took the form of one to one meetings with their line manager to evaluate their progress. Other supervisions included staff meetings as well as spot-check visits where staff were directly observed providing support to individuals. People who used the service were always asked for permission for this to take place in their own home.

A structured induction process was in place. Following recruitment, new staff received training and had a period of shadowing until they were considered competent to work unsupervised. The registered provider used the Care Certificate for new staff as well as existing staff. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme. While this applied to new staff; existing staff who had been employed by the service for some time also completed this to enable a re-focussing on the values and principles of effective care. New staff told us that the induction process had prepared them for their role.

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 make 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Deprivation of liberty safeguards are not routinely applicable to services such as Archangel. Some people had been identified as being under Court of Protection orders. However, staff were aware of the principles of the capacity of people to make decisions. They had also received training in this area.

The registered provider obtained the consent of people before providing support. This was obtained verbally before support was provided and was only provided with the agreement of people. Other consent to support was provided through written agreements. People told us that they agreed with the content of their care plans and were always asked about how they wished to be supported. Other examples included people influencing the support they received. We evidenced people discussing their support with the staff team with a view to becoming more independent in managing their medication, for example.

The nutritional needs of people were met. Any nutritional needs were included within care plans and included key issues that staff needed to take into account, for example, preferred diets, dietary needs linked to health needs or speech and language guidelines on how to support people safely with eating. Support ranged from an overview of the meals people prepared independently to those who required staff assistance in the preparation of meals. Where people were not able to prepare meals independently, they were still involved in choosing what they wanted to eat, assisting staff with preparing meals or being involved in shopping. This ensured that people had their nutritional needs met and that they were involved in this. People told us that they were happy with the food that staff prepared and that they always had choice.

People told us that they had the opportunity to access medical services when needed. The main health needs of people were recorded and appointment records provided an ongoing commentary of the health of people and how health issues had been responded to. Where people needed to be admitted to hospital; a health passport outlining all their needs had been completed to ensure that hospital staff had an overview of the person and their preferences.

The registered provider was not involved in providing aids and adaptations within each person's home. The registered provider was mindful of the adaptations that were used and liaised with housing organisations to ensure that they were suitable for the needs of people.

Good

Is the service caring?

Our findings

People told us that "I feel cared for" and "I trust them [staff] and they always make sure I am alright". People told us that they were supported in a dignified and respectful manner at all times and stated that staff acknowledged that they were entering people's own homes and were respectful. As part of our visit, we spoke to people in their own homes. Arrangements were made by the registered manager to facilitate this and permission was asked firstly whether we could visit and enter people's homes. This ensured that people were treated with respect. During our visits, some people were invited to talk with us but they declined. This decision was respected by the staff team.

Interactions between people and staff were friendly and respectful with staff taking their time to listen to people's wishes and acting upon them.

People who had support with personal care indicated that staff always made sure that this was done with their privacy and dignity in mind. Staff were able to outline practical steps they took when carrying out this support.

People told us that they were able to make decisions about their own lives and were able to influence the support they received. People were always consulted about their support. Evidence was available relating to those instances where people had held discussions about the next steps they wanted to take to become more independent in their lives. These related to issues, for example, of how people could become more independent in relation to self-managing medication or to increasing their independence in using transport on their own, for example.

The needs of people ranged from direct personal care to assisting people with aspects of their lives to promote their wellbeing. The service provided appropriate emotional support to people giving advice to them to assist them in their lives. People who used the service gave practical examples of how staff interventions and assistance had helped them to achieve their goals.

The communication needs of people were taken into account. Care plans outlined the specific communication needs of people and how people could be best communicated with. Some people were not always able to express themselves verbally and in those instances, the registered provider had trained staff and utilised sign language or other pictorial aids to enable people to express themselves. In some instances, the non-verbal communication used by people such as facial expressions or other gestures had been recognised to ensure people's preferences and wishes were respected.

Confidentiality of personal information was maintained. All staff had signed a confidentiality agreement committing themselves to ensure people's privacy was upheld. All records containing sensitive information were secured.

People received information about advocacy services. Advocates are independent people who support people in making decisions about their lives. While we did not identify anyone receiving this service during

our visit; the registered provider would be able to, if needed, direct people to access these services. This ensured that people received access to independent support and this was facilitated by the registered provider.

Compliments had been received from people who used the service, relatives and professionals. Comments received included, "Thanks for doing a good job with [name] sincere thanks to you for the excellent service, they have improved particularly their mental health", "Thank you for helping with [name's] independence" and "They are a very good company, staff are helpful and are always there for me".

Good

Is the service responsive?

Our findings

People told us that they were aware of their support plan. They told us "Yes I can read it if I want", "I agree with everything that [staff] write" and "I get the chance to add to it". People outlined the variety of social activities within the local community that they pursued and were positive about the role the service had in assisting them with this.

People were happy with the support they received. They knew who to talk with if they were not and told us "They [the registered manager] would listen to me and do something about it".

Support plans were in place for all individuals. These were person centred and presented in a way which was appropriate to the communication needs of people. Some people preferred to have the content of their plans explained to them by the staff team to serve their communication needs better. Support plans reflected the individual preferences and needs of people. Where people had specific emotional needs; interventions for staff were outlined in detail to ensure that people's wellbeing was promoted. Support plans looked at gave an impression of individuals in respect of their interests, needs, spiritual beliefs and aspirations. When we met the people they related to face to face; we concluded that support plans gave an accurate account of the people they related to. This ensured that the specific and personal needs of people were taken into account by the registered provider.

Support plans included a one-page profile of the person recognising positive personal characteristics of people and what was important to them in their lives. All support plans were subject to regular review with the involvement of the person they related to.

Support plans outlined the social interests and needs of people. The registered provider had a role in facilitating people to pursue activities in the local community at different levels. Some people required more support in everyday tasks than others. The staff team were mindful that people with more complex needs were entitled to support in accessing the wider community and assisted with this. Other people had progressed from requiring intensive support to a position where they were independent in accessing local amenities. They told us that they had reached this level of independence had been down to the work of the staff team. Activities and community resources had been identified by the service on behalf of people. Ultimately people made the decision on what they wished to do with the service identifying paid employment or voluntary opportunities. Where support was required by the staff team, this was discreetly done enabling full independence. Where people asked for support, this was provided by staff in a responsive manner.

Information was provided to people in a format that was accessible to them. This related to advocacy information, details of community opportunities, complaints procedures or support plans. Written information was available to those who preferred it but alternative formats were available to enable people to understand aspects of the service in line with their communication needs. Sign language was used by some people and this was used by staff who in turn had received training in this. This ensured that people were being provided with information in line with the Accessible Information Standard This standard

requests people are provided with information in line with their communication needs.

A process for dealing with complaints or concerns was in place. As mentioned, these were in a format which met the communication needs of people who used the service. The complaints procedure outlined what steps would be taken by the registered provider to investigate any concerns that people had and to action where necessary. All complaints were recorded and included details of the complaints, the action taken and feedback to those making the complaints. Where support practice needed to be amended as a result of an investigation; this was done.

No-one who used the service was at the end of their lives. The registered manager was aware of the considerations that were needed at this point of people's lives. People did tell us that the staff team had been supportive in assisting them when they had experienced a bereavement.

Good

Is the service well-led?

Our findings

People were positive about the registered manager and the way it was run. People told us "the manager is very good and very nice" and "I see[name] very often and she is helpful". Comments from relatives reinforced these views and included "the management and staff have been fantastic and have enabled [name] to reach things that previously would have been beyond our wildest dreams" and "[staff] and the manager have done wonderful work".

The service had a registered manager. They were registered with us in 2010.

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 registered manager was present during our visit.

The registered manager demonstrated a detailed knowledge of the support needs of people and, as well as reflecting on the positive progress people had made while being supported; sought to develop opportunities for them further. The registered manager demonstrated a clear commitment to improving the lives of the people who used the service and maintained regular contact with people who used the service face to face.

The management team also consisted of a number of care co-ordinators who supported the registered manager in the running of the service. Again this team shared the positive ethos of the service and had been given the opportunity to develop their own skills and professional development by the registered manager.

Staff told us that they felt supported in their role and that the registered manager adopted an open and transparent approach to managing the service. They felt consulted by the registered manager and considered the service to be well-run.

The registered provider had a range of checks in place to ensure that the quality of support could be maintained to meet the needs of people. These included regular audits of records such as care plans, daily records, medication systems and records relating to the finances of individuals. In the latter cases, checks confirmed that the financial interests of people were being safeguarded.

The registered manager also completed audits on accidents and incidents, and records showed that these were recorded with a brief description of the accident or incident and noted the people involved and any follow up action taken. In instances where people had displayed behaviours that challenged; documentation was completed to identify any trends or triggers involved in behaviours with a view to assist the person to become less distressed. This demonstrated that systems were in place to assist in the well-being of people.

The views of people were sought to assess the quality of the support provided. While feedback forms were

used; the registered manager adopted an ongoing dialogue with people who used the service, their families and other professionals to assess how the service was performing. Comments from all concerned were captured and placed on display within the office area so that staff could assess how the service was meeting people's needs.

The registered provider co-operated with other agencies. This ranged from social work teams to other agencies that could provide opportunities to enhance the lives of people supported in line with their wishes. Individuals who were relatively new to the service had experienced a period of settling and the registered provider in those instances had liaised closely with social work teams and other professionals to enable that the person could be familiar with the support they received. Other people who had been supported for a number of years had reached the point in their lives when they wished to either gain paid employment, do voluntary work or engage in other occupations in line with their preferences. Close links had been achieved with local voluntary service such as "Men in Sheds" and a local gardening project to enable people to access these with support. The registered provider continued to identify new opportunities for people in line with their preferences and in order to enhance their lives.

The registered provider always informed us of those incidents that potentially could adversely affect the health and wellbeing of people who used the service. The registered provider had also display the ratings from their last visit as required by law. This was on display in the office as well as on the provider's website. This demonstrated a transparent approach on how the service was meeting the needs of people.