

Archangel Enterprises Limited

Archangel Home Care - Staffordshire Branch

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Archangel Home Care – Staffordshire Branch is a domiciliary care agency. It is registered to provide personal care to people living in their own homes. CQC only inspects where people receive personal care. This is related to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, 42 people were receiving personal care.

People's experience of using this service and what we found

People felt safe using the service because they were supported by staff who knew their needs well and knew how to manage their risks.

People were protected from abuse and avoidable harm because suitable systems were in place to keep them safe. Staff understood their responsibilities. People were protected from the spread of infection and the provider had ensured practices were updated during the COVID-19 pandemic.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs and choices were assessed and planned for, and their preferences had been considered.

Staff were safely recruited and inducted. They had access to training and supervision to ensure they had the skills to support people effectively.

There were systems in place that worked to ensure areas of improvements were identified and actions were taken to make changes when needed so that people had good quality care.

The manager was approachable and supportive and had a very clear direction to continue to make and sustain improvements. Staff enjoyed working at the service and were listened to.

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

Rating at last inspection

The last rating for this service was requires improvement (published 17 December 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to medicines, missed calls, breaches of personal protective equipment

(PPE) and poor care records. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Archangel Home Care – Staffordshire Branch on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Archangel Home Care - Staffordshire Branch

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, an assistant 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.

Service and service type

Archangel Home Care – Staffordshire Branch is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, people with; learning disabilities, mental health needs, physical disabilities, sensory impairment and younger adults.

The service had a manager who was currently going through the registration process with the Care Quality Commission. This means 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or the manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and twelve relatives about their experience of the care provided. We spoke with eight members of staff including the area manager, the manager, care coordinator, senior care worker and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with staff who visited them. One person said, "They [staff] are great, friendly and happy people. I am very happy with all of them."
- Staff understood how to safeguard people from harm and understood their responsibilities. They knew how to recognise signs of abuse and how to report suspected abuse.
- Systems and processes were in place to ensure people were safeguarded from the risk of harm. These were followed in practice by staff and the manager.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were supported to lower their risks and had individualised risk assessments in place which gave staff guidance to follow to support people safely. One relative said, "Yes, we have the hoists and commode. I provide all the slings, slide sheets and we have a ceiling hoist, staff are careful and [relative] is safe when they [staff] are using it."
- Staff were knowledgeable of people's risks and knew how to support them safely. One staff member said, "The clients have risk assessments in place, they tell me what to do in different circumstances."
- Incidents were analysed by the manager to ensure appropriate action had been taken to lower the risk of further reoccurrences. These were shared with staff to ensure people's risks were lowered.
- The manager said, "Information is shared with staff via email, even if it is something such as a person has a bed sore, or the district nurse has highlighted to us which needs following through. This is also noted in the communication book making staff aware of a specific client or if something is going on in their property. A formal process is followed to ensure everything is actioned. We also have staff meetings via zoom."

Staffing and recruitment

- People and relatives told us they had regular staff and if staff were running late, they would be informed. One relative said, "Sometimes they [staff] are late, and occasionally we'll get a call if they're going to be very late. It's OK for us."
- Staff told us there were enough staff to be able to meet people's needs and had enough time to support people in an unrushed way. Comments included, "Staffing levels have vastly improved, not only the number but the quality" and "I would let the office know if I thought there wasn't enough time, I don't rush clients."
- The provider ensured pre-employment checks were carried out to ensure their suitability to work with people. This included checks with the Disclosure and Barring Service (DBS), which supports employers to make safer recruitment decisions.

Using medicines safely

- People and relatives told us staff supported them with their medicines and creams. One relative said, "I am pleased with the way they [staff] monitor medication for [relative]."
- Medicine Administration Records (MARs) were used to show when staff had supported people with their medicines and creams.
- People had individualised records in place for 'when required' medicines (also known as PRN). These gave staff guidance to identify when PRN medicines were needed to be administered.
- Staff told us they were trained in the administration of medicines and competency assessments were carried out to ensure the medicines training received was being used in practise. One staff member said, "I have been trained to administer medication, yesterday I had a spot check, these are unannounced, they [senior staff] check the MAR sheet and the medication balance."

Preventing and controlling infection

- People told us staff used aprons and gloves and masks when they provided support.
- Staff told us they had received additional training due to COVID-19. They explained how they followed infection control guidance and ensured personal protective equipment (PPE) was used when they supported people such as; gloves, aprons and masks. This meant people were protected from the spread of infection. One staff member said, "I have had training in infection, prevention and control, using PPE, hand washing, sanitiser, and disposing of waste correctly. I have weekly COVID-19 testing to ensure I am negative."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 and relatives told us they were involved in the development of their care plans. This meant people could be assured they would receive a service that met their specific needs.
- The manager said, "Once the initial care plan has been developed there is a period of six weeks where clients, staff, and family can edit paperwork. If anything is missed or needs more information or needs changing, they can put notes in. From there the care plan is re-written and reviewed every three months after that."
- Archangel Home Care – Staffordshire Branch care plans were in the process of being updated, the new care plans were person centred and detailed people's diverse needs and preferences. This included the characteristics under the Equality Act 2010, such as age, disability and religion.

Staff support: induction, training, skills and experience

- Relatives told us they felt the staff were knowledgeable and supported them well with their needs. Comments included, "From what I've seen they are great with [relative]", "They [staff] are very good, like a tonic for [relative]. They know [relative's] ways better than I do" and "The carer encourages [relative] to get out, which I think is good."
- Staff told us they had an induction before they started to provide care. One staff member said, "I did two shadow days with the clients that are part of my run now. I did online training, such as, safeguarding, fire, health and safety, food hygiene, so many I can't remember. Then I went to the office and did manual handling. I work as a pair and feel I am still learning even now. I feel well supported by my colleagues."
- Although for some staff refresher training was overdue, this was due to the current pandemic and there being a new manager in place. However, the manager assured us there was a plan in place to ensure all staff were up to date. One staff member said, "The new manager is hot on training, there has been a lot to complete, mostly online because of COVID-19. I feel confident that I am well trained to do my job."
- Staff told us they had received specific training to support people with specific needs, such as diabetes. One staff member said, "I have completed diabetes training, I support one client with their diabetes."
- Competency checks, and observations were carried out to ensure staff understood the training received and people were supported effectively.
- Staff felt supported in their role and received supervision to ensure any issues or areas of development were discussed. Comments included, "I have enough supervision and feel well supported in my job. The manager is really increasing the contact with the office and us too", "The manager seems good, they listen, and has made improvements that benefit staff and clients" and "I think the new manager is very supportive and approachable."

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

- Relatives told us staff supported their relatives with the preparation of their meals and always ensured they had enough to drink. One relative said, "They [staff] heat the [name of ready meals], which [relative] likes, they make breakfast and a sandwich for tea."
- Staff explained how they supported people to manage their nutritional risks and there were care plans for staff to follow, which confirmed what staff had told us. One staff member said, "I know my clients well, it is in the care plans or they tell me what they want."

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

- Care records included individualised health care plans and risk assessments. These guided staff to support people with specific health needs.
- Staff told us how they link with other health care professionals to ensure people received effective care. One staff member said, "I communicate with the diabetic nurse, just giving [name of person] blood sugar results."
- The manager told us how people's health needs are logged in their daily logs and staff are able to refer back to them if they have been off work. The manager also said, "Staff report to office if someone's health is deteriorating and the office would contact GP, district nurses or social workers."

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff gained their consent before they provided support.
- Staff and the manager had a good understanding of their responsibilities which ensured people were supported in their best interests and in line with the MCA.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we found concerns regarding the governance and oversight of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The service had a manager who was currently undergoing their registration with us.
- The manager had an oversight of the service and understood their role, responsibilities and requirements.
- The service had an action plan in place to ensure the quality of the service continually improved.
- The manager was in the process of updating all care records to ensure they reflected people's needs. The new care plans which had been developed were clear and gave staff guidance to ensure the care provided was safe and effective.
- Audits of care documents including medication records were being completed and any area of improvement had been identified.
- Systems were in place to ensure any shortfall had been appropriately actioned and addressed.
- There was a recording system in place which enabled the manager to analyse trends.
- Staff had their competency checked to ensure the care they delivered was safe and effective.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Relatives told us they had noticed an improvement in the service provision. Comments included, "It's better than a month ago when it was not a good situation at all", "They've [the provider] always been fine with me, the carers coming in are good and we've not had any missed calls", "Yes, it seems well managed" and "[Relative] loves the carers coming in and thinks the world of them."
- Staff felt supported by the manager. They told us they felt valued in their role and in the improvements the manager had made to the service. One staff member said, "The manager and co-ordinators are supportive they listen and respond to you. It's early days but I feel confident in [name of the manager], they are making the right changes for both clients and staff." Another staff member said, "Staff morale is so much better. The communication with the office is significantly greater. I can clearly see a difference. The manager has a clear

vision of where they want the service to be. Training and staff knowledge are high on the managers list of priorities and this is starting to be felt with the clients. We are getting compliments now both from staff and clients."

- The manager said, "The ethos of the service is to be more open, clear and concise. To be more centred around the client and more open so they have the chance to speak openly. I want the carer to be an extension of the staff in the office, so people are comfortable."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their legal responsibilities in relation to the duty of candour. They were open and responsive to feedback and were continually looking at ways to improve the service. The manager said, "Everything is open and honest, we report to external agencies where needed, such as safeguarding and the Care Quality Commission. Where things have gone wrong ensuring we apologise, over a phone call or in writing. Stating what we will do to prevent it from happening again."

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

- Relatives told us they were asked to give feedback through telephone monitoring calls and surveys. One relative said, "There was an independent survey done around Christmas that I completed."
- Staff told us they felt able to give feedback about the service during their supervision and spot checks. They also said they felt able to contact the office to raise concerns or make suggestions. Comments included, "The manager and the office staff seem friendly and supportive, I would be happy to talk to the office and raise concerns" and "The spot checks allow me to feedback and for the clients too, and these lead to change if it is needed."

Working in partnership with others

- The service worked in partnership with other health professionals to ensure people received consistent care ensuring their health and wellbeing needs were met.