

Angels @ Home C.I.C.

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced inspection of Angels @ Home on 27 and 28 February 2018. We announced the inspection on 23 February 2018, because the agency is a small domiciliary care service and we needed to give the provider time to make arrangements to ensure the inspection could be facilitated.

Angels @ Home had been inspected in February 2017 when seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been identified. These were in relation to person centred care, safe care and treatment, safeguarding service users from abuse and improper treatment, receiving and acting on complaints, good governance, staffing and fit and proper person's deployed. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

We inspected the service again in September 2017 when we found the provider had addressed all the regulatory breaches identified during the February 2017 inspection. However, we made a recommendation the provider seek advice and guidance from a reputable source, about person -centred care planning.

This inspection was carried out to determine if the improvements observed at our September 2017 inspection had been sustained. At this inspection we identified four breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to safe care and treatment, receiving and acting on complaints, good governance and fit and proper person's deployed. We also made a recommendation regarding induction and training. We are currently considering our enforcement options regarding the regulatory breaches identified.

Angels @ Home is a domiciliary care agency, which provides personal care to people in their own home, who require support in order to maintain their independence.

This service is a domiciliary care agency. It provides personal care to people living in their own home in the community. The agency provides a service to: older people; people living with dementia; people living with Learning disabilities, people living with a Mental Health need, people living with a physical disability, sensory impairment and younger adults.

Not everyone using Angels @ Home received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; which includes help with tasks related to personal hygiene and eating. Where people do receive personal care we also take into account any wider social care provided to that person.

The provider was also the registered manager. This meant there was no other individual registered to provide oversight of the carrying out of the regulated activity. 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.

People told us they felt safe. However, we found the service was not consistently safe. We found accidents and incidents were not effectively investigated and managed to reduce the risk of people being exposed to further harm.

We found the provider had not adhered to the recruitment procedure and found gaps in the process to determine people employed were of suitable character to work with vulnerable people.

At this inspection we found safeguarding processes remained effective and staff were able to identify safeguarding concerns and the procedure in place to report concerns.

Medicines continued to be managed safely and no concerns were raised by people regarding the administration of medicines.

Oversight regarding the monitoring of scheduled visits required strengthening but there was an identified timeframe for this and people told us missed visits were not a concern with Angels @ Home.

We made a recommendation regarding induction and training. Although training had significantly improved, the agency was supporting people with specific needs that staff were not trained in. The provider had also not achieved staff completing the care certificate in the identified time frame at the last inspection and did not have a time frame identified at this inspection.

People and one relative we spoke with were complimentary about the staff, support received and gave examples of staff maintaining their dignity and promoting their independence.

We saw the provider had addressed our recommendation following the September 2017 inspection and the care files contained person-centred information and care plans sat alongside identified tasks.

The complaints process required strengthening to respond to complaints in identified time frames.

The quality auditing process was not being undertaken consistently. We found the provider and care coordinator could not demonstrate effective oversight of the service, which had resulted in regulatory breaches being identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

The provider had not followed the recruitment procedure and there were missing checks so we could not determine safe recruitment practice.

Accidents and incidents were not consistently analysed and control measures implemented to prevent re-occurrence.

There was enough staff working at the service to manage the current care packages; however the call monitoring system in place to determine care had been provided was ineffective.

Requires Improvement ●

Is the service effective?

Not all aspects of the service were effective.

The provider had an induction process and the care certificate had been introduced but the previous time frame for completion had not been attained.

Staff had received regular training opportunities in a range of subjects; however consideration had not been given to provide staff with training relating to the specific needs of people living with a learning disability or mental health condition.

People's consent was obtained prior to care being provided and people told us staff continued to obtain their consent prior to undertaking care tasks.

Requires Improvement ●

Is the service caring?

The service was caring

People were supported by a familiar staff team and spoke positively of the care provided.

People's preferences were taken in to account and care was provided in line with their wishes.

People were treated with dignity and respect and their

Good ●

independence was promoted by a staff team that understood their needs.

Is the service responsive?

Not all aspects of the service were responsive

People's concerns and complaints had not always been listened to and acted upon within the required timeframes.

People's care was reviewed and the responses regarding the quality of care provided were overwhelmingly positive. However, when areas for improvement had been identified, the provider could not demonstrate actions had been taken.

Assessments of people's needs were completed and care plans provided staff with the necessary information to help them support people in a person centred way.

Requires Improvement ●

Is the service well-led?

The service was not well-led

Conditions of registration were not being met.

There was a lack of knowledge and understanding about the responsibilities as a provider and registered manager providing a regulated activity.

Quality assurance systems were in place but were not being undertaken consistently. Spot check assessments were a tick box exercise and there was a lack of organisation or systems in place to manage the regulated activity effectively.

Requires Improvement ●

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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 was undertaken to determine whether the service had sustained the improvements identified at our inspection in September 2017.

The inspection was carried out on Wednesday 27 and 28 February 2018 and was announced. The provider was given 48 hours' notice because the location provides a small domiciliary care service and we needed to be sure someone would be in the office to facilitate the inspection.

The inspection team consisted of two adult social care inspectors from the Care Quality Commission (CQC) and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses health and/or social care services.

Prior to the inspection we reviewed information we held about the service. This included statutory notifications, safeguarding referrals, previous inspection reports and action plans sent to CQC by the provider following our previous inspections.

We also liaised with external professionals including the local authority, local commissioning and safeguarding teams. Due to bringing the inspection forward, we had not asked the provider to complete a PIR prior to our visit. The PIR is a document in which the provider can record any good practice within their service and how they ensure their service is safe, effective, caring, responsive and well-led.

During the inspection, records looked at included five staff personnel files, staff recruitment information, supervision notes, training, staff rota's, schedule visits, policies and procedures, quality monitoring information, eight care files and four medication administration records (MARs).

The expert by experience spoke by telephone with seven people receiving support from the service and one

relative of a person receiving support. We also spoke to nine staff members who included the provider, two care coordinators and six care staff. We used this information and previous inspection findings to inform our inspection judgements.

Is the service safe?

Our findings

Both people using the service and the one relative of a person using the service we spoke with, expressed they felt safe receiving support from Angels @ Home. However, our findings contradicted people's experience and we found the provider needed to strengthen recruitment practices and their response to accidents and incidents to ensure people were safe and to prevent re-occurrence of incidents.

We saw in the accident file, an accident report detailing an incident that had occurred involving a person receiving support banging their leg on the hoist during a moving and handling procedure. Staff had been requested to provide witness accounts of the incident but following this we could not determine any action had been taken. The incident had resulted in the person sustaining an injury and having a lump on their ankle. We could not ascertain from the records that medical attention had been sought for the person or that their relative had been informed of the incident. A risk assessment had not been completed to assess the level of risk that remained and the person's care plan had not been updated, to implement control measures to reduce the risk of this incident re-occurring. There was no outcome recorded on the incident form to evidence what action had been taken and no entry in staff personnel files to determine whether this incident had been followed up with staff or further training provided. The provider told us they had a vague recollection of the incident but were unable to provide any further information as they stated they had not been involved at the time and indicated a previous manager had been dealing with it.

We found three accidents and incidents had been recorded on the accident/incident log. The level of detail and information documented was not consistent to determine what actions had been taken to prevent re-occurrence when an incident/accident had occurred. We found some evidence of positive action taken to mitigate risks. For example, one incident had occurred when a carer had attempted to manoeuvre a person on their own and hadn't waited for the second carer to arrive. The outcome detailed further training was required, however we saw there was no specified time frame for completion.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not implemented a system to mitigate risks.

The provider carried out checks to ensure staff were safe to work with people but the process required improvement as the provider was not adhering to their own recruitment policy dated 20 February 2018. The policy stated; at least two satisfactory written employee references were required, including one from the last employer who would also be spoken with verbally to confirm employment and the Disclosure Barring Service (DBS) check was satisfactory (with no exceptions). The policy documented that if there was an issue with obtaining references or with the DBS, then an assessment would be completed.

We looked at five recruitment files that had been signed off by the provider as complete. We found no phone calls had been completed for any of the candidates to confirm last employment. There were no company stamps or headed company paper to verify the identification of the referee. In two files, there was only one reference and there had been no completed assessment as identified in the procedure. There were no interview notes in two of the personnel files and there was also no work history or CV to obtain this

information in one of the files we looked at to determine the candidate's work history

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, fit and proper persons employed as the provider could not demonstrate a system was being followed to demonstrate safe recruitment decisions were being made.

We found the system in place to monitor care visits at the time of the inspection was ineffective. The provider was unable to demonstrate they had oversight to determine the care visit had been completed or the duration of time staff had remained with people. This was because the provider had changed the monitoring system since we had visited in September 2017. Staff were now required to have the call monitoring application on their personal mobile phones and staff phones did not have the memory capacity to do this. This had resulted in the provider being unable to determine if the care visit had occurred. The provider was reliant on people ringing the office and informing office staff if they had not received their care visit. This was of concern when people lived independently and may require staff to support them to get up in the morning or if people were living with dementia and unaware of the missed visit.

We discussed our concerns with the provider and found this had already been identified and measures taken to address the concern. The provider had ordered company mobile phones and we received verification from the installer the new system would be in operation by the end of March 2018. All the people we spoke with as part of the inspection gave us reassurance this was an appropriate time frame for implementation and told us missed calls weren't a problem with Angels @ Home. People's comments included; "They've never missed a visit and if they are going to be late, it's no more than 10 to 15 minutes and they always let us know."

All the staff spoken with understood the different kinds of abuse to look out for to make sure people were protected from harm. Staff knew who to report any concerns to and had access to the safeguarding and whistleblowing policy. The provider had an on call system that staff could contact for advice if a concern arose outside service hours. Staff told us they were confident any concerns would be dealt with appropriately.

We saw the provider continued to use the home care report book, which contained a Medicine Administration Record (MAR), variable dose MAR, medication review document and a supplementary medication information sheet which detailed common side effects, 'prescribed when needed' (PRN) protocols, body map and discomfort scales. Medicines continued to be managed safely, however during the inspection we were unable to look at three of the communication books requested as they had not been returned to the office for audit. During the inspection, the system was reviewed and the care coordinator would be responsible for collecting communication books at the end of the month to ensure they were returned timely for audit purpose.

Is the service effective?

Our findings

All the people receiving support and the one relative we spoke with as part of the inspection felt the staff had the required knowledge and skills to provide effective support. Comments included; "Oh yes definitely, the ones I have had have been well trained." "They are really well trained, I trust them, I can't say any more than that."

The service had an induction process in place. Staff were required to complete part of the induction prior to providing support to people which included; policies, safety and security of information, terms of employment and contractual information. The remainder of the induction involved completion of training which had to be done within six weeks of commencing in employment. Staff completed shadow shifts and had their competency assessed three times prior to being able to undertake care visits unaccompanied.

At our September 2017 inspection, we were told that all staff regardless of their previous training and qualifications were undertaking the Care Certificate. We had been told staff had until January 2018 to complete all 15 of the minimum standards. At this inspection, we found staff had not completed the Care Certificate or moved on with completion from our last inspection. There was no oversight demonstrated and no time frame specified to ensure staff completed this. We saw people were working at the service that did not have previous care experience and they had not commenced the care certificate.

We saw arrangements were in place to ensure staff received suitable training at regular intervals, so they could meet the needs and preferences of the people they cared for and supported. Staff training records showed all the staff had completed mandatory training in line with the provider's expectations and the training viewed was up-to-date. This was confirmed by staff to be an accurate record. We also saw staff had completed level two training in end of life care and were commencing on level two challenging behaviour training.

At the time of the inspection, staff were supporting a person that required a modified diet but the staff had not received training in nutrition or diets. The provider told us they already had a Social Care TV nutrition DVD and would commence rolling out this training to ensure staff had the required knowledge and skills to support the person appropriately. We also noted the provider advertised themselves as being able to provide support to people with a learning disability or mental health needs but the care staff had not undertaken specific training relating to learning disability or mental health.

We recommend the provider implement a time frame for completion of the Care Certificate and seek appropriate training for staff in learning disability and mental health conditions.

We found staff continued to receive regular supervision and two staff had completed their annual self-review which forms part of their annual appraisal. The self-review is the staff member's opportunity to identify their strengths and identify areas for professional development. Although the two staff members had commenced the annual review process, there was no identified time frame for completion. The provider acknowledged they needed to be more organised and indicated they would arrange meetings and tighten

the process.

Each person receiving support from the service continued to have a homecare report book completed. The book was used to record care provided or changes in a person's circumstances or health. This ensured effective communication was maintained between staff providing care.

The provider told us family members dealt with appointments and general healthcare needs, but staff would offer to call the doctor for people if they presented unwell when they visited. We also saw evidence that staff had responded timely and called the emergency services when the situation arose.

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. Where people live in their own homes, applications to deprive them of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

We saw that whether people had capacity to consent to their care was captured on the initial assessment. If people had a power of attorney (POA) or an advocate, this was captured in people's care files.

All the staff spoken with were aware of their responsibilities under the MCA. They knew how people communicated their wishes and how they showed they consented to their support. The provider was aware of advocacy services but was not aware of anybody accessing support at that time.

From our discussions with people and a review of people's care records we saw that people were consulted with and, if able to, had consented to their care and support prior to the agency providing support. All the people spoken with confirmed staff continued to seek their consent before providing care. Comments included; "Oh yes, they say is it all right if I wash or dress you and I say, yes pet. She asks what I want them to do and I tell them, they aren't cheeky people they are very polite." "Yes they do and again it is always checked with me as to what I need and can they do anything else for me."

Is the service caring?

Our findings

All the people we spoke with and the one relative were positive about the care provided and told us they received good care. People's comments included; "The staff are very caring, very considerate and very helpful. They are very, very good, five star plus treatment." "They are very considerate. No complaints." "Nothing is too much trouble and they do extra things to help."

People continued to be supported by a regular staff team and we were told by people that new staff were introduced to them before they commenced providing care. Comments included; "My usual carer brings them in and introduces them to us and next time she asks what we think of them and if we don't like them she doesn't bring them again." "I usually as far as possible get the same ones but they do rotate the staff, they pop in with the member of staff you are used to so when someone else has to come instead, they already know you."

We saw evidence people who used the service, and their families where appropriate, had been fully involved in care delivery from the start. A full assessment was undertaken prior to the start of the service and care delivery was reviewed on a regular basis, with clear contributions from the person who used the service, to ensure it remained appropriate.

People's privacy and dignity continued to be maintained. People told us staff would always knock on their front door before entering or when using the key safe, the staff would shout to the person to let them know they were entering their property. A person told us; "They help me with personal care after terrible experiences with other agencies. I now have a brilliant gentleman and we have developed a bond of trust." Staff gave appropriate examples of ensuring people were supported to maintain their dignity when assisting with personal care routines and would always respect the person's wishes and feelings throughout the visit.

People told us their independence continued to be promoted and that they were provided choice and were instrumental in decisions regarding their care. Comments included; "Yes, definitely on good days, I can do more and they encourage me to." "Oh yes, like when getting dressed they just ask me what I want and the support I need."

There continued to be appropriate policies referring to areas such as; equality and diversity, confidentiality, privacy and dignity. We saw records were kept securely at the office to help ensure confidentiality was maintained.

A pink folder containing service user guide was given to people upon commencing with the service. This included the service's statement of purpose which had been updated to include the new office address, explanation of care delivery, financial information and complaints procedure.

We also noted that the service had received a number of compliments thanking them for their care and support. Compliments were captured on a log and included verbal compliments. These included; 'Thank you for the support provided when I was in hospital' 'Thanking the staff for making the home tidy and feeling

like a home.' 'For going the extra mile.'

Is the service responsive?

Our findings

At this inspection we found the provider's approach to complaints required improvement. Complaints were not being consistently identified and recorded on the provider's complaints log. Since our last inspection in September 2017 one complaint had been recorded on the provider's complaint log. During the inspection, we were contacted by a person using the service who told us they had made numerous complaints about Angels @ Home directly to the service but said they had not received a response. This meant the provider was not identifying information of concern as complaints and therefore not able to demonstrate they were investigated and responded to.

Evidence could not be provided of complaints being responded to and investigated in line with the provider's policy. For example, the complaints policy stated all complaints would be acknowledged within 72 hours and there would be the opportunity for the person raising the concerns to meet with the provider. For the one complaint identified on the provider's complaints log we found the provider had not acknowledged receipt of the complaint when received. After a response was sent a month later, more concerns were raised by the person and the provider again did not acknowledge receipt of these to the person raising the concern. We found insufficient steps had been made to investigate the complaint effectively.

This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, receiving and acting on complaints as the provider could not demonstrate they were operating an effective system for identifying, investigating and responding to complaints.

We asked people and their relatives if they felt the care they received was responsive to their needs. Comments included; "Yes it is, they do some cleaning the washing, any shopping we need, advice on weather conditions and advising us when it is not fit to go out. We feel happy and secure with them, they are like a family member. We feel safe with them in the house we couldn't be any happier with the care we are getting." "Yes they are, they look after me." "The care they give me is tailored to my needs"

We saw before a person began to receive support from the service, the provider received a referral from the local authority, which was followed up by the provider completing a pre-assessment and providing assurance to the local authority that they had sufficient staff with the right competency and skills to meet the requested care package.

People told us they had been involved in their initial assessment and development of their support plan and said they felt able to contribute towards the care they received. Comments included; "I have a comprehensive one, it was done with social agencies and my family, and when completed they checked again the content was accurate." "Yes it is here on the table, I have read it once and when a new carer comes they have a read of it, to see what [person] has got and what they need to do for them."

We confirmed with people they had access to their care file and were informed that a copy was kept at each person's house and a duplicate copy was retained for reference at the agency office.

Following our last inspection, the provider had re-designed the care plan documentation as we had identified they were not person centred and were task focused. At this inspection we saw personal information had been captured which included; people's hobbies and interests, childhood memories, family, work history, likes and dislikes. People's preferences, for example preferred mealtimes and evening routine were noted. There was reference within the care files to people's spiritual and emotional needs as well as physical requirements.

We saw reviews were completed at regular intervals to determine whether the person was happy with the care and support they received. People and their relatives confirmed that their opinion regarding the quality of care was requested regularly. Comments included; We have a care plan which is reviewed at least once a year with Social Services." "Oh yes, every so often they review it with me."

The staff had completed a twelve week end of life training (EoL) course and could continue to provide a domiciliary care service alongside district nurses to support people to remain in their own home requiring end of life care.

We looked to see how the provider promoted equality, recognised diversity, and protected people's human rights. The provider was aware of the inter faith network and had developed a directory of religious festivals and why they were important to each culture. This was available at the office for staff to explore and was considered as part of the assessment process.

Is the service well-led?

Our findings

Following our February 2017 inspection, we expressed concerns the sole director for the service was also the registered manager. This meant there was no other responsible person who was accountable in relation to the carrying out of the regulated activity. We had concerns about the day to day management and oversight of the service. Following our February 2017 inspection, we issued a 'Notice of Decision' (NoD) which required the provider to seek agreement from CQC prior to commencing any new packages of care.

The provider was given three weeks by the commission from February 2017 to appoint an additional manager to provide daily oversight and management of the regulated activities. The provider recruited a manager between May and July 2017 that registered with CQC to be the registered manager but they subsequently left. Another manager was appointed and in post between September and November 2017 but they did not register with CQC and left to take up another position. Following this, the provider promoted the care coordinator to take up the position of acting manager and they were providing daily oversight at the time of this inspection.

We found the service was not well led. Throughout our inspection, we identified the improvements observed at our inspection in September 2017 had not been maintained. The expectation would be following the previous inspection and enforcement action taken, the registered provider would have ensured the quality of care received had continued to improve and attained a rating of either 'Good' or 'Outstanding' at this inspection. This had not been the case as we found the registered provider had no oversight of the service and the registered provider had failed to meet the regulations in respect of providing; safe care and treatment, maintaining recruitment procedures, responding to and investigating complaints and good governance. This meant the quality of the service provided to people receiving support from Angels @ Home was not continuously improving over time.

We asked for a variety of records and documents to be made available during our inspection and found the organisation observed at our previous inspection had deteriorated. Files relating to the running of the service were not readily found, they were unorganised and it was difficult to track outcomes for people.

This inspection identified a lack of robust systems in place to monitor the quality of the service, and to recognise where improvements were needed. This lack of oversight had led to the shortfalls identified as part of this inspection. Although we acknowledge going forward a system was being implemented to return report books, we were unable to look at the home report books for three of the five people requested as these had not been returned to the service. We found there was no system at the time for the books being returned or audited which meant concerns could not be identified or addressed timely.

We found accidents and incidents were not being analysed to identify where changes to practice could be made to prevent re-occurrence. When an incident had occurred, although the provider told us they were aware of the incident, they told us that the previous manager had dealt with it. The provider could not demonstrate any oversight or that they had ensured appropriate actions had been taken. The records for the person involved had not been updated and there had been no outcome for staff to prevent re-

occurrence.

A more robust process was required for the recruitment of staff employed at the service. The provider and a care coordinator had signed to indicate the recruitment files were complete, which was contrary to our findings and demonstrated they had not maintained oversight and complied with their own recruitment policy.

People's views were sought as part of a review process. This involved staff sitting with the person and asking the person to rate the service. We questioned the process of capturing feedback this way as people would be less likely to provide negative responses when they were not anonymised through fear of potential repercussions.

The answers people gave to the questions formed part of the review process but we found these were not analysed to demonstrate actions taken when a negative experience had been identified. Although, we saw the feedback was in the main positive. For example; Out of nine of the feedback forms we looked at there were three with negative selections which equated to a total of seven negative outcomes out of 60 options. We saw the negative responses people had made referred to; staff not showing their ID badges when visiting which we confirmed had been addressed. Other common themes people had identified were: care workers being rushed and leaving early; people identified they were not aware of the complaints policy and indicated the office staff did not call back. There was no section on the form to show any further action had been taken to address the concerns identified. This meant the provider could not demonstrate how they were driving improvements based on people's experiences.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had moved offices on 01 January 2018 and had not completed the required registration forms prior to undertaking the move. The inspector was not informed of the move when the inspection was announced on 23 February 2018 and only made aware of the move on 26 February 2018 when a follow up call to the service was made. Moving prior to registration of the new premises does not comply with registration requirements or demonstrate transparency and good communication with CQC.