Angelic Home Care Limited

Angelic Homecare Ltd

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

Overall summary

Angelic Homecare is a domiciliary care service based in the Swinton area of Salford, Greater Manchester. The head office is located close to the A580, East Lancashire Road, which provides good access to facilities in the local area and the city centre.

We carried out this inspection of Angelic Homecare on 2 February 2015. Our previous inspection was in May 2013 where the service was meeting the regulations in the areas we looked at.

There is a registered manager in post. 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.

We found that the registered person had not protected people from the risks associated with care and welfare, monitoring the quality of service and supporting workers effectively. These were breaches of regulation 9, 10 and 23 of the Health and Social Care Act 2008 (Regulated

Summary of findings

Activities) Regulations 2010. These correspond to regulation 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, governance and staffing.

We looked at how the service managed risk. We found individual risk assessments had been completed for each person and recorded in their care plan. The risk assessments used covered areas such as manual handling, medication and the environment in people's homes. We looked at six peoples risk assessments during the inspection and found four of them had not been reviewed in line with required timescales, which the manager told us was every six months. Additionally, where risks been identified, there was no record of what action or prevention measures were in place to keep people safe. This meant there had been a breach of regulation 9 of the Health and Social Care Act 2008 which relates to regulation 12 of the fundamental standards with regards to safe care and treatment.

We saw no evidence of any formal staff supervision or appraisal. The manager told us she saw and spoke with staff at regular intervals but that none of these discussions were recorded. This meant staff may not be able to discuss any concerns, training opportunities or speak with their manager confidentially. The manager told us she would introduce a formal supervision and appraisal system for staff following our inspection. This meant there had been a breach of regulation 22 of the Health and Social Care Act 2008 with regards to supporting staff effectively. This relates to regulation 18 of the fundamental standards with regards to staffing.

Each member of staff had their own personal training record which captured any training courses they had completed. For three members of staff, we saw the only training that had been completed included moving and handling, medication, health and safety and food hygiene. We saw no evidence of staff having undertaken training in key topics such as safeguarding or infection control. We discussed this with the manager who told us they would look to book staff onto these courses when they became available.

We looked at the staff induction programme which enabled staff to gain a thorough understanding of working in care and for the company in general. Two members of staff, who commenced employment with the service in December 2014 were yet to complete the formal induction programme. We raised this with the registered manager who told us they aimed to do this within three months and would do this following our inspection.

We found there was no formal system in place to gain feedback from people who used service, as things such as surveys had not been sent out for some time. The manager told us they would re-introduce these following our inspection. Additionally, when people's care plans were reviewed they did not capture any comments from people about thing that were going well or anything they may like to change.

We looked at how the quality of service provided to people was monitored and found the systems were limited. For example there were no audits being undertaken, no spot checks of staff and no medication competency assessments. We discussed these concerns with the manager who told us she would introduce these systems following our inspection. This meant there had been a breach of regulation 10 of the Health and Social Care Act 2008 with regards to monitoring the quality of service provision. This relates to regulation 17 of the fundamental standards with regards to Governance

The people we spoke with and their relatives were happy with the care provided by the service. One person said; "I get the best of everything. The staff are marvellous". Another person added; "They are lovely girls. They are always regular and on time. They will do anything you ask of them".

The staff we spoke with spoke positively about how the service was run. One member of staff said; "Yes I am happy with how the service is run. One of the good things is that the manager delivers care herself so we see her often and can go to her with anything". Another member of staff said; "This is the best place I have worked for".

People told us they felt safe and trusted staff to come into their house to look after them. One person said, "Yes I feel safe. I'm not frightened of anybody. The staff are very good to me".

People were protected against the risks of abuse because the service had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the service to ensure they were fit to work with vulnerable adults. During the inspection we looked at four staff personnel files. Each file contained a job

Summary of findings

application form, interview notes, a minimum of two references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check being undertaken. This evidenced to us that that staff had been recruited safely.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. At the time of our inspection the service employed four members of staff and provided care to six people, some of whom required assistance from two members of staff with certain aspects of their care. The staff we spoke with told us they were happy with the staffing levels and that there were enough to meet people's needs. In addition, the registered manager also worked closely alongside staff delivering care to people.

We saw of evidence of where the service worked closely with other professionals. For example, where people had pressure sores, we saw the manager worked closely with the district nursing team. Additionally, care plans captured any involvement with either social workers, doctors and dentists.

Although the people we spoke with told us that staff asked for their consent before providing care, this had not been clearly recorded in people's care plans. For instance, the care plan just stated 'Yes', that consent had been given, but did not provide a written signature from people who used the service or their relative. This made it difficult to establish if people or their relatives had given their consent to the care they received. We discussed this with the manager who said they would ensure signatures were provided following the inspection.

The people we spoke with told us they were treated with dignity and respect by staff and were allowed privacy when they required it. However one person said to us; "The staff assist me to the toilet but then stay in the room at the same time and clean things in the sink. That is basic. I would prefer it if they went out".

One person told us about how they felt staff did not allow them to be as independent as they would like. This person told us; "Staff don't always let me have a go first. I would like to do my personal care myself but sometimes they don't offer me the choice and start doing it anyway. I would like to me more independent".

People who used the service had care plans in place with copies held at the both the head office and in their house. This provided staff with guidance around how peoples care should be provided. Additionally, care plans captured information of importance to people about their likes, dislikes and personal preferences. Of the six care plans we looked at, four had been reviewed in the past month, whilst two had not been reviewed for some time. The manager told us they were in the process of reviewing care plans and would completed this following our inspection.

There was a complaints policy and procedure in place. The manager told us there had been no complaints made against the service. The people we spoke with told us they would contact the office or speak with their relative if they were concerned about anything.

Summary of findings

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

Not all aspects of the service were safe. We looked at six peoples risk assessments during the inspection and found four of them had not been reviewed in line with the required timescales, which the provider told us was every six months. Additionally, where risks been identified, there was no record of what control or prevention measures were in place to keep people safe.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. At the time of our inspection the service employed four members of staff and provided care to six people, some of whom required assistance from two members of staff with certain aspects of their care.

We found staff recruitment was robust. This was because the service had ensured appropriate checks were undertaken before staff began work. This included ensuring DBS/CRB checks were undertaken and a minimum of two references were sought before staff commenced work.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective. We saw no evidence of any formal staff supervision or appraisal. The manager told us she saw and spoke with staff at regular intervals but that none of these discussions were recorded.

We looked at the staff induction programme which enabled staff to gain a thorough understanding of working in care and for the company in general. Two members of staff, who commenced employment with the service in December 2014 were yet to complete the formal induction programme.

We saw of evidence of where the service worked closely with other professionals. For example, where people had pressure sores, we saw the manager worked closely with the district nursing team.

Is the service caring?

Good

The service was caring.The people we spoke with and their relatives were happy with the care provided by the service. One person; "I get the best of everything. The staff are marvellous". Another person added; "They are lovely girls. They are always regular and on time. They will do anything you ask of them".

The people we spoke with told us they were treated with dignity and respect by staff and were allowed privacy when they required it. However one person said to us; "The staff assist me to the toilet but then stay in the room at the same time and clean things in the sink. That is basic".

Summary of findings

One person told us about how they felt staff did not allow them to be as independent as they would like. This person told us; “Staff don’t always let me have a go first. I would like to do my personal care myself but sometimes they don’t offer me the choice and start doing it anyway. I would like to me more independent”.

Is the service responsive?

Requires Improvement

Not all aspects of the service were responsive. We found there was no system in place to gain feedback from people who used service, such as surveys which had not been sent out for some time. Additionally, when people’s care plans were reviewed they did not capture any comments from people about what was going well or anything they may like to change.

There was a complaints policy and procedure in place. The manager told us there had been no complaints made against the service. The people we spoke with told us they would contact the office or speak with their relative if they were concerned about anything.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well-led

There is a registered manager in post.

The staff we spoke with spoke positively about how the service was run.

We looked at how the quality of service provided to people was monitored and found the systems were limited. For example there were no audits being undertaken, no spot checks of staff and no medication competency assessments of staff.

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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 checked 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 2 February 2015 and we gave the provider 48 hours notice. This was to ensure management were available at the head office to facilitate our inspection. The inspection was carried out by one adult social care inspector from the Care Quality Commission.

We reviewed information we held about the service in the form of notifications received from the service and any safeguarding incidents which had occurred. We also liaised with other organisations and professionals including social workers at Salford local authority.

At the time of our inspection the service provided care to six people in and around the Salford area and employed four members of staff. During the morning of our inspection, we spent time at the head office and looked at various documentation including care plans and staff personnel files. In the afternoon, we visited some people in their own homes to ask them about the service they received. We spoke with staff over the telephone following our inspection to find out about their work and the types of training they had undertaken.

As part of our inspection we spoke with the registered manager and the deputy manager, three people who used the service, two members of care staff and one relative.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe and trusted staff to come into their house to look after them. One person said, "Yes I feel safe. I'm not frightened of anybody. The staff are very good to me". Another person said; "I feel at ease with the staff. I trust them you know". A relative added; "They are great with X and X really likes them. They are like extended family".

We looked at how the service managed risk. We found individual risk assessments had been completed for each person and recorded in their care plan. The risk assessments used covered areas such as manual handling, medication and the environment in people's homes. We looked at six peoples risk assessments during the inspection and found four of them had not been reviewed in line with the required timescales, which the manager told us was every six months. This meant people's risks were not being routinely monitored by staff to keep them safe. Additionally, where risks had been identified, there was no record of what action or prevention measures that were in place to keep people safe. This meant staff had no guidance to follow when providing care in people's homes to keep them safe. This meant there had been a breach of regulation 9 of the Health and Social Care Act 2008 with regards to Care and Welfare of people who used the service. This relates to regulation 12 of the fundamental standards in relation 12 safe care and treatment.

We discussed safeguarding procedures with the two members of staff. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. Two members of staff, who commenced employment with the service in December 2014, were yet to complete any safeguarding training as part of their development. They were however able to describe what action they would take in the event of identifying safeguarding concerns. We raised this with the registered manager who told us they aimed to do this within three months and would book staff on these courses when they became available.

There was a safeguarding policy and procedure in place. This set out the guidelines staff could follow if they suspected abuse had taken place. Additionally it explained the types of abuse which could occur such as financial, physical or verbal.

As part of peoples care package, the service took responsibility for some people medicines. ,. Whilst visiting people's houses we saw medication was stored away from where people may be able to access it. Each member of staff spoke with told us they had either completed medication training either in their previous job, or had completed it before they began administering to people. We looked at two people's MAR (medication administration records) charts which were kept in people's homes and found these had been accurately completed by staff when medication had been given. We also cross referenced these with medication that had either been given or was still in the blister pack. None of the people we spoke with, or their relatives expressed any concerns with regards to medication.

People were protected against the risks of abuse because the service had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the service to ensure they were fit to work with vulnerable adults. During the inspection we looked at four staff personnel files. Each file contained job application forms, interview notes, a minimum of two references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check being undertaken. This meant that staff had been recruited safely.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. At the time of our inspection the service employed four members of staff and provided care to six people, some of whom required assistance from two members of staff with aspects of their care. The staff we spoke with told us they were happy with the staffing levels and that there were enough to meet people's needs. In addition, the registered manager also worked closely alongside staff delivering care to people.

Some people who used the service lived alone and staff required the use of a key to access their house. We saw the keys were appropriately stored in a 'key safe' outside each house we visited. This required staff to enter a pin code before gaining access to the key so they could go in and deliver care safely.

Requires Improvement

Is the service effective?

Our findings

We looked at the staff induction programme during our inspection. Two members of staff, who commenced employment with the service in December 2014, were yet to complete the formal induction programme. One member of staff said; "The induction was brief. I have worked in care before so had covered some things".

Each member of staff had their own personal training record which captured any training courses they had completed. For three members of staff, we saw the only training that had been completed included moving and handling, medication, health and safety and food hygiene. We saw no evidence of staff having undertaken any recent training in key topics such as safeguarding or infection control.

We saw no evidence of any formal staff supervision or appraisal during our inspection. The manager told us she saw and spoke with staff at regular intervals but that none of these discussions were recorded. Additionally, a lack of staff annual appraisal meant there was no system in place to assess and feedback to staff on their work throughout the year. This meant there had been a breach of regulation 23 of the Health and Social Care Act 2008 with regards to supporting staff effectively. This relates to regulation 18 of the fundamental standards in relation to staffing.

Although the people we spoke with told us that staff asked for their consent before providing care, this had not been clearly recorded in people's care plans. For instance, the care plan just stated 'Yes', that consent had been given, but did not provide a written signature from people who used the service or their relative. This made it difficult to establish if people or their relatives had given their consent to the care they received. We discussed this with the manager who said they would ensure signatures were provided following the inspection.

On the day of our inspection we were told nobody was at significant risk with regards to poor nutrition and hydration. We saw where people needed assistance with meal preparation, this was clearly recorded in their care plan for staff to follow. One person said; "When I have my lunch time call the staff ask what I would like to eat. I usually have the same thing but they go off into the kitchen and make it for me. They will also make me a cup of tea or offer some juice".

We saw of evidence of where the service worked closely with other professionals. For example, where people had pressure sores, we saw the manager worked closely with the district nursing team. Additionally, care plans captured any involvement with either social workers, doctors and dentists.

Good

Is the service caring?

Our findings

During our inspection we spoke with three people who used the service. The people we spoke with said they were happy with the care provided by the service although one person told us that their personal preferences were not always adhered to. Comments included; “I get the best of everything” and “They assist me with toileting and getting in and out of my chair” and “The carers are marvellous” and “They are lovely girls” and “They are very good to me” and “They will do anything I ask of them”.

We spoke with one relative during the inspection who told us; “They are much better than the previous company we used. We think of them as family. I would definitely recommend them. They always ring if they are going to be late. I am happy with everything so far. They are like extended family really I would say”.

We spoke with people about how staff allowed them to be as independent as possible when delivering care. One person told us about how they felt staff did not allow them to be as independent as they would like. This person told us; “Staff don’t always let me have a go first. I would like to do my personal care myself but sometimes they don’t offer me the choice and start doing it anyway. I would like to be more independent. I know what I need to do so I wish they would let me”.

The people we spoke with told us they were treated with dignity and respect by staff and were allowed privacy when they required it. However one person said to us; “The staff assist me to the toilet but then stay in the room at the same time and clean things in the sink. That is basic. I would prefer it if they went out”.

We asked staff how they aimed to treat people with dignity and respect when providing care and how they aimed to allow them independence. One member of staff said; “One thing I feel quite strongly about is always ensuring people are covered up so that they don’t get embarrassed”.

There were systems in place to record what care had been provided during each call or visit. Care plans contained a document, which was completed by staff and stated when personal care had been provided. This included any food preparation, medication given, any creams applied, if bedding had been changed or if people had been taken to the toilet. We checked these documents in people’s homes and found they were being filled in by staff.

Whilst speaking with people they told they felt staff were caring and that they had developed friendly relationships with them. One person said; “You get used to the same person coming in and when it is somebody different you just get used to it. I get along with them all though. We can have a chat I have got to know a bit about their personal lives as well which has been nice”.

Requires Improvement

Is the service responsive?

Our findings

We found there was no system in place to gain feedback from people who used service, as things such as surveys had not been sent out for some time. Additionally, when people's care plans were reviewed they did not capture any comments from people about thing that were going well or anything they may like to change. The manager told us they spoke with people at regular intervals to ask about their care but did not document this. This meant we could not evidence that people were asked for their views and opinions and that the service had responded appropriately. The manager told us she would re-introduce this system following our inspection.

People who used the service had care plans in place with copies held at the both the head office and in their house. This provided staff with guidance around how peoples care should be provided. Additionally, care plans captured information of importance to people about they likes, dislikes and personal preferences. Of the six care plans we looked at, four had been reviewed recently, whilst two had not been reviewed for some time. The expectation for care plans to be reviewed was every six months or when required. The manager told us they were in the process of reviewing care plans and would completed this following our inspection.

We looked at six peoples care plans during the inspection which captured information of importance to people about their likes, dislikes and personal preferences. They also detailed people's communication preferences such as what their eye sight was like, what language they spoke and if they were able to hear well.

During our inspection we saw examples of where the service had been responsive to people's needs. For example, one person told us that because they had become a lot less mobile, the service had arranged for various equipment to be installed such as various rails and equipment in the shower. This person told us about how they would have preferred to be able to cope without it, but recognised it was now beneficial to them in manoeuvring around their home.

Before each person began using the service, the registered manager carried out a detailed initial assessment of their needs. This enabled staff to gain understanding of what people's care needs were and how they would like it to be delivered. The people we spoke with recalled how the manager had visited them at home when their care package first commended. Each person had a service user guide available to them at their house. This provided them with information about the duties of staff, fees, complaints confidentiality, feedback on their care and company mission statement.

There was a complaints policy and procedure in place. The manager told us there had been no complaints made against the service. The people we spoke with told us they would contact the office or speak with their relative if they were concerned about anything.

Requires Improvement

Is the service well-led?

Our findings

There is a registered manager in post. 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 staff and people we talked with spoke positively about how the service was run. One member of staff said; "Yes I am happy with how the service is run. One of the good things is that the manager delivers care herself so we see her often and can go to her with anything". Another member of staff said; "Everything is going great. This is the best place I have worked". One person who used the service added; "The manager is very good. I have known her a while now. She is kind and does a good job".

We looked at how the quality of service provided to people was monitored and found the systems were limited. For example there were no audits being undertaken, no spot checks of staff and no medication competency assessments of staff. In light of our findings with regards to care plans and risk assessments not being reviewed regularly and staff supervision and appraisal not being undertaken, the service would benefit from a robust audit system to highlight and address these shortfalls. We discussed these concerns with the manager who told us she would introduce these systems following our inspection. This meant there had been a breach of regulation 10 of the Health and Social Care Act 2008 with regards to monitoring the quality of service provision. This relates to regulation 17 of the fundamental standards in relation to Governance.

The registered manager told us she worked closely alongside staff when providing care and that this was how she monitored what was going on and how staff were performing in their roles. We discussed with the manager about ensuring that these discussions and observations were recorded and that if there were any improvements needed or shortfalls identified, they could evidence how this had been addressed as a result.

There was a management structure of the service which provided clear lines of responsibility and accountability. The staff hierarchy detailed peoples job role and who they needed to report to. The manager was supported by a deputy manager in the running of the service. Other staff included three care assistants.

The service had policies and procedures in place which covered all aspects of the service. The policies and procedures were comprehensive and had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the policies.

The registered manager told us team meetings took place but were not recorded.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found the arrangements in place did not protect people against the risks associated with the poor risk management of people who used the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found the arrangements in place at the service did not protect people against the risks associated with monitoring the quality of service effectively.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found the arrangements in place at the service did not protect people from the risks associated with not supporting workers effectively through supervision, appraisal, training and induction.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.