

Home Angels Healthcare Services Ltd

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Inspection report

Unit 1b
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Tel: 0163533268

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Home Angels Healthcare Services Ltd is a domiciliary care agency providing personal care to 29 older people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider did not have a registered manager in place. The previous registered manager left the service in February 2019. The service was currently being overseen by the nominated individual, who was appointed by the provider as main point of contact with CQC.

The service had recently undergone a change of ownership. People and staff fed back positively about the changes which had been made. There had been initial improvements made around care planning, staff training and safe staff recruitment.

People told us they were happy with the care they received. They said the service was reliable and safe. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was an open culture at the service and systems were in place to promote ongoing improvement. The provider used technology to help monitor the quality and safety of the service, including an electronic rota management system.

People were treated with dignity and respect, which promoted their independence.

People were safeguarded against the risks of suffering abuse and avoidable harm. Risks associated with people's care were assessed and effectively reduced. There were robust plans in place to reduce risks associated with emergencies, such as severe weather.

People's care plans detailed the support they required in key areas such as nutrition, medicines and healthcare.

Care plans were developed and reviewed in partnership with people. When people's needs changed, their care plans were reviewed, and the provider sought appropriate input from external health and social care professionals to help ensure people's needs were met.

There were enough suitable staff in place to meet people's needs. Senior staff were available to cover care calls when required. Staff were enthusiastic about their jobs and understood people's needs and

preferences. Staff received appropriate training and ongoing support in their role.

There were systems in place to deal appropriately with complaints and feedback and people gave us positive feedback about how the provider communicated with them about changes and updates.

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 good (published 10 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Requires Improvement ●

Home Angels Healthcare Services Ltd

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

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert in this inspection had experience caring for an older person.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The provider had undergone a change in ownership in July 2019, which included the appointment of new directors and a new nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

The legal entity of Home Angels Healthcare Services Ltd has remained the same. The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager left in February 2019. The nominated individual was overseeing the service at the time of inspection. They told us they were currently in the process of recruiting a registered manager.

Notice of inspection

We gave 48 hours' notice of the inspection because we needed to ensure the provider had time to contact

people to inform them we may be calling them via telephone to gain their feedback about the care they received.

Inspection activity started on 6 September and ended on 13 September 2019. We visited the office location on 12 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service and received feedback from one social worker. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and two relatives via telephone about their experience of the care provided. We spoke with eleven members of staff including the provider, the nominated individual, senior care workers and care workers.

We reviewed a range of records. This included five people's care records. We looked at five 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care from Home Angels Healthcare Services Ltd. Their comments included, "I like the fact that I get a weekly list [of care visits] from the agency. Most of the time it is very accurate", and, "I haven't had a fall since the staff have been looking after me over the last year, so I think that speaks for itself."
- Staff received training in safeguarding vulnerable adults. This training helped provide them with the skills to recognise and act to protect people from the risk of suffering abuse or avoidable harm. Staff were confident in reporting concerns to the provider's senior staff and told us they felt senior staff would take appropriate action to keep people safe.

Assessing risk, safety monitoring and management

- The provider had contingency plans in place to help ensure the service ran safely in the event of extreme circumstances, such as severe weather. People's care needs had been assessed to identify those most vulnerable, to ensure their care calls were prioritised.
- The provider had systems in place to mitigate risks associated with missed or late calls. There was an electronic call monitoring system in place, which alerted management if staff did not log in and out of planned care calls. This helped to ensure management staff could monitor that people received their care calls on time.
- Risks associated with people's health and wellbeing were assessed and mitigated. Where risks were identified for areas such as, falls or skin breakdown, guidance was in place to reduce the risk of harm. There were plans in place for the use and maintenance of equipment such as hoists. This helped to ensure the safe use of this equipment.

Staffing and recruitment

- People told us they had consistent staff teams who generally kept to agreed times. One person said, "I usually get the same staff. There are no issues with late calls." One relative said, "My husband definitely needs two staff at a time to hoist him in and out of bed and they always provide two."
- The provider had a telephone based 'on call service', which was active outside of office hours. Senior staff were assigned to rotate on call duties and were available to respond to issues and requests from people, relatives and staff.
- The provider had completed a full audit of staff files, which had identified missing information from some staff recruitment records. This included staff records where there were gaps in employment history. It is important for providers to establish the full employment history of prospective employees as part of the assessment of their suitability for the role and to enable them to carry out background checks as required. An additional member of office staff had been employed to obtain this required information and this

process was nearing completion at the time of inspection. The provider's new recruitment processes were robust and would help ensure appropriate recruitment checks were in place for all staff. There was no impact on people as a result of previous discrepancies.

Using medicines safely

- People were supported to take their medicines as prescribed. People's care plans included the medicines they took, reasons for prescriptions, preferred administration routines including the level of independence people had in the management of their medicines.
- Staff had received training in medicines administration and their competency in this area was regularly assessed through observations of their working practice by senior staff.

Preventing and controlling infection

- There were systems in place to protect people from the spread of infections. Staff had received training in infection control were aware of good hygiene practice when supporting people with their personal care. One person said, "Staff always wash their hands once they come through the door and then wear their gloves while they're helping me with my wash." Staff told us they had access to gloves, aprons and other personal protective equipment.

Learning lessons when things go wrong

- There were systems in place to investigate incidents and errors. The nominated individual investigated all incidents to look for causes, trends and actions that could prevent repeat occurrences. There had only been very few minor incidents since the last inspection and they had been investigated appropriately to reduce the risk of future incidents.

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

- The provider had employed a registered nurse to complete assessments of people's needs. These assessments included, meeting people to identify their care preferences and reviewing assessments from health and social care professionals. Assessments were used to formulate care plans, which reflected people's needs.
- The provider had introduced the use of electronic care planning and monitoring systems to promote the effective delivery of care. Staff used an application on their mobile phone to access details of rotas, people's care plans and the provider's policies and procedures. The application could be updated on a 'real time' basis by office staff, which helped to ensure staff had the most current information available to them about their rotas and people's needs.

Staff support: induction, training, skills and experience

- People and relatives told us staff were competent and skilled in their role. One person commented, "All of the staff seem to know what they are doing. [My relative] always feels reassured before they lift him in the hoist every morning and evening."
- Staff received training in line with The Care Certificate. This is a nationally recognised set of competencies related to staff working in social care settings. The provider had recently changed the staff training provided, moving from online to classroom-based training. One member of staff told us, "It is definitely better [classroom-based training]. You can learn from each other and share different experiences. You just don't get that interaction doing the training online." The provider offered staff the opportunity to obtain higher qualifications in health and social care. These qualifications helped staff gain additional skills relevant to their role.
- The provider monitored staff's working performance through regular supervision meetings and competence checks. Supervision meetings gave staff a chance to reflect on their working practice and identify training opportunities. One member of staff said, "I get a lot of support in my job."

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

- People's nutritional needs and preferences were identified in their care plans. This included any risks associated with eating and drinking such as food allergies or special dietary advice. People had varying degrees of independence in this area with some people requiring minimal support whilst others needed assistance to prepare meals.
- People were happy with the support they received around eating and drinking. One person said, "I'm not very good at making myself a hot drink any more so as soon as staff come through the door every morning, they put the kettle on and make me a nice cup of tea, which I'll then sit and have while they're sorting out my

breakfast for me. They'll usually make me another one just before they leave and always make sure I've got a glass of water by my chair."

Staff working with other agencies to provide consistent, effective, timely care

- The provider made appropriate referrals to social workers and healthcare professionals to ensure people had the right levels of support. This included when people's needs changed, and they required increases or decreases in their care. This helped to ensure appropriate levels of support were in place.

Supporting people to live healthier lives, access healthcare services and support

- People were predominately independent in accessing the healthcare services they needed. Where required, the provider made arrangements to schedule care visits around health appointments to help enable people to access these services.
- People's healthcare needs were documented in their care plans. This included when they had healthcare conditions which required ongoing treatment and monitoring by healthcare professionals. Care plans included background information about these conditions and how they may affect people's everyday lives. This helped to ensure staff had background knowledge about the management of these conditions.

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 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 nobody using the service met the threshold for these safeguards to apply.

- The provider sought appropriate consent to care. The provider's nursing lead visited people to obtain consent to care upon each review of their care plan. Where people were unable to consent, the provider consulted with the person's power of attorney. An appointed power of attorney is somebody with legal authority to make decisions on behalf of another person, if they are unable to make decisions themselves. These actions were in line with the requirements of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were kind and caring. Comments included, "It's not an easy job and I take my hat off to all of them", "I have usually just seen a few regular staff who know me well. All the staff that have been coming have been very patient and caring with me", and, "I've got quite used to having the staff here and it's quite nice to have a bit of a chat with her each morning."
- People told us staff were attentive to their needs and flexible in their approach. Comments included, "The staff would stay longer than needed if I needed extra help, they are very kind people", "She [staff member] is very kind to me. They never mind even doing some extra small jobs if I need them at any time", and, "I have one particular staff member on a Saturday who will usually bring in a newspaper for me, so as I've got something to read over the weekend."
- Staff were enthusiastic about their role and understood people's care needs. Comments included, "It's wonderful to be able to help people up in the morning to help set them up for a good day", "I enjoy what I do, every day is different", and, "I like to approach people with a bit of humour. By having a laugh and joke, people feel more at ease."
- The provider's values promoted an inclusive culture across the organisation that respected people's rights, equality and diversity. The provider's assessment processes considered how people diverse needs could be met to ensure people did not suffer any form of discrimination.

Supporting people to express their views and be involved in making decisions about their care

- People told us they had control over how their care was carried out. One person said, "Staff ask me whether I'm ready to have my wash or whether I'd like my breakfast first. They go by my cue."
- People were given a choice about their staff and their views were respected. One person told us, "I did ask for female staff only because I have to be helped having a wash every morning. They never tried to send a male to me." The nominated individual told us they were very conscious to be respectful of people's preferences. They said, "When people need help with such personal tasks, it is important that we make sure we provide staff who they are comfortable with."
- People's relatives told us that they were kept informed about important aspects of their family member's care. Comments included, "They phone if they have any concerns about [my relative's] health or well-being", "The staff write records of care in daily notes. These are really useful for us as we [person's family] are kept informed with what is going on", and, "The communication with the office has always been good."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were patient and treated them with dignity and respect. One person told us how staff's

patient approach helped them gain confidence when using a stair lift. They said, "They [staff] are always very patient. they took me up and down on a few practices runs and now I feel much more confident that it's strong and steady enough to take my weight."

- There was mixed feedback about whether the provider always informed them about changes to their care. Seven people we spoke to told us that during the recent summer months, there had been increased changes in care and that they were not always informed. One person commented, "The summer months have seen a bit of a blip. I know all the carers, but don't always know who is coming." Five people told us had not experienced significant disruption of service during this time and they were always informed of changes. One person said, "If anything changes, they call me."
- The nominated individual acknowledged there had been staffing issues over the summer as a number of staff had been granted annual leave over the summer at the same time, which had affected the consistency of the service provided. They showed us how since they took over the running of the service a new annual leave system had been introduced to ensure this was avoided in future.
- People were supported to be as independent as possible. This was achieved by identifying aspects of their care which they wished to continue carrying out themselves. People told us they appreciated the help the provider gave them in ensuring they could stay living in their own homes. One person said, "It's been very important to me that I can stay living in my home and I know my family feel better knowing that I'm being visited each day."
- People's confidential information relating to their care was stored securely in the provider's office. Staff were aware of their responsibilities in upholding people's confidentiality and appropriate information sharing.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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 needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that staff were responsive to their needs. Comments included, "They [staff] never rush me and will always stay till everything has been done properly", and, "Staff do everything like clockwork. It is exactly how I would have it."
- People received personalised care that reflected their preferred outcomes. These outcomes were documented in people's care plans alongside tasks and instructions for staff to follow to promote this. Many people's goals were to remain in their own home, living as independently as possible. Care plans focussed on people's abilities and ensuring that these skills were not diminished by staff carrying out duties that were not required. Care plans were clear, concise and staff had a good knowledge of how to carry them out effectively.
- The provider regularly reviewed people's needs to help ensure appropriate care was in place. Senior staff visited people at regular intervals to help ensure they were satisfied with the care provided and it still met their needs. The nominated individual told us, "The initial care plan is reviewed regularly and updated so that they reflect people's needs as they change."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's sensory needs were considered as part of the provider's assessment process. This included, how people could contact the service and the format information was sent to people in. The provider was able to make adjustments such as providing documentation in easy read format to meet people's communication needs if required.

Improving care quality in response to complaints or concerns

- People and relatives told us they felt comfortable making a complaint and felt the provider would take appropriate action in response. Comments included, "I have complained about a couple of the staff, I phoned the office and asked them not to send them to me again, which they haven't done", and, "I would feel comfortable making a complaint. We certainly wouldn't sit here and suffer in silence."
- The provider had a complaints policy in place, which outlined how people could make a complaint and how the provider would investigate and report back in response. The provider had not received any formal complaints since our last inspection. Senior staff were in regular contact with people through visits and telephone calls to check they were happy with the care provided and to address any issues people raised.

End of life care and support

- Nobody using the service was receiving end of life care at the time of inspection.
- The nominated individual told us how they would work with other stakeholders to develop a care plan which met a person's changing needs should they require care at the end of their life.

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 good. At this inspection this key question was requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care .

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

- There was not a registered manager in place. The previous registered manager had left in February 2019. The nominated individual was currently overseeing the service whilst a registered manager was being recruited. Having a registered manager in place is a requirement of the provider's registration with CQC. As the provider could not confirm that a registered manager had been appointed, the rating for the key question well led is requires improvement.
- The management team also included a nurse lead, who carried out assessments and reviews, a co-ordinator who managed care rotas and a supervisor who carried out staff supervisions and observations.
- The provider oversaw the running of the service through regular visits and through use of the computer-based quality monitoring system. The system summarised information about key areas of the service including incidents, staffing levels and training statistics. The nominated individual inputted key data from their regular periodic audits into the computer-based system. This gave the provider an insight into the quality and safety of the service.
- The nominated individual understood their responsibilities in reporting significant events to CQC through statutory notifications.

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

- People and relatives told us management staff were friendly, approachable and open to feedback. Comments included, "The provider have been very receptive to feedback. I can have very frank and honest conversation with staff and management", and, "Everyone from the office is very approachable."
- Staff told us there was a positive culture at the service which had been fostered by the new management team. Comments included, "[The nominated individual] is very knowledgeable, very approachable and I think that can only make the company better", "I am positive about all the changes. I think you can see we are heading in the right direction", and, "The support I have received [from senior staff] has been absolutely brilliant." Staff told us they felt welcome visiting the provider's office and felt supported in their role.

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 nominated individual had a good understanding of their duty of candour requirements. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.

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

- People told us they had been kept informed about changes in the ownership and management of the service. One person commented, "So far, so good, it has been very smooth. We received letters about the changes, but on the ground, we have not seen any disruption."
- The provider had systems to gain people's feedback about their care. This included surveys, visits and telephone calls. This helped to give people the opportunity to give their input or feedback about the quality of care.
- The provider held regular staff meetings where issues and suggestions could be discussed. At recent meetings the quality of the recording of care documentation was discussed, including strategies to promote better quality recording.

Continuous learning and improving care

- The new management team had made positive changes since July 2019, which had improved the quality of the service. They had made improvements to care plans to make them more detailed, yet concise. They had also made improvements in the providers recruitment processes to help make them more robust.
- The provider had also commissioned an external care consultant to carry out a full audit of the quality and safety of the service. This was in the process of taking place during the inspection. The nominated individual told us they would be formulating an action plan from the findings from this audit. This demonstrated that the provider was committed to ensuring continuous improvements were made.

Working in partnership with others

- The provider worked in partnership with other stakeholders to promote good outcomes for people. One relative told us how instrumental the provider had been in demonstrating how one person's needs had changed and they required additional funding from the local authority for more care. They told us, "The input they have had is amazing. The quality of the daily notes and contributions at meetings with professionals has been a massive help in demonstrating that [my relative] needs more care."