Angels Care Halesowen Ltd

Angels Community Homecare Services

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

This announced inspection took place on 10 and 16 June 2015. The provider had a short amount of notice that an inspection would take place so we could ensure staff would be available to answer any questions we had or provide information that we needed.

Angels Community Homecare Services is registered to deliver personal care. They provide care to people who live in their own homes within the community. At the time of our inspection 21 people received personal care from the provider.

At our last inspection in January 2015 the provider was not meeting the regulations which related to safeguarding people who used the service, requirements

Summary of findings

relating to workers and assessing and monitoring the quality of service provision. Evidence that we gathered during this, our most recent inspection, showed that some improvements had been made but further improvements were needed.

The registered manager had left the service in December 2014. 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 provider had appointed a new manager in May 2015 who told us that they were in the process of applying for registration with us.

People we spoke with told us that they felt safe. We saw that there were systems in place to protect people from the risk of abuse, including safe recruitment processes.

We found that medicines management within the service were safe; however recording of the timing of when people were supported to take their medicines was inconsistent.

There were a suitable amount of staff available to meet people's needs in a timely manner, with the appropriate skills, experience and training. Staff told us that they were being provided with the training that they required.

Structures for supervision allowing staff to understand their roles and responsibilities were in place.

Systems were not always effective in demonstrating people's level of mental capacity and/or any potential risks for staff to consider. The manager showed us a new system that was currently being implemented to improve and to develop more consistency in care records for staff to refer to.

Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible. People and their relatives told us they were happy with the way the service communicated with them.

Feedback was sought from people and their relatives. The manager told us that on receipt of any negative comments, they had contacted the person and resolved any issues they raised; however they were unable to demonstrate this to us as they had not appropriately documented, analysed or outlined any plans for improvements as a result.

Care was planned with people and their relative's involvement; care plans were not always detailed enough in respect of people's disabilities and/or failed to outline their medical conditions clearly for staff to be aware of.

Information was provided for people about how to make a complaint. People and their relatives told us they felt confident that any concerns or complaints they made would be dealt with appropriately.

Staff told us they felt supported by the manager and provider. Systems were in place to regularly to develop and involve staff through supervision and staff meetings.

We found that the provider had made improvements to how they monitored and quality assured the service provided. However, we identified a number of areas that required improvement to ensure these systems were more robust.

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

The service was not always safe.

We found medicines were provided in an effective manner; however, records completed by staff were inconsistent in quality and detail which could lead to potential omission or errors occurring.

Staff were knowledgeable and had received training about how to protect people from harm.

Risks for people in regard to their health and support needs were not consistently assessed; however staff were clear about how to reduce any potential risks to people through the support they provided.

Is the service effective?

Requires Improvement

The service was not always effective

Staff received regular training and had the appropriate level of knowledge and skills to meet people's needs.

Staff understood how to effectively gain peoples consent when supporting them; however records did not consistently demonstrate how staff should act in the persons best interests when the person lacked capacity to provide informed consent.

People were supported to access specialist healthcare professional input from outside the service to meet their needs.

Is the service caring?

Good

The service was caring.

People and their relatives were complimentary about the staff, support and communication they were provided with.

Comments we received from people and their relatives told us that staff respected people's privacy and dignity when proving support to them in their homes.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not consistently give clear detailed information about people's medical conditions or disabilities for staff to reference and be aware of.

Regular reviews of care provision were undertaken with people or their relatives, either by phone or face to face.

Summary of findings

People and their relatives were provided with information about how to complain and told us if they had any concerns or issues they felt sure the manager would deal with them.

Is the service well-led?

Requires Improvement

The service was not always well-led.

People and their relatives all spoke highly about the approachability and impact of the new manager.

Staff received regular support and told us this was as an opportunity for them to discuss their development and progress.

Quality assurance systems needed to be more robust.

Angels Community Homecare Services

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.

This inspection took place on 10 and 16 June 2015 and was announced to ensure staff would be available to answer any questions we had or provide information that we needed. The inspection was carried out by one inspector.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We spoke with two people who used the service, four relatives, five care staff, the manager and provider. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to three people by reviewing their care records, we reviewed three staff recruitment records, the staff training matrix, medication records and quality assurance audits. We looked at policies and procedures which related to safety aspects of the service.

Requires Improvement

Is the service safe?

Our findings

Our previous inspection of January 2015 identified that there were breaches with the law concerning how people who used the service were safeguarded against the risks of neglect and/or acts of omissions which could place them at risk of harm. These failures related to how the agency managed medicines and their recruitment practices. The provider failed to submit an action plan within the timeframe we agreed; we contacted them prior to this inspection to request the action plan, which they provided by return. This set what the provider had completed to make the necessary improvements.

We saw that medicine records were not detailed enough and failed to confirm that people had been supported to take their medicines as it had been prescribed. At this, our most recent inspection we saw that some improvements had been made. We saw that hand written medicine records now listed each individual medicine and staff had signed to confirm that they had supported people to take them as prescribed. We saw that a small number of people using the service still relied upon the agency to supply handwritten medicine records; the quality of the completion of these records varied with handwriting that was not clear, which could potentially lead to errors or omissions occurring. Staff we spoke with understood their responsibilities in respect of safely supporting people with medicines and how they should complete records. Following our inspection the prescribing pharmacies were contacted by the manager and they had agreed to supply pre-populated Medicine Administration Records (MAR) for all the people receiving support with their medicines. The manager undertook regular audits of medicine records to identify any omissions or missing signatures. In one record we identified that transdermal patches for ongoing pain relief had been signed for as being applied but no time had been recorded as to when this had been done; the manager agreed to address this straight away. Staff confirmed and records showed staff had been provided with medication training and updates since our inspection in January 2015. We were unable to speak directly with people or their relatives receiving support with their medicines.

At our last inspection we found that some staff working with people who used the service had not been recruited without firstly having the appropriate checks and references being sought by the provider. During this our most recent inspection, we reviewed three recruitment records for the most recently employed staff members and all the necessary references and criminal records checks had been undertaken. Staff we spoke with told us that they had been asked to supply referees and a Disclosure and Barring Service (DBS) check. A staff member told us, “I had to provide references and wait for my DBS to come back before I got my calls”. The manager provided evidence that confirmed to us that all the employees working at the service had been appropriately vetted. This showed that the provider had made the necessary improvements to their recruitment processes.

During our last inspection in January 2015 we identified that there were insufficient staff available or that could be deployed to prevent people experiencing omissions of care due to them not receiving the support they required at the right time. On this our most recent inspection, people and their relatives spoke positively about the reliability of the support provided by the service and we saw that improvements had been made. One person said, “They are good like that and always let you know even if they are going to be a few minutes late, because they know I worry”. One relative said, “They do let me know if they are going to be late; late calls used to be a problem but don’t seem to be anymore”. Another said, “We haven’t had any problems with late or missed calls; there were some ‘blips’ in the past but its all fine now”. Staff we spoke with told us that they felt they were able to deliver support to people in a timely manner. We saw each staff member was provided with a detailed rota that outlined their calls, which included adequate time allowed between calls to account for travel time. We saw that any staffing shortages and/or sickness were covered internally and as necessary the manager would go out and cover calls as required, to ensure continuity of the service for people. Staff we spoke with confirmed this and felt the system worked. One staff member said, “We manage the calls well; the manager goes out to cover if anyone rings in sick”. The manager advised that recruitment was on-going to continue to meet demand and in order to maintain adequate staffing.

People and their relatives told us they felt the support provided by the service was safe. One person told us, “They always make me feel safe when they help me”. A relative told us, “[My relative] is happy with the care he gets; the same person comes and I know he feels safe with them”. A second relative told us,” I am never left worrying about

Requires Improvement

Is the service safe?

them [my relative]; yes I think the care they give is safe". A third said, "There have been positive changes recently, like getting the same staff coming in; which feels much safer and better for my relative".

Staff we spoke with were clear about their responsibilities for reporting any concerns and were able to describe the procedures they would follow if they witnessed or were concerned that a person was experiencing some form of abuse. A staff member said, "I would report any concerns about abuse I have initially to the office but I know I could go to the local authority with any concerns". Staff were knowledgeable about the types of abuse people may experience and how to protect people from potential abuse or harm. Staff we spoke with described how they ensured people were safe at home, for example, removing any trip hazards in the person's home and/or checking that any equipment they used was in good working order.

We saw records to confirm that risk management plans which referred to people's needs were available in the office and a copy was available in people's homes for reference. The risk assessments we saw were less focussed upon the individual but related mainly to the environment.

Care plans did however refer to the individual's abilities and areas where they needed assistance in order to avoid harm and reduce any potential risks. For example, one person we saw was being nursed in bed but the risks in relation to this had not been assessed. A relative said, "They [staff] are aware of the risks when caring for him [my relative]". Staff we spoke with were clear about the risks to the people they cared for. We discussed the quality of the records with the manager; they agreed that the risk assessments were lacking the appropriate level of detail. We saw a new computerised system which had been purchased and the manager was working on to highlight each individuals support needs, including a more detailed risk assessment. The manager anticipated the new system including the improved risk assessments would be fully operational for staff to utilise and refer to by the end of July 2015.

Staff we spoke with knew what emergency procedures to follow and knew who to contact in a variety of potential situations. Staff told us that they had access to advice out of hours via the person on call.

Requires Improvement

Is the service effective?

Our findings

People and their relatives told us staff they felt staff were skilled and knew how to care for them. One person told us, "In general, they are really good". A relative told us, "Staff seem well trained and capable". Another said, "From what I have seen they seem good and know what they are doing".

Staff told us they felt supported to do their job. They told us that they had regular supervision and they had plenty of opportunity to discuss any issues they may have. All the staff we spoke with told us they had seen improvements in the support they received in recent months. One staff member told us, "I have been having more regular supervision, the new manager's trying to sort everything; I feel more supported now". A further staff member told us, "I can always speak to someone if I need too; they are supportive of me".

We spoke with staff about how they were able to deliver effective care to people. They told us and records confirmed the provider offered a range of training in a variety of subject areas that were appropriate to the people using the service. A staff member said, "Yes I feel equipped to do my job properly; I have done quite a lot of training". Staff did not identify any gaps in their knowledge to us and felt management would be supportive if they did request additional training to improve their knowledge about people's health conditions.

Staff we spoke with confirmed they had received an induction before they started working at the service. One staff member told us, "I had an induction, this included training and shadowing another carer". Another said, "I have had new staff shadowing me". A relative told us, "In my experience the new staff who come always do at least a couple of calls with a more experienced carer before they come alone". This meant that newly recruited staff had opportunities to become familiar with the people they would be supporting in the future.

Staff had received training in relation to the Mental Capacity Act 2005. We spoke to staff about how they gained people's consent before assisting or supporting them. Staff we spoke with told us they talked with people throughout any care they provide to check they understand and are happy. A staff member said, "I always ask people if they are happy for me to support them before I do anything". Another told us, "Some people just need time to answer; so I am patient and wait for them to respond, verbally or by nodding or shaking their head". People's mental capacity was not always reflected in their care plans. For example, it was not clear when a person did not have the mental capacity to make certain decisions about their day to day life, how staff should gain the persons consent. Staff told us they encourage people to agree if they refuse care or support but if unsuccessful would report and/or discuss any concerns to the office or person on call should such an issue arise. The manager was in the process of implementing a new records system and this included clearly demonstrating how staff should act in people's best interests. They told us this information would be incorporated into records and improvements would be made.

People were supported to maintain and look after their health. One person told us, "They [staff] would call the doctor for me if I asked them; they always make sure I am ok and have everything I need". We asked staff whether they knew how to support people if they became concerned about people's health. One staff member told us about how they had to provide emergency first aid and call an ambulance when they became concerned for a person's health; they told us, "I had only recently completed my first aid training, so I put it into practice". Records also showed that people were supported to have access to other professionals in support of their healthcare needs, for example, a GP or district nurse.

People and their relatives confirmed that staff knew of people's specific dietary needs and any related. One person said, "They [staff] sort me a meal; they always make sure it's cooked properly". Staff had received training in food hygiene; although some staff were due to undertake updates of previous training. Staff we spoke with described to us the processes they undertook in preparing food; they correctly referred to how they should maintain hygiene and prevent any cross contamination during food preparation. A staff member said "We always make sure the person has enough food available to eat in their home".

Good

Is the service caring?

Our findings

People and their relatives told us that the staff were kind and caring and from their descriptions of staff they clearly felt at ease and comfortable with them. One person said, “Oh yes they [staff] are very caring, you couldn’t ask for better”. A relative said, “The carers are wonderful”. Another relative said, “The care staff are very kind”.

Records showed that people were supported to maintain their independence. For example, people’s care plans directed staff on the level of support they required and what they were able to do for themselves. People told us they were encouraged by staff to remain as independent as possible. One person said, “They [staff] do try to get me to do some small things for myself”. A relative said, “They give my relative the opportunity to do things for themselves, they don’t rush them”. During our discussions with staff they used terms such as ‘assistance’ and ‘choice’ when describing how they supported people. A staff member said, “The care plans do tell you what the person can do for themselves and what we need to support them with”.

People and/or their relatives were provided with information about the service in the form of a guide and about how their care and support needs would be met. They said that staff also took the time to verbally explain or answer any questions or queries they had. People and their relatives told us they had been given the information they needed. One person said, “They keep me up to date and let me know if a different carer is going to come to me”. A relative said, “They always keep me informed of any concerns and answer any queries I have”.

All of the people and relatives we spoke with felt that the staff maintained their [or those of their relative’s] privacy and dignity. One person said, “They always knock and call out to us before coming in; they are very respectful”. A relative said, “They [staff] always knock the door and speak with him [my relative] politely and with respect”. Staff we spoke with were able to tell us how they supported people in a dignified and respectful manner. A staff member said, “I imagine what I would want and act as I would want people to be towards me”. Another said, “I never leave people exposed during personal care, I use towels to maintain their [people’s] dignity; I always ask them if they want assistance and if so, are they happy for me to help them”.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us they had access to and had been involved in developing their care plans. Care plans were written in the first person and they gave a clear indication that people had been listened to and their views used in the formulation of the plans. One relative said, "We have been involved in planning care and have recently had it all reviewed to make sure it is still relevant". Others relatives we spoke with confirmed that any preferences and/or wishes were known and respected. Care was, as much as possible, provided to people by a small staff team. This meant people had the opportunity to build relationships with staff and that staff had the opportunity to get to know the people they supported well. Staff we spoke with knew people well and told us they had time to refer to their care plans as needed.

We saw that regular reviews were undertaken with people and/or their relatives, either by phone or face to face. One person told us, "I have been asked if I am happy with the care we get". Records showed that regular discussions took place around people's needs and whether the care they received met their needs effectively.

Care plans had been signed by people to indicate their approval of the plans or those representing them to confirm they had been involved in the process. The care plans were individualised and detailed. We saw in two of the care plans that the person's actual medical conditions were not clearly identified. We spoke to one staff member who provided support to one of these people; they were unable to correctly tell us what the person's medical condition, although they did understand their support needs. The relative of this person told us they had been involved in the care planning process but still felt the care plans were not comprehensive enough in relation to their relative's disability, for staff to refer to. The relative spoke positively about the support staff provided and told us they were always present when staff called; they said they inform staff what kind of day their relative was having, as their functioning in respect of their mobility and communication was variable. We reviewed the persons care plan and it did not give the appropriate level of detail about the possible variations in the person's abilities. We discussed this with the manager and she agreed to update the care plans to ensure that this information was added as soon as possible and that staff were made aware of it.

The provider had a complaints procedure and information about how to make a complaint was provided to people when they started using the service. People who used the service told us if they had any concerns they would feel confident to raise them. One person said, "I would ring the office if I had a complaint to make". A relative said, "We had an issue, it was swiftly sorted out and dealt with well". A second relative said, "I have never had to make a complaint but I would ring the office and speak to the manager if I had". Another said, "I have met and spoken to the new manager; if I have any concerns I know she would sort it out".

People and relatives we spoke with were aware of the agency contact number and knew where to find it in the records kept in their home. People we spoke to were confident they could request a change of any aspect of their care, for example alter the frequency or timing of their call.

Requires Improvement

Is the service well-led?

Our findings

Our inspection of May 2014 and January 2014 found that the provider was not meeting the regulation regarding the quality monitoring of the service; a warning notice was issued as a response to this ongoing breach of the regulations. The provider failed to send us an action plan detailing how they intended to make the improvements necessary to meet the requirements of the regulations. During this our most recent inspection we saw that a number of improvements had occurred in relation to how the agency monitored staffing, recruitment practices and medicines management. The manager of the agency had been in this post since May 2015 following the departure of the previous manager who had been in post since January 2015. The provider told us that the agency was keen to make improvements following our last inspection in January 2015 but some delays in the progress of this had occurred due to the inconsistency of management. The current manager was in the process of acquiring the documents necessary to register their application with Care Quality Commission (CQC) to become the registered manager.

We saw that systems were in place to monitor and assess the quality of the service, for example medicine and training audits. However we found deficits in care records and inconsistencies in assessing potential risks for people which demonstrated that these systems were not robust. The manager told us that the new system would embed a more effective system for quality assurance, particularly in respect of care records.

People and their relatives we spoke with all felt the service was well-run and managed; they all spoke positively about the impact of the new manager. One person said, “We are very happy with how it’s all run”. A relative told us, “We have seen some recent positive changes; we get the same carer which is much better”. A second relative said, “The new manager is excellent; it has improved”. Another said, “Since they have got the new manager they have got back on track again”. Staff were complimentary about the leadership skills of the manager. One staff member said, “The manager is very competent, she is trying to get things sorted out now, like new ways of recording”. Another said, “The manager is good, you can talk to her and she try and help you sort stuff out”. The manager demonstrated a good level of knowledge about the people who used the agency as they had undertook regular care calls to a number of people using the service.

The provider understood their legal responsibilities for notifying us of incidents and/or injuries that affected people who use the service. However we had to prompt the manager to report an incident that had happened in a person’s home to the local authority, although this do not relate to any act or omission of care by the agency. We found that details of any incidents were documented in peoples care records; the manager told us they were not collating the information about incidents or analysing them for trends or to make improvements to the running of the agency.

Staff we spoke with made positive comments about working at the service and described being supported by the manager. A staff member told us, “I am getting supervision now which is better than before”. We saw that staff received regular supervision and staff meetings were being held to cascade information to staff about how the agency was developing, for example the implementation of the computerised recording system.

Staff gave a good account of what they would do if they learnt of and/or witnessed bad practice. The provider had a whistle blowing policy which staff received a copy of on induction and a copy was also available in the office. This detailed how staff could report any concerns about the service including the external agencies they may wish to report any concerns to.

We found that people’s views, comments and concerns had been responded to by the manager. Staff told us they would have no concerns about speaking to the manager if they wanted to raise issues about the delivery of care or running of the service. In addition, people using the service told us they had been encouraged to share their views in on-going communications or through regular reviews of their care in telephone and face to face contacts undertaken by the manager or care staff.

The agency sent out questionnaires to people and their relatives asking their opinion of the service. The manager said this has recently been established and would in future be undertaken annually. We saw that on the whole the feedback was positive. A relative told us,” I have been asked to complete a questionnaire before now”. Some less

Requires Improvement

Is the service well-led?

positive comments were noted. The manager was able to describe to us how they had contacted these people to discuss their issues further and how they had been resolved. However no analysis of the feedback or documentation about the issues raised was available. We discussed this with the manager and they agreed this was an omission on their part and that in future they intended to demonstrate how they had dealt with negative comments and feedback received through analysis of the data and share this with people and their relatives.