

Angels Care Wirral Ltd

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## Inspection report

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### Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service effective?       | Good ● |
| Is the service caring?          | Good ● |
| Is the service responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

Angels Care Wirral Ltd is registered to provide personal care to people living in their own homes. At the time of the inspection there were 16 people using the service most of whom lived in Wallasey and the surrounding area. The provider employed 17 care staff, a co-coordinator and a supervisor.

This comprehensive inspection took place on 25 September and 1 October 2018 and was announced. Following the last inspection in July 2018 we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, and well led to achieve a Good rating.

At this inspection we found there had been improvements in all required areas and we found that the breaches in relation to Regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Had been met. These breaches related to staff support, training and good governance.

The service had a registered manager. 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 ensured robust systems were in place for reviewing, monitoring and assessing the quality of the service. The provider was undertaking their own internal audits of the records; therefore they were now able to demonstrate how they monitored and identified any shortfalls and showed they had taken action to drive improvements.

The provider had ensured that staff received regular support, training and supervision and had the skills, knowledge and experience required to support people with their care and support needs. Training materials were up to date and did reflect current good practice guidelines and legislation.

People received their medicines on time and the information available to staff about people's medicines was up to date. There were risk assessments in place so that staff would have the guidance they needed to ensure people received their medicines safely.

People's risk assessments were in place and had been updated and reviewed to reflect changes in their needs.

Care records were informative and up-to-date. Each person using the service had a personalised support plan and risk assessment. All records we saw were complete, up to date and regularly reviewed. We found that people and their relatives were involved in decisions about their care and support.

We found that recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service and disciplinary procedures had been followed

appropriately and in accordance with policies. Staff received a comprehensive induction programme, regular training and supervision to enable them to work safely and effectively. There was also an up to date staff handbook that all staff were given and also staff were informed when there were any updates.

People's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary and when people requested their support.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place and training to guide staff in relation to safeguarding vulnerable adults.

The service had quality assurance processes in place including service user questionnaires. The service's policies and procedures had been reviewed and updated in 2018 by the provider and these included policies on health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding and recruitment.

People told us they were happy with the staff and felt that the staff understood their care and support needs. The three people we spoke with and two relatives had no complaints about the service. The provider had a complaints procedure in place and this was available in the 'Service User Guide' and in place at the homes of the three people we visited.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe

Safeguarding policies and procedures were in place and staff had received training about safeguarding people.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Staff had received training about medication handling and managed people's medication safely when required.

### Is the service effective?

Good 

The service was effective

Staff were appropriately inducted and received ongoing training. They also had and were provided with regular supervision meetings and an annual appraisal.

People had given consent for care to be provided and the service had policies and procedures in place in relation to the Mental Capacity Act 2005.

The provider provided initial assessment visits where people's needs were looked at and family were included in assessing and creating a personalised support plan.

### Is the service caring?

Good 

The service was caring.

Confidentiality of people's care files and personal information was respected.

People told us that their dignity and privacy were respected when staff provided care and supported them and staff showed a regard for people's individuality.

People told us that there was good communication between them and the service and staff understood them and their needs.

### **Is the service responsive?**

The service was responsive.

Suitable processes were in place to deal with complaints appropriately and people's comments and complaints were taken seriously and investigated.

People who used the service told us they were involved in their plan of care and where appropriate, their support needs were assessed with them and their relatives or representatives.

Care plans were reviewed regularly and there were good records of communication with other professionals including people's visits to or by medical professionals.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Quality assurance systems were in place to ensure the service provided safe and good care and people who used the service had opportunities to express their views.

The registered manager was effective and had clear roles and responsibilities for all staff.

The service had a manager who was registered with the Care Quality Commission.

**Good** ●

# Angels Care Wirral Ltd

## **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 25 September and the 1 October 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff. We needed to be sure that they would be in.

The inspection was carried out by one adult social care inspector. With permission we were able to visit three people in their homes.

Before the inspection we looked at our own records, to see if the manager had submitted statutory notifications and to see if other people had sent us feedback on the service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people who use the service, two relatives, two carers, a coordinator, the senior and the registered manager who is also the provider.

We reviewed a range of documentation including three care plans, risk assessments, medication records, records for four staff, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the service was managed.

## Is the service safe?

### Our findings

We spoke with people and relatives and we asked if they all felt safe with the care and support provided by the service. All replied that they did. One person commented, "I do feel safe all of the care staff know how to provide my care as they have to hoist me." Another person told us, "I am safe, yes staff support me and ensure I am safe". People told us they were safe and were happy in their home with staff support.

We discussed staffing levels with the registered manager and how the service was providing good continuity and reliability to people using the service. We were told that no new contracts of care were accepted at the service unless they had the staff to safely provide what was required. We were shown timesheets of staff showing their daily scheduled calls. We spoke with people and relatives and they all told us that they had regular care staff and they arrived at the correct time, most of the time. If not, they were contacted by the coordinator or senior and informed of any changes. Staff told us that they had regular scheduled calls and were requested at times to take on more calls if there were staff absences.

We looked at the safeguarding records at the office with the registered manager; there had been one safeguarding incident that was investigated appropriately. We spent time discussing the safeguarding notification and were shown actions that had been taken. This showed that the manager acted appropriately to safeguard people using the service. All staff spoken with told us how they would initiate a safeguarding incident and how they would report straight away to the senior and manager. All staff were aware of the whistleblowing policy and procedure and would use it if required.

We looked at the care and support plans for three people and they all had risk assessment records to inform what care staff were required to provide and how to reduce risks. The risk assessments were specific to the individuals and very informative. Examples included transport, personal care support, health needs and medication. We saw that risk assessments had been reviewed regularly.

We looked at incident and accident records at the office and also looked at records in the community. Records we looked at showed how the provider had initiated actions required. For example one person who was becoming unsteady and had fallen over and the manager had contacted the local occupational therapists and equipment was provided.

We looked at the medication procedure at the service and in the homes of three people; all medication was stored in a place requested by the people. Staff administered medication and completed medication administration records (MAR's) for all of the people as part of their care and support. All MAR's we looked at had been completed appropriately and signed by staff. All staff informed us that they had completed medication awareness training.

We looked at the recruitment records for four staff members currently employed at the service. The records showed that procedures had been followed to ensure that staff were safe and suitable to work with vulnerable people. The registered manager explained an applicant would complete an application process to assess their suitability for the job, attend an interview and provide contact details of people to provide a

reference. A Disclosure and Barring Service (DBS) check was also completed before staff began working at the service. DBS checks include criminal record and barring checks for person's whose role is to provide care or supervision.

We saw evidence that the registered manager had followed the company's disciplinary procedures appropriately and in accordance with their policies.

There was an emergency continuity plan in all the files we looked at, this would be used for example if the person was taken to hospital. The information was a summary of the care and support required and other relevant information including health details, medication and specific details about the individual.

We were shown by the manager protective equipment including disposable gloves and aprons that were stored at the service office and also in people's homes. Staff training records that we looked at showed staff were trained in infection control protocols. Staff told us that they would always wear disposable gloves when attending to people's personal care. People we spoke with told us that staff wore uniforms and wore gloves when providing their personal care.

## Is the service effective?

### Our findings

At the last inspection in July 2017 the provider was in breach of Regulation 18 HSCA RA Regulations 2014, Staffing. This was because the registered provider had not ensured that staff had received the support, training, professional development, supervision and appraisals necessary for them to carry out their role and responsibilities. The provider had worked hard to ensure that staff were receiving the relevant training to ensure competencies in their roles. Staff were also being provided with structured supervision and annual appraisals. The service was no longer in breach of this Regulation.

It was clear from looking at staff files that staff received a comprehensive induction when first employed by Angels Care. The service had implemented the Care Certificate, which was accredited by 'Skills for Care'. This is a national qualification as well as carrying out their own induction.

Angels Care had a range of training that included topics such as medication, safeguarding, equality and diversity, fire safety, food safety, mental capacity, recording and reporting and moving and handling theory and practical. The manager also initiated one to one training with occupational therapists when hoists were to be used. The registered manager had sought external providers to supply training as well as using internal training. The manager was trained to provide staff with moving and handling and medication awareness training, we were told the coordinator and senior was attending the training on 9 October 2018. Staff were up to date with training and told us they preferred face to face training rather than e-learning.

Records showed that staff had an individual supervision meeting up to four times a year and an annual appraisal. One staff member told us, "The manager is very supportive and acts straight away on anything we discuss." Another staff member told us "The manager will always do her best to support me and will always inform me of action outcomes and information on any issues I have raised". Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

The manager, the coordinator or supervisor conducted initial assessment visits where peoples' needs were assessed and family were included in assessing and creating a personalised plan if required. The care plans we looked at showed that each person's needs had been assessed and that they had a care plan informing staff of their daily routines.

New staff also shadowed experienced staff for a week before working unsupervised. This included being introduced to the people they would be providing care to and getting to know their routine. People confirmed this and one person told us they were always introduced to new staff and commented, "They bring the new staff and introduce them and show the new staff what I need and how I like it done".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

We checked whether the service was working within the principles of the MCA. People were supported to make day to day decisions, such as what they wanted to eat or wear. Staff told us they explained the person's care to them and gained their consent before carrying out any care and support and all the people and relatives that we spoke to confirmed that this was the case. One person told us, "They are very understanding. If they know I'd rather do something for myself they don't stop me". Staff told us that people chose how they would like to be cared for; they explained they always asked permission before starting a task and would never make anyone do anything they did not want to do.

We discussed healthcare with the people using the service and they told us that staff would liaise with healthcare professionals on their behalf if required. We were also told that staff would accompany people to appointments in the community if required. Staff spoken with told us that they would notice changes in people's health and would support them to receive the relevant healthcare including contacting their GP. Staff said they would always notify the manager and record any actions taken.

We saw that the people, if being supported at meal times chose the planning of the menus. People's dietary requirements were catered for with the persons full knowledge and involvement. Peoples dietary information was available in their care plan, documentation included information on diabetic needs or intolerances to certain foods. Daily records completed by staff informed what they had provided at meal times. One person told us, "The food is really good and tasty, staff cook. I like to go out and have meals and staff also support me to do this".

## Is the service caring?

### Our findings

We asked people if staff were kind and respectful and they all said yes. One person told us, "Staff are brilliant in the way they support me, I am happy." Another person said, "Staff are very good, they know what I want and they help me."

When we visited people in their homes we saw that were caring, attentive, calm and supportive to people. Staff told us that they would liaise with family members and healthcare services if and when required. We saw that information was held in people's care files. We observed that people made choices and decisions about their lives and we saw that staff respected these decisions. One person said, "I am very happy. My decision is when we're going out in the community staff do not wear their uniform as I want to be independent and they come with me to give me support if required. I know they are there and that gives me confidence."

We discussed the different communication techniques used by staff at the service. A staff member commented "Communication between us is very good and we have a very good relationship with [people] we know when to use other forms of communication. We involve families in the person-centred planning meetings and at times they do join us".

We were able to observe staff supporting people with respect and we saw that interactions between staff and the people they supported were positive. Staff had a good knowledge of the people they were providing care and support for and people told us that in their opinion the staff helped them in any way possible. Staff told us "I really enjoy my role it's my vocation working with people to care and support their independence. I genuinely love my job." And, "Helping people to stay at home in their familiar surroundings makes me happy. I provide great care and support, I wouldn't do it if I didn't."

We were able to see feedback that had been received by the service and this included, "Thank you [person] is so happy. We do appreciate all you and your staff do and we are very happy with his care staff. [Staff] do a brilliant job."

We observed that confidential information was kept secure in the office as well as in the people's homes. People told us they were aware of the records kept at their homes and had agreed for the care plans and assessments to be in place.

Angels Care had a service user guide in place that gave people a good range of general information regarding the service that was provided including equal opportunities, promoting independence and their health and well-being. The service had added information regarding their own philosophy of care and their own principles and values.

## Is the service responsive?

### Our findings

People we spoke with said that the care and support provided was personalised. One person we spoke with told us, "Staff help me and encourage me too ensuring I am comfortable. They thoroughly meet my care plan needs." Another person told us, "The carers know my routines better than me and always make sure I am ready to go out to my classes or appointments."

We looked at the care and support files for three people, comprehensive records were in place for all of them. The files contained assessments of people's care and support needs and any risks to their health, safety and well-being. Records included a daily overview summary of their required needs that included timings for staff to follow. Assessments of care and reviews were in place that showed how the service monitored their service and ensured that the people were being provided with the care they chose based on 'support plans and evaluations'. This resulted in the records being specific to the individual and the identified risks having actions for staff. All the information was person-centred.

The people being cared and supported had an activity programme. If required this ensured they were out in the community and being supported to take part in the activities they chose to participate in. Their interests were discussed and staff told us that they looked at different ways to achieve doing the activity. Activities included going to meet friends and eating out. The person-centred plans also included their dislikes and staff we spoke with were aware of them.

Care and support plans and risk assessments had been reviewed regularly and there were good records of communication with people, their relatives and visits to or by medical professionals. Staff we spoke with had good knowledge of people's care and support needs and were able to describe in detail the support they provided to individuals.

The provider had a complaints policy and procedure in place that had been reviewed in June 2018. We looked at the complaints records at the office, there had been one complaint in 2017. There was information in place about how the manager had initiated an investigation and relevant actions were seen to be completed by staff.

People were aware of the complaints procedure and all told us they would talk to staff if they were unhappy about anything. One person told us "I have had no reason to complain. This is the best agency I have used, its bespoke to me. Its brilliant and I can change my hours around too they are flexible and that helps me immensely". Staff spoken with told us they would initiate a complaint if a person informed them they were unhappy with something.

We asked the registered manager if the service provides 'end of life care' and was told the service would as part of a package of care. This would include working along with healthcare professionals.

## Is the service well-led?

### Our findings

People, their relatives and staff all spoke highly of the registered manager and staff and felt the service was well managed. One person told us, "I can't fault them. They're great". Another person commented, "I'm very happy with them. I can't say there's anything they don't do well." One relative told us, "They are absolutely brilliant, great service that helps me with my relative". Another relative told us, "They are the best".

At the last inspection in July 2017 the provider was not meeting the requirements of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured audits of people's care plans and staff files were being completed and records of quality monitoring visits had not been maintained. At this inspection we found that improvements had been made in relation to record keeping and governance of the service. Therefore, the provider was no longer in breach of this Regulation. The provider had implemented effective systems and processes to monitor, manage and improve the quality and safety of service and drive improvements.

The service had a manager in post who had been registered with the Care Quality Commission who was also the provider. The registered manager was supported by a coordinator and a senior staff. The registered manager understood their responsibilities in relation to the service and to registration with CQC and had updated us with notifications and other information. The manager had made timely notifications to the Commission when required in relation to significant events that had occurred at the service.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings and they are accessible to all of the people who use their services. Angels Care were displaying their ratings appropriately in a clear and accessible format.

Angels Care had comprehensive quality assurance processes in place. We were able to see that the registered manager carried out audits of the service. Staff told us that the communication with their manager was very good and that they were approachable at all times. The registered manager was able to demonstrate their oversight of the service and its quality systems. We were able to see if any actions had been identified and acted on and how these were items on the agenda during meetings with staff and the people using the service. We saw evidence of action plans that had been developed from the findings of audits and that these were time specific for completion.

Other quality assurance included asking people who used the service to express their views through a satisfaction survey as well as by a continuous improvement system. This meant that there was an ongoing process of the service acting on issues and comments made and that people using the service felt listened to and comfortable to voice their opinions.

We saw that staff were able to express their views and any concerns they had. Staff we spoke with told us that they felt very supported in their role. We were told "The manager is really good and listens to what I have to say". We also saw that there were handover meetings every morning with the manager and senior

and coordinator to ensure that all care contracts were met and covered effectively.

The policies in place were current and included health and safety, incident reporting, confidentiality, safeguarding, medication, disciplinary procedures and recruitment. The staff handbook had been reviewed and updated on the June 2018. This ensured the staff had up to date guidance surrounding their practice.