Professional Angels Ltd

Professional Angels Limited

Inspection report

4A Hurlingham Studios
London
SW6 3PA
Tel: 0203 589 8940

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

We conducted an inspection of Professional Angels Limited on 4 January 2016. At our last inspection in December 2014 the service was not meeting some of the regulations looked at in relation to the management of medicines and quality monitoring.

The service provides care and support to people living in their own homes. There were five people using the service when we visited.

There was a registered manager at the service. 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.

Risk assessments and support plans contained clear information for staff. All records were reviewed within three months or where the person's care needs had changed.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard people they

Summary of findings

supported. Staff had received safeguarding adults training and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005. However, records did not always contain details of people's capacity and senior staff did not ascertain whether signatories to documentation had the legal authority to make decisions.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way.

People using the service and their relatives were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role.

Senior staff could not provide evidence that care workers were provided with appropriate training to help them carry out their duties. Care workers did not receive regular supervision and appraisals of their performance. There were enough staff employed to meet people's needs.

People were supported to maintain a balanced, nutritious diet. People were supported effectively with their health needs and were supported to access a range of healthcare professionals.

People using the service and staff felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was a complaints policy and procedure in place.

The organisation did not have consistently adequate systems in place to monitor the quality of the service. Senior staff had not identidied the problems we found with training, supervisions and appraisals. The registered manager reviewed all care records and daily notes completed by care workers. We saw evidence that feedback was obtained by people using the service and the results of this was positive.

We have made a recommendation in relation to good governance. We found breaches of regulation in relation to staff training and support and consent. You can see what action we have told the provider to take at the back of the full version of this report.

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?

Good

The service was safe. The risks to people who used the service were identified and appropriate action was taken to manage these and keep people safe.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

Is the service effective?

Requires improvement

The service was not always effective. The service was not always meeting the requirements of the Mental Capacity Act 2005. Care records did not always contain details of people's capacity and senior staff did not identify whether next of kin had the legal authority to sign their relative's documentation. Care staff were aware of their responsibilities under the MCA 2005.

Staff received an induction, but were not provided with regular supervision and appraisals of their performance. Senior staff could not identify where care workers had received medicines administration training and could not show evidence they had arranged for staff to complete first aid training.

People were supported to eat a healthy diet and chose what they wanted to eat. People were supported to maintain good health and were supported to access healthcare services and support when required.

Is the service caring?

Good

The service was caring. People using the service and their relatives were satisfied with the level of care and empathy shown by staff.

People and their relatives told us that care workers spoke with them and got to know them well.

Is the service responsive?

Good

The service was responsive. People were encouraged to be active and maintain their independence.

People told us they knew who to complain to and felt they would be listened to.

People's needs were assessed before they began using the service and care was planned in response to these.

Summary of findings

Is the service well-led?

The service was not consistently well-led. Quality assurance systems did not identify the shortfalls we found with training, supervisions and appraisals.

People and their relatives told us the registered manager was approachable. The registered manager reviewed all care records every four weeks.

Requires improvement

Professional Angels Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 4 January 2016 and was conducted by a single inspector. The inspection was announced. We gave the provider 48 hours' notice of our inspection as we wanted to be sure that someone would be available.

Prior to the inspection we reviewed the information we held about the service. We contacted a representative from the local authority safeguarding team and spoke to one healthcare professional who had worked with someone using the service to obtain their feedback.

We spoke with four care workers after our visit over the telephone. We spoke with two people using the service, three relatives of people using the service and senior staff at the service. We also looked at a sample of three people's care records, four staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe when using the service. One relative told us "My [relative] is safe with the carer. I have peace of mind when she's there" and another said "Absolutely [my relative] is safe with the carer."

The service had a safeguarding adult's policy and procedure in place. Staff told us they received training in safeguarding adults as part of their initial induction and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. A member of the safeguarding team at the local authority confirmed they did not have any concerns about the safety of people using the service.

Staff received emergency training as part of their initial induction and this covered what to do in the event of an accident, incident or medical emergency. Care workers told us what they considered to be the biggest risks to individual people they cared for and they demonstrated an understanding of how to respond to these risks. This included precautionary measures to avoid incidents from occurring and how to respond if an accident did occur. Care workers told us they would contact the emergency services in the event of an accident or incident or take other appropriate action, which could be informing a GP and their manager.

We looked at three people's support plans and risk assessments. The registered manager or another senior member of staff visited the client and conducted a risk assessment on the safety of the person's home environment as well as conducting a needs assessment around various possible areas of support including communication, eating and drinking and social and recreational needs. This information was then used to produce a detailed care plan and risk assessments around the person's health needs. Both documents contained details about the nature of support required, explanations of any health conditions and the best outcomes or goals for the person. The information in these documents included practical guidance for care workers in how to manage risks to people. Care plans and risk assessments had been reviewed within three months.

Relatives told us people were seen by the same care worker and this ensured they could develop a relationship and get to know one another well. One relative told us, "My [family member] gets on with the carer. They are well matched." Relatives told us and care workers confirmed they had enough time when attending to people and did not seem rushed when working.

We spoke with senior staff about how they assessed staffing levels. They explained that the initial needs assessment was used to consider the amount of support each person required. As a result senior staff determined how many care workers were required per person and for how long. Senior staff told us that if as a result of their assessment more care workers were needed than requested by the person, this would be negotiated. However, to date this had not occurred as there had always been a consensus on how much time each person needed from their care worker. Senior staff told us they hired enough care workers to ensure consistency thereby maintaining continuity of care, which was important to people using the service.

We looked at the recruitment records for four staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms.

At our previous inspection we identified problems with medicines management. We had found there were some discrepancies within the medicines records as some information was out of date. At this inspection we found information was recorded accurately and was up to date. Care workers prompted people to take their medicines and recorded this in people's daily care records. These sheets were then returned to the office and reviewed by the registered manager every month. We saw copies of the sheets for the three people whose files we viewed. These were fully completed. The people using the service and relatives we spoke with told us care workers prompted them to take their medicines. One relative said "All information is on the daily records- I can see that."

Care workers we spoke with told us they had received medicines administration training. Care workers were clear about the medicines that people should be taking and provided appropriate support that met people's individual needs.

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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.

We checked whether the service was working within the principles of the MCA, and found that the provider was not always meeting the requirements of the Mental Capacity Act 2005 (MCA). For example, we saw in two care records that documentation was signed by the person's next of kin. Senior staff told us this was because these people lacked the capacity to do so themselves. However, mental capacity assessments had not been completed and there was no evidence that the next of kin signing the documentation had the legal authority to do so on their behalf.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with care workers about their understanding of the issues surrounding consent and the MCA. Care workers explained what they would do if they suspected a person lacked the capacity to make a specific decision. They described possible signs people could demonstrate if they lacked capacity and told us they would report this to their manager.

Staff told us they felt well supported, but some told us they had not received regular supervision of their competence to carry out their work. Senior staff told us supervisions were supposed to take place every three months, but confirmed this had not occurred for all staff. Of the four employee files we looked at, two employees who had worked at the service for approximately one year had not had any supervisions and one other care worker had received their most recent supervision in January 2015.

Senior staff also told us annual appraisals were supposed to be conducted of care workers performance once they had worked at the service for one year. However, of the four employee files we checked, there was no record of an appraisal being conducted for the three persons who had worked at the service for over a year.

People told us staff had the appropriate skills and knowledge to meet their needs. Relatives said, "They do their work properly. I've never had any complaints" and "They know what they're doing and have good knowledge. In fact, the carer has done some extra research into [relative's condition]." Senior staff told us and care workers confirmed that they completed training as part of their induction as well as some ongoing training. Records confirmed that most staff had completed mandatory training in various topics as part of their induction prior to starting work. These topics included safeguarding adults, discussions about the role and handling information.

However, whilst all care workers we spoke with told us they had completed medicines administration training within the last two years, they could not all answer whether this training had been conducted through Professional Angels or another agency. Senior staff could not provide records to show where staff had completed this training. Senior staff also identified first aid to be a mandatory training topic, but only one person had conducted this training.

The issues above relate to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Senior staff told us and care workers confirmed they discussed person centred care on their induction. Care workers told us these discussions focussed on how to deliver a service which focussed on people's individual needs. Care workers gave us practical examples of how people's individual choices were at the centre of the work they did and were able to describe people's specific preferences regarding food, drink, activities and their preferred routine.

People were encouraged to eat a healthy and balanced diet. People's care records included information about their dietary requirements and appropriate advice had been obtained from their GP where required. Care workers told us they helped people to go shopping and sometimes cooked their meals when this was part of the package of

Requires improvement

Is the service effective?

care provided. We saw records that detailed people's nutritional needs, allergies and likes and dislikes in relation to food. Care workers demonstrated a good knowledge of this area of people's lives.

Care records contained information about people's health needs, including up to date explanations of the signs and symptoms of some people's conditions. Senior staff told us they were in regular contact with people's families to ensure all parties were well informed about peoples' health needs. When questioned, care workers demonstrated they understood people's health needs.

Good

Is the service caring?

Our findings

People and their relatives gave good feedback about the care workers. People told us, “I am happy with the carers”, “The carer was very good”, and relatives said “I am delighted with the service” and “They’re excellent.” Everyone we spoke with told us they were treated with kindness and compassion by the care workers who supported them and said that positive relationships had developed.

Our discussions with senior staff and care workers showed they had a very detailed knowledge and understanding of the people they were supporting. Care workers told us they usually worked with the same people so they had got to know each other well. Care workers gave details about the personal preferences of people they were supporting as well as details of their personal histories. They were well acquainted with people’s habits and daily routines and the relatives we spoke with confirmed this.

Senior staff told us they tried to match care workers with similar interests or similar backgrounds to the people they cared for in order to encourage good relationships. Care workers and relatives agreed with this. Relatives told us, “My [relative] can be demanding so we’ve needed someone who can understand him/her and that’s what we’ve had” and “[The registered manager] always sends people who click [with my family member]. It takes the right personality.”

Care workers demonstrated an understanding of people’s emotional state and moods and how they could sensitively deal with this. One care worker told us a person, “can get disorientated and very frightened” and told us how they usually reassured them. Care workers gave us examples of people’s behaviour and how they often responded to things that made them anxious as well as how they helped them to deal with this. We also saw practical guidance in care records of how care workers could help people to improve their mood and deal with things that often made them anxious.

Care workers explained how they promoted people's privacy and dignity and gave many practical examples of how they did this. Comments included, “I always let them know what I am doing while I am giving personal care” and “I always knock on doors and when washing, I cover the parts I am not washing.” People we spoke with also confirmed their privacy was respected. One person told us “They do respect me. They are nice ladies.”

Care records demonstrated that people’s cultural and religious requirements were considered when people first started using the service and this formed part of the initial needs assessment. Senior staff told us that where necessary they tried to match people with care workers with the same cultural background or had other areas of commonality.

Good

Is the service responsive?

Our findings

People using the service and relatives we spoke with told us they were involved in decisions about the care provided and staff supported them when required. Comments included “They do what I ask” and “She [the care worker] helps me with what I need.”

Care workers told us they offered people choices as a means of promoting their independence. One care worker told us “I always offer choices. This could be with what the person wants to wear or what to eat. That way, they get what they want and are still in charge of their lives.” Another care worker told us “I help people to do what they would do if they could.”

People’s needs were assessed before they began using the service and care was planned in response to these. Assessments included physical health, dietary requirements and mobilising.

We looked at three care plans and all had been completed with the people who used the service or their relatives. They provided information about how the person’s needs and preferences should be met. For example, we saw many written examples of people’s preferences with regard to food and drink including detailed instructions in care plans of how to make and present food in the way people liked.

People using the service and relatives we spoke with confirmed they had been involved in the assessment process and had regular discussions with staff about their needs. Relatives also confirmed care staff kept daily records of the care provided and these were available for them to see.

Care records showed people’s involvement in activities. As part of the initial needs assessment, the registered manager or other senior staff spoke with people and their relatives about activities they were already involved with so they could continue to encourage these. Senior staff told us they worked with family members to keep people active by encouraging them to participate in activities they enjoyed. Care records included a section on people’s recreational pursuits and this included specific advice for care workers in promoting these. For example we saw details of two people’s specific hobbies and how the care worker should help them to continue practicing these.

People expressed their views and these were prioritised in decisions about the support they received. We saw examples of people’s views in their care records, which included ways they liked to spend their day and how care workers could help them with this. We also saw examples of additional advice to care workers in how they could help people to express their wishes and the types of choices they could offer people to encourage them to make daily decisions.

The service had a complaints policy which outlined how formal complaints were to be dealt with. People who used the service and relatives confirmed they had never had any complaints, but told us they would speak with the registered manager or other senior staff if they had reason to complain. Senior staff told us how they handled complaints and we saw records to demonstrate this. Care workers confirmed they discussed people’s care needs with the registered manager.

Requires improvement

Is the service well-led?

Our findings

The organisation did not have consistently adequate systems in place to monitor the quality of the service. We identified shortfalls in relation to staff training and support that had not been idenitified or addressed by the provider. The processes in place to monitor staff training and support were not effective and did not sufficiently ensure that staff had the appropriate skills and knowledge to meet people's needs or and therefore the provider could not be assured that staff members were getting the support they needed to carry out their role. Staff did not have regular supervisions and appraisals of their performance and care workers confirmed this. Comments from care workers included "I think they're a bit behind because they're just starting out" and "We don't have the staff to cover people to have appraisals or supervisions as often as needed."

Senior staff were also unable to provide evidence of where staff had completed medicines administration training and were unable to demonstrate that they had monitored people's training needs. This meant senior staff could not could not be assured that care workers had the appropriate training required to carry out their role.

At our previous inspection we identified problems with quality monitoring of care records. We identified shortfalls within the care records which had not been identified by senior staff. At our recent inspection we found quality monitoring of care records to be improved. Senior staff told us the registered manager reviewed all care records and written daily notes every four weeks. Senior staff told us and care workers confirmed they sent in weekly updates to the management of the organisation to update them on any changes in need with the people using the service.

A senior member of staff told us they emailed people's relatives once a week with updates about the organisation and this was confirmed by relatives we spoke with.

Relatives told us senior staff at the service kept in regular contact with them. Comments included "Communication is good" and "They're very good at staying in touch. They contact me straight away if there is anything I need to know."

Senior staff and care workers gave a consistent view about their vision of the service and their purpose in working for the organisation. Care workers told us that the provider's vision for the organisation was covered in their induction when they started working at the service and this was also something that was reinforced in their discussions with their manager.

Care workers confirmed they maintained a good relationship with their manager and felt comfortable raising concerns with her. One care worker said, "I feel comfortable talking to her" and another said "The manager and other staff are very supportive and kind."

The provider had a clear process for dealing with accidents and incidents. Forms were available which included a space to fill in what had occurred, and what could be done to prevent a reoccurrence. Forms included further actions which were to be carried out following an incident. We saw records of these forms and saw accident and incidents were being dealt with appropriately.

Senior staff told us that any safeguarding concerns or complaints would be discussed in a similar way so that they could learn from these and improve the service. Senior staff told us they would check every concern individually and devise an action plan as well as monitor for trends. We saw a record of complaints and saw these were being dealt with appropriately.

We recommend that the provider seeks advice from a reputable source about improving quality monitoring systems in relation to staff training and support.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The provider did not act in accordance with the Mental Capacity Act 2005 in circumstances where service users may have lacked capacity to consent to decisions regarding their care (Regulation 11(3)).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider did not arrange appropriate training, supervision and appraisal to enable care workers to carry out the duties they were employed to perform.