

Angel Solutions (UK) Ltd

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Inspection report

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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 

Summary of findings

Overall summary

This inspection took place on 24 January 2018. The last inspection of this service was carried out on 10 and 17 February 2016. At that inspection the service was meeting the regulations we looked at and was rated Good overall and in all five key questions. At this inspection we found the service Requires Improvement within the domains of effective and well-led and as a result has received an overall rating of Requires Improvement.

Angel Solutions Limited is a domiciliary care service which is registered to provide personal care to adults in their own home. At the time of our inspection there were seven people receiving personal care from the service. An additional number of people received services from the provider including support with housework and companionship. The Care Quality Commission does not regulate these activities.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People's needs were not always assessed adequately or recorded appropriately. Staff were not in receipt of a programme of training to keep their skills and knowledge up to date. Staff did not always receive supervision in line with the provider's policy and none of the staff had received an appraisal.

There was a lack of good governance at Angel Solutions (UK) Ltd. Quality assurance processes failed to detect and remedy poor quality needs assessments, low training levels and infrequent supervision. However, the new manager operated an open culture and people and staff were positive in their comments about him. The provider collaborated with other services and kept the CQC informed of significant developments.

People receiving a service from Angel Solutions (UK) Ltd told us they felt safe. Staff knew people well and how to mitigate presenting risks. The provider had assured itself that staff were safe and suitable to work with people and that there were enough staff to deliver care and support as planned. Staff followed the appropriate hygiene practices when supporting people with their personal care and people received their medicines as prescribed.

Staff supported people to access healthcare services and where required to meet with healthcare professionals. People's nutritional and hydration needs were met by staff and people gave consent to the care they received.

People considered the staff who supported them to be caring and kind. The provider ensured that people were supported by the same staff and this consistency resulted in positive relationships developing. Staff promoted people's dignity, maintained their privacy and encouraged people to continue to be independent. During this inspection we found breaches relating to staffing and good governance. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 remained Good.

Is the service effective?

Requires Improvement ●

The service was not always effective. People's needs were not always fully assessed.

The provider arranged very little training for staff.

Staff did not receive appraisals and supervision meetings were infrequent and poorly recorded.

People were supported to access healthcare services and to have their nutritional needs met.

Is the service caring?

Good ●

The service remained Caring

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Requires Improvement ●

The service was not always well-led. The provider's quality assurance processes did not reveal and rectify the problems we found.

People and staff felt the registered manager and office team were approachable and open.

The service worked collaboratively with other services to meet people's needs.

Angel Solutions (UK) 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 24 January 2018, was announced and undertaken by one inspector. The inspection was announced 48 hours in advance because we needed to ensure the registered manager and staff were available to speak with us.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with two staff, the administrator and the registered manager. We read five people's care records and four staff files. We also reviewed records relating to the planning, monitoring and checks of the service. Following our visit to the provider's office we spoke with three people by telephone to get their views about receiving care and support from Angel Solutions Limited and we contacted four health and social care professionals for feedback about the service.

Is the service safe?

Our findings

People told us they felt safe receiving a service in their homes from Angel Solutions Limited staff. One person told us, "I feel very safe with them. They are good and they are nice and they are reliable." Another person said, "Absolutely. I feel completely safe."

People were protected from the risk of improper treatment including abuse and neglect. The provider had a safeguarding policy in place and staff confirmed they had read it and understood it. Staff we spoke to described signs that could indicate a person had been abused or was at risk of abuse. Staff told us about different signs of possible signs of improper treatment including financial, physical and sexual abuse and staff explained the actions they would take to keep people safe. Staff described how they would report any concerns to the registered manager and be prepared to cooperate with investigations by outside agencies including local authority safeguarding teams and the police. The provider had a whistleblowing policy and staff understood their duty to report to an external agency any concerns they had about people's safety if the provider did not take the appropriate action to address concerns reported to them.

The risk that people may experience avoidable harm was reduced by the risk assessments in place. Staff carried out risk assessments and took action to reduce risks to people. The service took steps to reduce the risk of people experiencing missed care visits. "People told us the provider communicated well if staff were running late. The provider deployed alternative staff when people's regular staff were unavailable or agreed a later start to the scheduled care visit if necessary." Office staff regularly carried out spot checks of staff at people's homes. Spot checks were unannounced to staff and enable managers to confirm their punctuality. One person told us, "I have never had a missed call and they [staff] are always on time." The registered manager told us that the service was exploring the possibility of using electronic call monitoring to further reduce risks associated with late or missed care visits by enabling office based staff to identify occasions when staff had not arrived at people's homes as planned.

People told us they felt reassured by receiving their personal care from regular staff. The service had enough staff to meet people's needs and to attend care visits on time and for the agreed duration. When people's needs changed staffing levels were adjusted to ensure they were supported people safely. For example, when one person's ability to mobilise and transfer increased they were supported by two staff.

The provider enhanced people's safety when receiving care by using safe procedures to recruit staff. The provider reviewed the applications, interview records, proof of identity, criminal record checks and references of prospective staff. This meant the provider assured themselves as to the suitability of staff to deliver care and support to people in their own homes.

People received their medicines as prescribed. Staff prompted people to take their medicines in line with the prescriber's instructions. Staff were trained in medicines awareness and maintained accurate medicines records. Where people had been diagnosed with allergies to medicines these were documented in care records. This information included symptoms that may indicate that a person was experiencing an allergic reaction and the actions staff should take.

People were protected from the risks associated with poor hygiene. Staff delivered personal care whilst wearing personal protective equipment (PPE). Staff explained that they wore single use gloves and aprons whilst supporting people with personal care tasks and disposed of them afterwards. This prevented the spread of any harmful bacteria between people.

Is the service effective?

Our findings

People's needs were not always appropriately assessed and recorded. People had assessments within their care records but these did not always contain the level of information required to describe people's needs or to inform a care plan. For example, an assessment of one person's mobility consisted of one word, "Slow." This meant staff reading the assessment would not know if the person could walk, stand or transfer or whether mobility equipment was required. Within another person's assessment under the subheading, 'history of falls', the entry "NA" [meaning, not applicable] had been entered. This meant staff did not know if the person had experienced any falls or not or was at risk of experiencing them in the future. Two people had service user profiles which didn't contain information. This meant staff did not have information about people's mental health, skin integrity, continence needs, cultural needs or health diagnoses. The registered manager explained that he was new to the service and a programme of reassessments was underway.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received care and support from staff who were not appraised. Staff did not receive formal appraisals from the registered manager or senior staff. Appraisals are annual meetings at which the performance of staff in delivering support to people along with the support that staff themselves receive from the provider are reviewed and evaluated. Because staff did not receive annual appraisals the registered manager did not assess the skills of individual staff or identify their training needs for the following year. This meant staff did not have the opportunity to receive formal feedback on their roles or plan their professional development.

People were supported by staff who were rarely supervised. Staff did not receive regular one to one supervision meetings with the registered manager. The provider's policy stated supervision would be provided every three months. We found that staff were supported with one supervision meeting each year and records of supervision meetings contained very little information. For example, one staff member's supervision record, under the heading 'training, support and development' said, "Not at the moment" and under 'review of work performance' it said, "Okay." The registered manager explained that a new supervision format was being rolled out and that staff would once again be receiving supervision in line with policy.

People's care was delivered by staff who received limited training. People told us they had confidence in the staff supporting them and in their skills and knowledge. However, when we reviewed staff records we found staff received training in only two areas during 2017. These were manual handling and medicines awareness. Following the inspection the registered manager contacted us to state that staff had received additional training in safeguarding, although this documentation was not available in the office at the time of our announced inspection. Staff told us they would benefit from more training and this was also reflected in their comments at team meetings which were recorded in team meeting minutes. Staff told us that training around people's specific needs would improve their knowledge and skills when supporting people who presented with those needs. One member of staff told us, "We support people with mental health issues so we need training in mental health." However, records showed training in mental health issues was

not provided to staff to help them understand people's mental health needs.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received the support they required for their nutritional needs to be met. People's food and drink preferences were detailed in care records. For example, one person, "A slice of cake following their evening meal." Another person's care records stated that they enjoyed, "Tea with milk but no sugar." Staff we spoke with understood the importance of reporting any concerns they had regarding people's ability to swallow safely, loss of appetite or sudden weight loss. The registered manager told us they would make a referral to health care professionals if any concerns regarding people's eating or drinking were reported to them.

Staff supported people's access to healthcare services. Staff accompanied people to hospital appointments and shared information with healthcare professionals where appropriate. For example, where people presented with conditions such as diabetes or pressure ulcers they received input from community nurses. Staff liaised with these healthcare professionals and followed their guidance regarding care for specific health issues.

People's consent to their care and support was documented in care records. People and staff told us that people gave their permission before care and support was delivered. The service worked within the principles of the Mental Capacity Act (2005). People's mental capacity and ability to make decisions were recorded in care records. The registered manager told us that a referral to social care professionals would be made for a best interests meeting to take place should a person lack capacity to make a specific decision.

Is the service caring?

Our findings

At our last inspection people were positive in their comments about how caring staff were. We received the same feedback at this inspection. People spoke positively about the care and compassion provided by staff. One person told us, "They are fantastic. There is no fault to be found. They are always lovely and kind." Another person told us, "They are very patient with me and that is really important to me. They are patient and nice to me."

People and staff developed positive relationships over time. By matching people with staff and deploying them to consistently support the same people the registered manager achieved a consistency that people found reassuring. One person told us, "I have had the same staff coming to me for years. She knows me very well and I have trust in her." One member of staff told us, "People are home alone and we are often the only people they see. You have to be sensitive to that and remember what a big responsibility it is."

People were encouraged to be independent. One person told us, "What I can do for myself goes up and down and depends on my condition from day to day. The staff are great in that they give me the amount of help I need and, I must say, they are very encouraging." A member of staff told us, "People are good at telling you what they need each day, like if it's full support or some support. It's easier when you have worked with someone for a long time because you might see that [person's name] is a bit more stiff today or you hear in their voice that their pains are bad."

Staff supported people to make decisions about how their care was delivered. People made choices about their day to day support. This included when people got out of bed, how people received personal care, what people wore and what they ate. One member of staff told us, "[People] make choices all the time and it's important because it means they stay in control of what happens to them."

People told us that staff treated them and their homes with respect. One person told us, "The staff are always respectful around my home and are always respectful to me." Another person said, "They're marvellous. They [staff] are patient and kind and polite. I am completely comfortable in their company." Staff had guidance in care records on meeting people's personal care needs, including their continence and hygiene needs, to help maintain their dignity.

Staff maintained the confidentiality of people's care records. People's care records were kept in their homes in locations such as cupboards and drawers and were only taken out when staff required information or to make entries. This meant visitors to people's homes could not see confidential information including care records, needs and risk assessments or medicines records. Confidential information about people held at the provider's office was stored in locked filing cabinets and on password protected computers in an office that was lockable when not being used by senior managers.

Is the service responsive?

Our findings

At the last inspection we found the service was responsive to people's individual needs. At this inspection we found that people continued to receive a personalised service from the provider. People told us that staff knew their needs and preferences and ensured they were met. One person told us, "[Named staff member] has known me forever, it feels like. They know precisely how to support me. Anyway, what I need done is in my care plan for any staff coming here to read." Another person said, "The care I receive is the care we agreed."

People participated in the development of their care plans. One person told us, "The [registered] manager came to see me a few times and we talked about what I needed. I told them when I needed staff coming to me and that is what happens." Another person told us, "Yes, I was involved in creating my care plan and I discuss it from time to time with the staff who come here and the staff in the office call me quite a bit to make sure I'm still happy with it all." This meant people were involved in planning and receiving their care and support.

People had care plans which described the support to be delivered. Care plans provided staff with the guidance they required to meet people's needs. For example, the specific personal care needs people required were detailed in care records. Where support was provided by relatives or neighbours this was reflected in care records. A member of staff told us, "We know people's neighbours well. They are often informally involved and help with support outside of the hours we are there [in people's homes]. Sometimes they are kind enough to help with shopping or they may pop round in the evenings." By recording this information in care records it meant that people, staff and informal carers were clear about their roles in providing care and support. Where people received additional support from the provider this was also detailed in care records. For example, where people received assistance with housework, care records stated when this would take place and what the tasks consisted of.

Staff made entries into care records following each care visit. These included updating daily logs to detail the care and support provided to people at each care visit. These were reviewed by the registered manager and care coordinator to ensure that entries were accurate. The registered manager told us that by reviewing daily notes alongside care plans it was possible to see if people's support needs had changed. This meant the registered manager used up to date information to determine if people required reviews of their care plans.

People understood the provider's complaints procedure. One person told us, "I can report a complaint to the manager over the phone or drop them a line. I have never had to as my experiences have been good." We reviewed the provider's complaints policy and we found complaints were logged in a complaints file, acknowledged, investigated and responded to. Records of the complaints we reviewed were responded to in line with the provider's policy.

Is the service well-led?

Our findings

.At our last inspection we found the service was well-led. At this inspection we found that the leadership of the service required improvement. The lack of good governance at Angel Solutions Limited was demonstrated by the absence of appropriate needs assessments for people and appropriate training, supervision and appraisal for staff. The provider's quality assurance processes, including its checks of care records and staff files, failed to identify these shortfalls and act to resolve them.

This is further evidence of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people and staff we talked with spoke positively about the registered manager to us. One person said, "He [the registered manager] is a nice man. He's mild mannered and easy to talk to. I don't get anxious talking to him." A member of staff told us, "The registered manager is new and is learning and he is listening to us. That is a good start" A second member of staff, speaking about the office based management team, told us, "The managers are good. They communicate with us well. For example, they know the importance of letting us know about changes in the rota in plenty of time." The registered manager was new to the position and had been in post for six months. At the time of the inspection they were studying a national vocational qualification(NVQ) to develop their leadership skills and knowledge of care.

Staff had a clear understanding of their roles and those of the office based staff. The office based leadership of the service was comprised of a registered manager, director, field supervisor and care coordinator with clearly defined roles. The registered manager encouraged an open culture and told us that staff were welcome at the office at any time. We observed a number of staff dropping in during our inspection visit. Staff were supported to meet together with the management team at team meetings. The registered manager arranged team meetings for staff to discuss the delivery of care and support to people. One member of staff told us, "We have team meetings. They are small and not too often but we get to say what we think." Another member of staff said, "Team meetings are a positive experience because the managers are concerned about our concerns." Records showed the registered manager and staff discussed issues such as training needs and rota arrangements. Records of team meetings were retained so that staff who did not attend had the opportunity to read them.

People were encouraged to share their views about their care and support. The provider actively sought feedback from people about the care and support they received. The registered manager coordinated the office team in gathering people's views about their care and support. Office staff conducted telephone monitoring calls in which people were asked for comment on their care and also undertook spot checks. Spot checks are observations carried out at people's houses with their consent. Spot checks enabled managers to confirm whether staff arrived to deliver care on time and whether they delivered care in line with people's care plans. This meant the quality of care people received was monitored.

The registered manager understood their responsibilities of registration with the Care Quality Commission and notified us of important changes affecting the service. The service worked collaboratively with others to

meet people's needs. The registered manager liaised with potential commissioning services from local authorities and staff supported people's relationships with healthcare professionals. For example, staff supported people when they were visited at home by community nurses.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not maintain accurate, complete and contemporaneous records in respect of each service user.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive the appropriate support, training, supervision and appraisal as is necessary to enable them to carry out their duties.