

Angels DCS Limited

Angels Domiciliary Care Services

Inspection report

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Date of inspection visit:
18 September 2015
24 September 2015

Date of publication:
25 January 2016

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 18 September 2015 and was announced. We gave the provider 48 hours notice that we would be visiting to inspect. This was because the service is a small domiciliary care provider and we needed to make sure the right person would be available to provide us with the necessary information.

Angels Domiciliary Care Services is a small family run domiciliary care provider, which cover the Chorley area. At the time of our inspection, the service supported 10 people who had a variety of needs, ranging between personal care and domestic tasks.

The service had a registered manager in post. 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.

We spoke with people who used the service, some relatives and staff during the inspection. The feedback we received from people was positive. People expressed satisfaction with all aspects of the service provided and spoke highly of staff and managers. People who used the service told us they were treated with compassion and kindness and that their privacy and dignity were respected.

Staff were not fully aware of their responsibilities to safeguard people they supported from abuse. Staff were not able to speak confidently about their role in safeguarding people. We found the service's policy around safeguarding had not been updated since 2012. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had not established systems and processes to prevent abuse of service users.

We found staff had not received adequate training, appraisal and supervision in order to carry out their role safely and effectively. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as persons employed by the service provider in the provision of the regulated activity had not received such appropriate support, training, supervision and appraisal to carry out the duties they were employed to perform.

The provider had not ensured that staff understood their responsibilities in line with the Mental Capacity Act 2005. The service did not routinely record people's consent to care and support. Where people's capacity to make a decision may be affected, for example, because they were living with dementia, the service had not assessed their capacity to consent. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service supported some people who were living with dementia and had not gained valid consent in accordance with the MCA, where people's capacity to consent had been called into question.

There were effective systems in place to assess and manage risks to people's health and wellbeing. Staff

were fully aware of personal risks people's faced for instance, in relation to their health or mobility, and the measures they should take to support people safely. However, we found that assessments and plans of care were not dated and review dates were not scheduled. We have made a recommendation about this.

Accidents and incidents were recorded in care records in people's homes. However, we found there was no centralised system for recording and analysing such events. We have made a recommendation about this.

The service worked well to help ensure people received effective health care support from other agencies. People who required assistance to take their medicines were provided with safe support.

Staff at the service were carefully recruited and were required to undergo a number of background checks prior to starting their employment. This helped to ensure only people with the correct skills and of suitable character were employed.

The registered manager took a very hands-on approach to delivering the service to people. Due to the small number of clients the service supported, they were able to monitor and assess the quality of the service in terms of people's experiences. However they realised that as the service grew, they would need to implement more formal monitoring systems.

We have found 3 breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulations, you can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The provider had not established systems and processes to prevent abuse of service users. Staff had not received training in safeguarding vulnerable people and were not able to sufficiently describe their responsibilities in this regard.

A wide range of risk assessments and risk management plans were in place, individualised for each individual person who received support.

The service had policies and procedures in place which helped ensure people's medicines were managed properly and safely.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff we spoke with and the registered manager told us that staff training was limited. Records we looked at confirmed this. The registered manager assured us they would address this following our inspection.

The registered manager and staff lacked knowledge around the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The service had not undertaken assessments of people's capacity to consent to receiving support from the service.

People were satisfied with the support they received to maintain good health and access healthcare services.

Requires Improvement ●

Is the service caring?

The service was caring.

People who used the service were very complimentary about the approach of staff and the registered manager. They gave several examples of where the service went 'above and beyond' their duties.

Good ●

People's care was tailored to them and staff were supported to provide care that was centred around people by plans of care that contained a good level of information about people.

The service treated people with kindness, dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received a reliable and consistent service.

People's individual needs and preferences were taken into account by the service and care was planned accordingly.

People were encouraged to express their views and opinions and found the service was receptive to them.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Staff members were not aware of the service's whistle-blowing policy.

Spot checks on staff performance were carried out by the registered manager.

The registered manager took a hands-on approach to service delivery, and as such was able to monitor the quality of the service provided.

Angels Domiciliary Care 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.

The inspection took place on 18 September 2015 and was announced. We gave the provider 48 hours notice of our intention to inspect the service to ensure there would be someone available at the service's office to provide us with the necessary information.

The inspection was carried out by one adult social care inspector.

Prior to our visit, we reviewed all the information we held about the service, which included all the events the provider and other people had notified us about. We also reviewed information about the service that was available on the internet and social media.

During the inspection we spoke with three people who used the service and two relatives. We spoke with six staff members, including the registered manager, the office manager, four care workers.

We closely examined the care records of three people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We viewed a selection of records including some policies and procedures, three staff personnel and training files and other records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with expressed confidence in the service and told us they felt safe receiving care. Comments we received included; "I feel very safe with them" And; "I feel safe with [Care Worker]".

The service had a policy and related procedures with regard to safeguarding people who used the service from abuse. However, we were able to confirm that the policy and procedures were not kept under regular review. This meant they may not remain in line with current legislation and guidance. The policy we reviewed for safeguarding had not been reviewed since 2012.

The registered manager confirmed that staff had not all received specific training in safeguarding people who used the service from abuse. They explained that where staff had worked previously for other care providers their safeguarding knowledge was tested during interview. We saw records which confirmed that during staff induction 'Abuse' was covered. However, when we spoke with staff they were no able to describe sufficiently what forms abuse may take, nor what action they would take if they thought someone was being abused or at risk of abuse, in line with current guidance.

Information including contact details for local safeguarding authorities was available at the service's office. However, staff were unaware of this.

The matters above were in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had not established systems and processes to prevent abuse of service users.

In all the care plans viewed we noted there were a range of risk assessments relating to people's individual needs. Risks in areas such as medicines management, mobility and nutrition were assessed. Where any risks were identified, clear plans were in place to help maintain people's safety and wellbeing.

All the risk assessments and risk management plans viewed were up to date and reflected the person's current circumstances. The registered manager told us that risk assessments and risk management plans were reviewed regularly, to ensure changes in people's needs were taken into account. Staff we spoke with confirmed this. However, the assessments and plans we looked at were not dated and did not have review dates set. We have made a recommendation about this.

We saw well detailed information about how risks to individual people's safety and wellbeing was managed. For example, falls prevention plans and moving and handling plans, which provided clear guidance to staff about how to support people in a safe manner.

People who used the service and their relatives felt that care staff responded to emergency situations such as accidents or unexpected medical needs in a prompt and effective manner.

We saw that any accidents or adverse incidents were carefully recorded in people's care documentation.

There was a central record of accidents and incidents kept at the service's office. However, staff we spoke with were not aware of this. We discussed this with the provider who told us they would ensure staff were aware of reporting and recording requirements, following our inspection.

There was guidance in place for staff with regards to the safe management of medicines. The guidance covered procedures to follow in the event that someone refused to take their prescribed medicines, or in the event of an error being made. Clear information about possible side effects was present with people's medicines and staff told us they would not hesitate to call primary care services for advice if they noticed a person experiencing such side effects.

All the staff we spoke with confirmed they had received training in the safe management of medicines and that the registered manager observed their practice to ensure they were competent before they were allowed to administer medicines.

People we spoke with who received support to take their medicines expressed satisfaction with the way this support was provided. One person told us staff always checked her tablets carefully and recorded what she had taken, another commented that staff were always careful with her medicines and didn't make mistakes.

We viewed a selection of people's Medication Administration Records (MARs). These were all found to be in good order. The MARs were completed correctly and no errors or unexplained omission were noted.

We spoke with managers and staff and viewed four care workers' personnel files to check that the service followed safe recruitment practices. We found the service operated thorough recruitment procedures which included a formal, written application form and formal interviews.

Prior to commencing employment, new employees were required to undergo a number of background checks including a full employment history, reference requests from previous employers and a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people. This helped to ensure that only suitable staff, of good character, were employed to support people.

At the time of our inspection, the service had a high turnover of staff. The registered manager explained that they had lost staff for a variety of personal reasons and were struggling to recruit more staff. However, the service only supported a small number of people and the registered manager confirmed they would not be taking on any more clients until their staffing situation improved. Staff we spoke with confirmed that although there had been a number of staff that had come and gone, they continued to be able to meet people's needs, although at times could be quite stretched if, for example, sickness absence needed to be covered. The registered manager often covered many of these shifts.

Despite the staffing problems the service had encountered, people and the relative we spoke with all expressed satisfaction with the consistency of the staff team. People told us that staff always turned up for allotted calls and were very rarely late. People spoke very highly of the registered manager and the staff team.

We would recommend the provider implements a system to record when risk assessments and risk management plans are implemented and dates when they are reviewed, so this information is readily available to relevant parties.

Is the service effective?

Our findings

People who used the service were satisfied with the support they received and felt that staff were competent in their role. People we spoke with were all very complimentary about the staff team. Comments included; "[Care Worker] is wonderful! She always does what I ask her to" And; "She's [Care Worker] is a belter! They are all fantastic". People went on to explain that they felt the service and the staff did very well and met all their needs and went 'the extra mile'.

We looked at training records and spoke with staff and the registered manager, to review how training was provided to staff. We found the service did not provide a comprehensive training package to staff and training was not standardised across the staff team. Some staff had undertaken to complete national qualifications in care and were working toward these. However, the entire staff team and, ultimately, people who received care and support from the service did not benefit from services delivered by a well-trained staff team.

In addition, the registered manager confirmed that staff had not received a formal appraisal and that they had only recently started to conduct supervision sessions with staff. Prior to this, staff had not received any formal supervision. The registered manager assured us they would address staff training and supervision following our inspection.

The matters above constituted a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as persons employed by the service provider in the provision of the regulated activity had not received such appropriate support, training, supervision and appraisal to carry out the duties they were employed to perform.

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 whether any conditions on authorisations to deprive a person of their liberty were being met.

No one the service supported was subject to a DoLS authorisation and we did not find any cases where people were being deprived of their liberty.

The registered manager had undertaken a training course on the MCA and DoLS in 2010, however, this did not take account of more recent high court rulings and as such, they were unable to sufficiently describe

their responsibilities in line with the act. Staff we spoke with confirmed they had not received training in the MCA or DoLS and were unable to confidently describe the principles of the act. Where someone may lack capacity to give consent to the support received from the service, no capacity assessment had been undertaken.

This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service supported some people who were living with dementia and had not gained valid consent in accordance with the MCA, where people's capacity to consent had been called into question.

People we spoke with told us that staff always asked them for consent and respected their wishes.

People who used the service and their relatives were satisfied with the support they received to maintain good health. People felt that care staff were able to identify when medical assistance might be required and take appropriate action. People's care plans contained a medical history and an overview of any health care needs they had. We saw that staff worked in partnership with health care professionals to ensure people received care that met their needs. All contact with health care professionals such as GPs or district nurses was recorded on people's care plans.

A nutritional risk assessment was carried out for people who used the service to ensure any risks relating to poor nutrition or hydration were identified and addressed. This meant care workers had guidance on how to promote people's safety through adequate nutrition and hydration.

Any support required in relation to preparing food and eating and drinking was documented in people's care plans and people expressed satisfaction with this aspect of support.

Is the service caring?

Our findings

People who used the service spoke very highly of care staff and expressed satisfaction with the manner in which staff went about their duties. Their comments included; "[Care worker] is wonderful. Very kind and caring" And; "They do everything I need them to and treat me very well".

The relative we spoke with told us; "I had been looking after Dad for 10 years and was very reluctant to let go, but I know I can with [Registered Manager]. It's all the little things and the way they treat both of us that makes the difference. They really do go the extra mile. We're so happy with everything."

People told us they were satisfied with the consistency of carers, which they felt allowed them to get to know their carers well. This was also something commented on by staff we spoke with. One staff member said, "We see the same clients all the time so we get to build good bond with people and get to know them well."

Staff members spoken with were knowledgeable about the needs of the people they supported and spoke about them in a respectful manner. Several people we spoke with described what they felt were examples of staff going above and beyond their duties. This information was supported by staff members. For example, the registered manager undertook pastoral visits in her own time, as well as completing their care and support visits.

We observed interactions between the registered manager and people who used the service, during our visits to three people's homes. Interactions were warm and friendly. It was obvious the registered manager knew people well and obvious they knew them well also. The registered manager was respectful and patient with people and treated them with dignity.

People we spoke with told us they felt the care they received was provided in a manner that respected their privacy and promoted their dignity. People told us staff always knocked before they entered their homes and provided personal care and support in a dignified way.

We saw from people's care plans that there was a good level of information about the importance of respecting people's personal choices and promoting individuality. Care plans contained information about people's preferences and preferred routines. Staff commented that care plans were very individual, which helped to provide a person-centred approach to care and support.

All the people we spoke with told us communication with the service was very good. They explained that they could always reach someone by telephone and that they often saw the registered manager every day. The registered manager explained that with it being a small service with few clients, she was able to visit most people each day which helped to provide a very personal service. This also meant she was able to relay any important information to people and receive their feedback on a continual basis.

Is the service responsive?

Our findings

People we spoke with expressed satisfaction with the service and told us they had not had cause to raise any complaints. One person commented; "I'm very happy with everything. They do what I need them to and nothing is too much trouble."

We looked at a selection of people's care plans which were kept in the person's home and a copy in the service's office. The care plans we looked at were comprehensive and contained a good level of information for care staff. We saw a daily report log was completed during each visit to provide up to date information about the care and support provided. The registered manager told us they had identified that some care staff wrote in more detail than others in daily logs and were working with staff to try to improve consistency in this area.

We found that people's care plans were well detailed and person centred. They included information about people's daily care needs, their preferred daily routines and the things that were important to them. Care plans were well organised and provided easy access to information about people.

People received personalised care that was responsive to their individual needs and preferences. People told us that the service was responsive in changing the times of their visits and care staff were responsive in completing care and support tasks, on request. Care workers were knowledgeable about the people they supported. They were aware of their preferences, as well as their health and support needs, which enabled them to provide a personalised and responsive service.

Each person who used the service was provided with a service user guide, which provided details about the service provided and other important information such as the complaints procedure. People we spoke with told us they were confident that the service would manage complaints appropriately, but had not had any cause for complaint.

People were encouraged to express their views and opinions in a number of ways, through direct communication with the registered manager and care staff, satisfaction questionnaires and reviews of care plans. People told us the registered manager was approachable and receptive to their views and opinions.

Is the service well-led?

Our findings

People who used the service and their relatives knew how to contact the registered manager if necessary. We saw this information was provided in the Service User Guide as well as advice about how to contact an on call manager in the event of an out of hours emergency. People we spoke with told us they had confidence in the registered manager and found them approachable.

Staff described a positive culture within which they could be open about concerns they had. One care worker said; "I feel well supported" And another told us; "It's a great place to work, we work well as a team".

Staff members we spoke with were not familiar with the service's whistle-blowing policy. We raised this with the registered manager who told us they would address this immediately. Whistle-blowing is where staff can raise their concerns with external organisations, such as CQC, in the event that they believe internal systems have not addressed their concerns.

The registered manager confirmed that they had not conducted appraisals for staff and had only recently begun to conduct supervision sessions. Staff confirmed supervision sessions were now taking place, roughly every six weeks. The registered manager explained that they were working to make improvements to staff appraisal and supervision.

The registered manager confirmed staff training was an issue at present. Staff had not received a comprehensive package of training. They assured us they would address this following the inspection and implement a system to monitor staff training.

The registered manager and staff confirmed that team meetings took place around every three months. However, no minutes of the meetings were available to review at the time of our inspection.

Spot checks took place on a regular basis during which all aspects of a care worker's performance were assessed. Staff confirmed these took place.

Due to the small number of clients the service supported, the registered manager was able to spend time with each person, almost every day. This enabled them to monitor the quality of the service provided because they received continual feedback from people about their experiences of the service. Due to the time spent with each client, the registered manager was also able to monitor the quality of records, medicines and the environment in people's homes. They explained that whilst they are able to undertake such monitoring currently, as the service takes on more clients, they were looking to implement more formal quality monitoring systems.

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 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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not ensured that valid consent was recorded prior to care and support being delivered to people who used the service. The service had not assessed people's capacity to consent, in line with the Mental Capacity Act 2005.</p>
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had not established effective systems and processes to prevent abuse of service users.</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Persons employed by the service provider in the provision of the regulated activity had not received such appropriate support, training, supervision and appraisal to carry out the duties they were employed to perform.</p>