

Mr Matthew James Hill

Hills Angels Homecare

Inspection report

51 Hill Top Avenue
Tamworth
Staffordshire
B79 8QA

Tel: 0182763307

Date of inspection visit:
16 January 2017
17 January 2017

Date of publication:
01 March 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected the service on 16 and 17 January 2017. Hills Angels Homecare provides a care and support service to people who live in their own homes. At the time of our inspection nine people were receiving personal care and support. The organisation provides other support that is not regulated by us which includes personal shopping, domestic services and support in the community.

At our previous inspection in February 2016 we rated the service as Good although it required improvements within our question 'Is this service well led?'. This was because quality audits had not been carried out to ensure the registered office was safe. We also carried out a focused inspection in November 2016 as we had received concerns that recruitment checks were not being carried out to ensure staff were suitable to work in the service. We found improvements were needed as some recruitment checks were not completed before staff started to work in the service. During this inspection we found improvements had been made in these areas.

The service had a registered manager in place at the time of our inspection. 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.

Information to ensure people received their medicines at the right time and for the right reason was not always available. Systems were not in place to ensure action was taken where records identified medicines may not have been given.

Where risks to people's health and welfare had been identified, information to minimise these risks was not available. The registered manager assessed how well the service was running to identify if any improvements were needed, however these systems had not identified concerns with how medicines and risks were managed.

People had capacity to make decisions and were consulted about their care. Staff sought people's consent before providing care and supported people when they needed help with their decision making. People's care was planned to meet their needs and they were involved in reviewing their care. Each person was supported by a small team of staff who knew them well. People had developed good relationships with staff who recognised where care needed to be reviewed to reflect changes with people's support.

Staff received training to improve their knowledge of care and enhance their skills. Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. There were recruitment procedures in place to ensure staff were suitable to work within a caring environment.

People received kind and compassionate care and staff supported them to maintain their dignity,

independence and privacy. Staff gained information about what was important to people so that they could provide care which met their preferences.

People were provided with information about raising concerns or complaints and were happy to speak with staff about any worries. People were given opportunities to share their views and felt staff listened to them. Staff felt supported by the registered manager who was committed to improving care services.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we 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?

Requires Improvement 

The service was not always safe.

Information to ensure medicines were administered to people safely was not always available to ensure people received their medicines as prescribed. People felt safe when they received care although risks associated with how care was delivered had not been thoroughly assessed. There was no information about action to be taken to minimise the chance of harm occurring to people and staff. There were sufficient staff available and recruitment procedures were in place to ensure staff were suitable to work with people.

Is the service effective?

Good 

The service was effective.

Staff sought people's consent when providing support and people were able to make decisions about their care. Staff knew people well and had completed training so they could provide the support they wanted. Staff received support and supervision to enable them to develop the skills and confidence to care for people. People retained responsibility for managing their own health care.

Is the service caring?

Good 

The service was caring.

People were treated with kindness, compassion and respect by staff who knew their needs and preferences. People were encouraged to make choices and decisions about the way they lived and they were supported to be independent.

Is the service responsive?

Good 

The service was responsive.

Care and support was planned to meet people's needs and changed when this was needed. People felt comfortable to raise concerns and staff responded to this to improve the support people received.

Is the service well-led?

Requires Improvement 

The service was not always well led.

Systems were not always in place to monitor how well the service was managed in relation to medicines and risk. People were happy with the support they received and were asked how they could improve the service. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns.

Hills Angels Homecare

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.

We inspected the service on 16 and 17 January 2017. The provider was given two days' notice because the location provides a domiciliary care service and we wanted to make sure people and staff were available to speak with us.

We used a range of different methods to help us understand people's experience. We made telephone calls to two people and three relatives and spoke with three staff and the registered manager. We used this information to make a judgement about 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. As part of our planning we reviewed the information in the PIR and information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

On our last inspection we found that recruitment checks had not always been carried out before staff started working in the service. This meant there was a breach in Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found recruitment checks had been completed to ensure new staff were suitable to work with people. The staff's suitability for their role was checked by obtaining references, having a police check and confirming the validity of their qualifications, previous experience and training.

Information to ensure people received support to safely manage their medicines was not always completed. The medication administration records (MAR) did not record all the information to ensure staff could check they were administering the correct medicine and the correct dosage. The records were hand written by one member of staff and no checks had been carried out to ensure these were accurate. Where people needed medicines on an 'as required basis' (PRN), information was not available to determine when people needed this. The registered manager had not obtained advice from health care professionals to ensure these were only administered when needed. MARs were checked each month but we saw omissions where staff had not signed for medicines and checks had not been carried out to ensure people had received their medicines. Where staff identified medicines had not been signed for, there was no system in place for staff to report these potential errors so prompt action could be taken to ensure people had received their medicines as prescribed.

This meant there was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff knew the risks associated with people's care although assessments of risk were not completed to record how these were managed. For example, some people needed equipment to help them to stand; we saw the care records included information about the type of equipment but not how to use this safely and how checks needed to be carried out to ensure the equipment was safe to use. One member of staff told us, "We have had moving and handling training and the manager goes through everything so I'm happy I know what I'm doing." The registered manager told us, "Staff have the training and if there were any problems they'd let me know but it's not recorded and although we do these checks on equipment, nothing is written down."

People felt safe and comfortable with the staff and were confident that they knew how to protect them from harm. One relative told us, "I've watched the staff support [Person who used the service] and they make sure they are always safe. If anything was wrong I'd speak to them but I've never been concerned." Another relative told us, "They staff are very supportive and know what they are doing. I don't have to worry when they are here."

Staff had received training in protecting people from the risk of abuse and had a good knowledge of how to recognise and respond to allegations of harm. The staff understood the processes for reporting concerns and knew how to escalate them to external agencies if needed. One member of staff told us, "I'd contact the

manager if there was anything I was worried about or call 999 if it was urgent. I know the manager would do something if I thought someone was being harmed. If they didn't, I know that I could go straight to the safeguarding team and report my concerns." The manager was aware of what incidents would need to be shared with the local authority safeguarding adult's team, although they had not yet needed to share any information.

People felt there were enough staff working in the service to meet their needs and staff were on time for their visits. The care plan included photographs of all the staff who provided support to them. One relative told us, "I like the fact that I have the same staff come as you can build a relationship up with people and you learn to trust them. I wouldn't like that to change." Staff told us they had enough time to complete the tasks they needed to when they visited people. They had enough time between visits to ensure they arrived on time at the next call. One member of staff told us, "We get time to travel to each visit and the manager is really good at recognising how long people need. I don't think we are rushed and if we have time at the end of the call, we sit and talk with people. We don't rush off."

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 make 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 provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People who used the service had capacity to decide how they wanted to be supported. One relative told us, "They aren't able to speak but they certainly let their wishes be known. The staff are very good and ask questions in way that [Person who used the service] can understand and answer to." The staff had received training in the MCA and one member of staff told us, "This is for when people lose the ability to make decisions about finances or about how they want to be supported and want things to be done. When this happens other people can help make decisions in their best interests." People felt they were supported to make decisions and be in control of their care and support. People were asked about how they wanted to be supported and had consented to their support plan.

New staff completed an induction during their first week of work and shadowed experienced members of staff. This enabled them to meet and get to know people to ensure they knew how to safely support them. One member of staff told us, "I was new to this type of work and I wanted to get things right. It was good that I could work with people first and then I became the main carer. I've never looked back and really enjoy what I'm doing and working with people." Another member of staff told us, "I was confident that I knew what I was doing before I started working on my own and each person has a care plan in their home so I can look at that any time I need to." People were supported by staff who were trained to care for them safely. All new staff completed the care certificate which sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "I completed this when I started working here. The manager does spot checks and they made sure I was doing things the right way."

Staff told us they continued to receive training which focused on people's different needs. One member of staff told us, "We have different people with different needs. We have had training that covered people's support. For example we have people with Parkinson's and we learnt about what this means. I like to know what I'm doing so I've also done my own research. If there's anything you don't know, the manager is always there to ask." Some people received their food and drinks through a tube fitted to their stomach because they had difficulty swallowing. We saw that staff had been trained how to deliver this type of feeding known as 'PEG feeding'. One member of staff told us, "We had the training from the nurse so we knew what the feeding regime was and how to carry out the procedure. The care plan has all the information about how to do this safely. I know how they need to be positioned when they have the feed and how much water to flush

with. I'm really confident and know I can get help if there are any concerns." A relative told us, "I have every confidence in the staff and they know how the feeds need to be done."

People benefitted from staff who were supervised to ensure they were supporting people effectively. The staff participated in quarterly supervision meetings which were used to appraise their performance and identify any training needs. One member of staff told us, "We have supervisions and spot checks so the manager knows we are doing things properly. In supervisions we are asked about how we are and if we need any help. When we have the spot checks, they check we are doing things right and whether we are treating people with respect. If there was ever a problem then we'd talk about it." This meant checks were made to ensure people were receiving the right care.

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. One relative told us, "We organise all the appointments ourselves but if there's a problem, the staff are great. On one occasion the manager came out and stayed with us until an ambulance arrived. We were so thankful and it was very much appreciated." The support people needed and risks associated with health care were recorded in care records to guide staff to provide the support people wanted. Staff told us they knew how to contact external health professionals if people's needs changed or they were unwell. We saw the contact details were recorded in people's care records, which were kept in their homes.

Is the service caring?

Our findings

People were supported by staff who were kind and caring, knew their likes and dislikes and got to know them as a person. One member of staff told us, "I love having the time to sit and talk with people and hearing all about their stories. [Person who used the service] becomes calm when you talk to them about their experiences and it's good to get to know them better." People felt it was important to be supported by staff who knew them well and they told us that they had the same staff who visited them who knew how they preferred to be supported. One relative told us, "The staff notice things like a photograph and ask [Person who used the service] about this and talk with them." Another relative told us, "The staff know [Person who used the service] really well. They have difficulty talking but can let you know whether you are doing things right. They ask if everything is alright and what they want. They don't just assume and ask me. I like that."

People's privacy and dignity was respected and staff demonstrated they knew the values in relation to respecting people's privacy and dignity. One person told us, "The staff are very polite and always respectful. All of them are." Another person told us, "I do as much as I can for myself and the staff are there if I need them. They support me rather than take over and let me do what I can." As part of the observations of staff practices in people's homes, senior staff assessed if staff were respectful of people's privacy and dignity. Staff understood the importance of providing dignified care and one member of staff told us, "It's difficult for some people to receive care as they want to retain their independence. We recognise this and allow them to stay proud and make sure they retain their dignity. We don't take away people's independence but support them in the way they want."

People were happy with the staff that supported them and told us they treated them with respect and listened to what they had to say. One relative told us, "I know all the staff really well and we have a photo of them in the care plan. All the staff are different but they all deliver really good care and are respectful. They listen to what myself and [Person who used the service] have to say. I'm really happy the hospital found us this care agency because we like the support we receive." Another person told us, "The staff go the extra mile for me and I'm really happy with how they support me. If any new staff start, they are introduced and work with someone I know so they can work together before they work alone. I really appreciate this as they understand it's important that I trust people. I want people to care for me who I like, and I'm really happy with how the staff are."

People's right to confidentiality was protected. Staff understood the importance of maintaining people's confidentiality and personal records were kept securely in the office and were not left in public areas. People told us they were satisfied with the security arrangements for their home. Some people had an entry code so staff could enter their home as they were unable to move to the door to open it. One member of staff told us, "Any key code and addresses are sent to us through a secure phone app. Every time we use this we have to log in and are automatically logged out. This means with our phone code and this code there's double protection so other people can't access this."

Is the service responsive?

Our findings

People were involved with the assessments that had been undertaken to determine whether the service could support their needs. People had been asked how they wanted to be supported and individual care plans had been written from this information. One person told us, "I chose to use them because they explained who they were and what they could do and I've not been disappointed." People consented to their support and family members were given the opportunity to contribute and agree with the plan. Family members continued to support people and one relative told us, "I don't feel excluded. The staff come into our home and help us; I still feel a part of everything and we work together as a team."

The care plans included personal information and a brief history about their life and why they wanted the support. There was detailed information about how to provide support and what people expected from the call. When people's care needs changed, the plan was reassessed and one member of staff told us, "If people need more help than the manager will go and do a reassessment. If people have to go into hospital; the manager will always meet with them and check we can still meet their needs before we go back and do any care."

People had a copy of their support plan in their home and were able to choose when to have their support and had opportunities to change the times. One relative told us, "If there is a hospital appointment or something happening with the family, I only have to call the office and they do everything they can to change the times they visit. They are very flexible."

People were confident their concerns would be responded to and knew how to raise any concerns and make complaints if needed. One relative told us, "We were given a copy of how to complain. If I thought anything was wrong I'd just tell the staff or the manager. The staff are very good and I've never had to say anything but I'm sure they'd sort out any problems." During quality reviews people were asked whether they knew how to make a complaint and the registered manager told us, "Although people have a copy of the complaints procedure, we want to make sure people know how to raise a complaint with us so we can make things right."

People were supported to pursue activities and interests that were important to them. The provider arranged services for people to be supported with their interests or to support people when out; for example when shopping. During these support visits, personal care was not provided and therefore this support is not regulated by us.

Is the service well-led?

Our findings

On our last inspection we identified that improvements were needed as quality audits had not been carried out to ensure the registered office was safe. Since this inspection the provider had moved and the service was managed from a different location. We found on this inspection improvements had been made. Risk assessments had been completed within the new office including checking the service had suitable fire checks and people were aware of how to evacuate the office to a safe place.

Quality monitoring systems were in place to review care although systems were not in place to ensure that medicines were suitably managed and people had received their medicines as required. Where medicines had not been signed for, systems were not in place to alert the manager that a potential error had occurred. Information was not available to describe when people needed to have medicines which were needed on an 'as required basis'. This meant not all systems ensured that the service was effectively well led. This resulted in a breach of regulation within our question 'Is this service safe?'

After the first care support visit, the registered manager completed a quality support visit to ensure people were satisfied with the care they received and whether the support plan was suitable. We saw one person commented 'so far brilliant'. The registered manager told us that people had been happy with the support provided during this quality visit and no concerns had been identified. People had an opportunity to complete an annual quality survey which sought to gain their views on how they were satisfied with the care they received and the conduct of the staff. We saw the results were generally positive with people commenting that they were satisfied with their care. We saw some people reported that staff were late for some calls. We checked and saw that staff were now visiting people on time. One relative told us, "I'm happy that the staff come when they should. When there has been a problem, they have called me and let me know they are running late so I know not to worry, but they've never been really late." The electronic care planning system identified when staff started and finished a support visit and we saw that these visits had been completed when people were expecting to receive a service. The results were analysed and fed back to staff at a staff meeting although the results were not given to people who used the service. The registered manager agreed that these results should be shared with people.

People were given the opportunity to have a say in what they thought about the quality of the service they received through a quarterly review of care. Quality reviews were completed with people by the registered manager who sought their views on whether the staff were professional, whether people visited on time and whether the staff were caring and respectful of people's dignity.

There were arrangements in place to provide support to people and staff through an on call arrangement. One relative told us, "The manager is very approachable and always available. There's an on call number if we need to speak to them at any time and let them know of any changes. Whenever they pick up the phone they are always kind and helpful."

People were supported by a staff team that were happy in their work and enjoyed working for the service. One member of staff told us, "We work well as a team and we excel at working together and providing care,

especially end of life care. It's really important to all of us that people spend this time how they want to. I think we shine and excel when we come together." Staff reported that the manager reminded them that they were available for support and one member of staff told us, "It doesn't matter what time it is, we know we can call for support. This is important because we are out there on our own so it's nice to know we have this back up." The staff were confident they could take any concerns to the registered manager and would be taken seriously and that action would be taken.

The registered manager understood the responsibilities of their registration and notified us of the important events as required by the Regulations. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the office.

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 12 HSCA RA Regulations 2014 Safe care and treatment Safe and proper management systems were not in place to management medicines.