

Angels Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 21st June and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that the manager would be available. At our last inspection in June 2014 the service was meeting the regulations inspected.

Angels Home Care Limited provides personal care in people's homes. The majority of people are on end of Life Care and are funded from the NHS continuing care budget. On the day of our inspection there were 11 people using this service.

The service had a registered manager who had been in post since the service opened in 2013. 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.

People's needs were assessed and care plans were developed to identify what care and support people required. People said they were involved in their care planning and were happy to express their views or raise concerns. When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's well-being was protected. People had a copy of their care plan in their home.

People felt safe. Staff understood how to recognise the signs and symptoms of potential abuse and told us they would report any concerns they may have to their manager. Assessments were undertaken to assess any risks to the people using the service and the staff supporting them. This included environmental risks and any risks due to people's health and support needs. The risk assessments we viewed included information about action to be taken to minimise these risks.

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.

We found that the service was working within the principles of the MCA.

Our discussions with staff found they were highly motivated and proud of the service.

Staff were very complimentary about the management team and described them as approachable and supportive.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, asking people how they would like things done and making enquiries as to their well-being to ensure people were comfortable.

Care staff received regular supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required. Care workers we spoke with placed a high value on their supervision.

We saw that regular visits had been made by the office staff to people using the service and their relatives in order to obtain feedback about the staff and the care provided.

People were supported to eat and drink. Staff supported people to take their medicines when required and attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

The service had a complaints policy. People who used the service and their relatives told us they knew how to make a complaint if needed.

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. People were protected from harm. Risks to the health, safety or well-being of people who used the service were understood and addressed in their care plans.

Staff had the knowledge, skills and time to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

People were supported to take their own medicines by staff that had been trained to administer medicines safely.

Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the service they received

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported with their health and dietary needs.

Is the service caring?

Good ●

The service was caring. Managers and staff were committed to a strong person centred culture.

People who used the service valued the relationships they had with staff and were very satisfied with the care they received.

People felt staff always treated them with kindness and respect.

Is the service responsive?

Good ●

The service was responsive. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a person centred service.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

People were involved in their care planning, decision making and reviews. Staff were approachable and there were regular opportunities to feedback about the service received.

Is the service well-led?

Good ●

The service was well-led. The service promoted strong values and a person centred culture. Staff were supported to understand the values of the organisation.

There was strong emphasis on retaining staff and ensuring continuity of care.

There were effective systems to assure quality and identify any potential improvements to the service.

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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 of Angels Home Care took place on 21 June 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we went to the service's office and spoke with the deputy manager and one care worker. We looked at four care records and four staff records; we also looked at various records relating to the management of the service. After the inspection visit we spoke to one person who used the service and four relatives and also spoke to another four care workers and two healthcare professionals.

Is the service safe?

Our findings

People said they felt safe and that staff understood their needs. Comments from people included, "I feel absolutely safe." and "The carers keep him safe". A relative told us "Keeping safe is very important, carers seem to know him."

Staff we spoke with demonstrated a good understanding of people's needs and the support required to promote their safety and wellbeing. Care workers were able to discuss risks individual people faced and speak confidently about how they maintained their safety. Several staff members we spoke with commented that they had time to develop relationships with people who used the service and got to know them well. They were able to quickly identify any concerns.

Staff had received training in safeguarding adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The deputy manager told us how "we make sure we discuss safeguarding regularly and as part of induction and performance reviews."

Staff we spoke with demonstrated an understanding of safeguarding adults and told us the signs they looked out for when they supported a person. One care worker told us how they recognised possible signs of abuse. For example, "if the mood of the person has changed or, if they were not eating as much as usual." Another told us, "we see people 4/5 times a day so we notice things. They would speak to me about worries." They also said ": "If working in community with family or carer I should report immediately to our manager."

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. We saw comprehensive 'environmental, personal health and safety and home working' risk assessments which included information about action to be taken in order to minimise the chance of harm occurring. We also saw a moving and handling risk assessment which was recently updated in response to a person's changed needs. This included training from a qualified nurse to ensure staff were fully aware of how to support the person safely. We saw from the care records that this guidance was closely followed and a care worker demonstrated their knowledge of this guidance.

Staff we spoke with demonstrated a good understanding of people's needs and the support required to promote their safety and wellbeing. Care staff were able to discuss risks individual people faced and spoke confidently about how they maintained their safety. They emphasised the level of training they had to support people safely, including regularly refreshed moving and handling training.

We saw in the accident and incident log that, staff followed the reporting process for any accidents or incidents which occurred when they were providing care.

The deputy manager told us there were sufficient numbers of staff available to keep people safe and said, "I never take on new packages if we have not got sufficient staff to cover." She went on to tell us she was recruiting regularly, but their aim was to keep the service small so that quality would not be compromised

and that it was sometimes difficult to find suitable people, "we need staff but they have to be good staff." She told us "staff sickness and absence happens and we can always cover. We have a good reputation with the continuing care team and want to keep it that way." They also told us how effective planning, built in travel time between calls and clustered calls allowed for short travel times and decreased the risk of staff not being able to make the agreed appointment times. All the staff we spoke with told us there were enough staff "to go around," Another told us, "I occasionally have to work extra to cover a shortfall, but we all have to do our bit." They went on to say that the office did not put them under any undue pressure to work extra hours.

Thorough recruitment checks were carried out before staff started working with people. We looked at staff records and saw there was a safe and robust recruitment process in place. We saw completed application forms which included references to their previous health and social care experience, their qualifications, their employment history and explanations for any breaks in employment. Each record had two employment references, where there had been a delay in references being returned, we saw evidence of this being pursued by office staff. Records had health declarations and in-date Disclosure and Barring Service certificates. Staff we spoke with told us they were not allowed to work until their DBS had come through. These meant staff were considered safe to work with people who used the service. Personnel files contained a photograph of the care worker. We also saw records of people's right to work and where necessary, confirmation of this being clarified with the UK Border Agency.

The deputy manager told us that all medicines for those who used the service were in blister packs and "staff only prompt with medicines". If there is a need to administer, this was carried out by the district nurses." If people refused to take their medication this was recorded and reported to the office.

Is the service effective?

Our findings

Most people told us that the care workers went over and above their duties to make sure people were well looked after. One person said, "They are very reliable and they really know what they are doing". Another person said, "They introduce the carer to you, then they shadow the manager or another carer."

People were supported by staff who had the knowledge and skills required to meet their needs. The service had all mandatory training in an on-site classroom setting. Where specialist training was required to support a person's specific needs (for example in PEG feeding, pressure sore management and catheter care) then this was delivered by relevant professionals from the continuing care team,. A healthcare professional told us that the staff "were very well trained and know how to manage very complex cases" We saw evidence of this additional training on people's training records. The deputy manager told us that providing good training was important in motivating and supporting staff "we prefer to do it face to face and we always give out certificates as the care staff like them."

The training matrix evidenced that most staff were up to date on their mandatory training, including safeguarding adults, Mental Capacity Act 2005, moving and handling, end of life care, nutrition, pressure care, dementia awareness, infection control and first aid.. Staff we spoke with told us they received training regularly and said ""Yes we do have training in the office before we start and also manual handling training. "And "I had training for PEG feed before and the family allowed me to give the feed."

Staff also said they were paid for their training time and supervision time which "emphasises the value placed on both."

The service provided induction of all new staff and all staff were required to complete an induction programme which was in line with the Common Induction Standards (CIS) published by Skills for Care. The deputy manager was aware that the CIS was being replaced by the Care Certificate Standards for all newly recruited staff, "to bring us in line with Care Quality Commission recommendations." The deputy manager also told us that new staff shadowed another care worker for at least 10 hours before working alone, and if they were new to the caring profession, "they do double up shifts with others until they feel confident." Care staff confirmed they shadowed a more experienced member of staff before working alone. One told us, "I had to shadow for at least a week after which my manager asked me if I felt that was long enough."

Care staff received regular supervision and appraisal from their line manager. Staff told us these processes gave them an opportunity to discuss any difficulties they might have with their clients, their performance and identify any further training they required. Care workers placed a high value on their supervision; one told us "you get to speak about any problems, but you don't have to wait until supervision. Our manager is always available." And "You have regular supervisions with Emelia. Most of the time we have usually it is every two or three months if she's working hands on with the client."

Staff told us they were well supported by the registered manager and other staff and there was an out of hours on call system in operation that ensured that management support and advice was always available

when they needed it.

Staff were aware of and had received training in the Mental Capacity Act 2005 (MCA). They demonstrated an understanding of the MCA.

Staff were matched to the people they supported according to the needs of the person, ensuring communication needs and any cultural or religious needs were met. For example, people whose first language was not English received support from staff that was able to speak and understand the person's language. Care workers also told us they supported the same group of people

Care staff told us they supported people at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. We spoke to staff that were clear about the importance of adequate fluids and nutrition. Staff confirmed that before they left their visit they ensured people were comfortable and had easy access to food and drink as appropriate. "They have a choice of food always, we must always mention a choice."

We also saw that on numerous occasions care staff had accompanied people to hospital and appointments with their GPs and worked closely with a multi- disciplinary team.

Is the service caring?

Our findings

People who used the service were positive about the attitude and approach of the staff who visited them. Comments included, "My carer is an absolute joy, he's marvellous, and they are good."

"They are calm, polite, and respectful." and "They gave him a cake for his birthday, so kind."

A relative told us ". [Dad's] behaviour can be very difficult to manage and it's erratic and they always come when I need them. There's a lot of physical care, washed and dressed. It's been lovely to have the same carers all the time. "

A healthcare professional described the staff as "kind and dedicated and often go beyond the call of duty" Another healthcare professional told us "the regular carers are fantastic they deal sensitively with people who have very complex and challenging needs".

Everyone we spoke with said they thought they were treated with respect and had their dignity maintained.

Staff were very clear that treating people well was a fundamental expectation of the service. One member of staff who we spoke with said that treating people with respect and maintaining their dignity was "the most important thing." Another said " we have to provide grooming ,we have to help them look clean and tidy even if they don't have capacity we still make them look nice, talk to them at their age level, not like a child. Some people treat clients with Alzheimer's and dementia like children."

The deputy manager told us that she used a permanent rota and used the same group of staff for people. She told us that people using the service had had the same group of care workers People who used the service confirmed that they usually had their care needs met by a small group of staff and that they always knew who was going to be visiting them. Staff told us that they usually had a consistent round so they were supporting the same people. One member of staff said one of the best things about the service was that, "It is important that I have regular people," and another said "We see the same clients". Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them. One staff member said, "Best to make them feel that they are important, a bit of choice and freedom for them and value them, listening is very important."

Another said "It's so important to make people feel in control, especially when they are nearer the end of their life." And "one client in particular talked about her past, talking about she's happy and they like that if you are listening, they are talking."

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. One staff member told us how she had requested that other family members leave the room when they were carrying out personal care. She told us "You don't just do care in front of people."

People using the service told us they had been involved in the care planning process and had a copy of their care plan in their home.

Is the service responsive?

Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way.

Health professionals told us that the service was very responsive "they do their utmost, sometimes provide a service on the same day, this is why they are our provider of choice" We were also told that the service provided a good quality service to many people with "very complex needs and pain management issues." However one healthcare worker told us that office staff "did not always respond to e-mails about clients' quickly", but they were now taking action to address this and there was some improvement. The deputy manager told us that they had now recruited an additional part time member of staff in order to address this issue

When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. We saw examples of this during this inspection. We tracked the care of one person who was refusing to use a hospital bed; we saw that an urgent referral was made for reassessment so that necessary training and aids and adaptations could be put in place. We also saw how an alternative recording system had been put in place for one person who refused to have a care file in his home. The deputy manager told us that carers would call in daily and that daily records were then kept in their file at the service's office.

Discussions with the deputy manager and staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response. Their feedback and records demonstrated the regular involvement of community health professionals where needed.

Records and feedback indicated that people usually received the same staff member, the deputy manager told us "We try to minimise the number of carers to provide continuity." She told us the rota only changed during periods of sickness or annual leave.

People's needs were assessed and care was planned and delivered in line with their individual care plan. Care records we looked at contained assessments of people's individual needs and preferences. There were up-to-date and detailed care plans in place arising from these, showing all the tasks that were involved and outlining how long each task would take, additional forms such as fluid charts, turning charts and weight charts were also available. People confirmed that they had copies of their care plans in their homes. A relative told us, "They involve us whenever they need to"

We found that the service responded positively to people's views about their own care package, or the service as a whole. One staff member described how following a care review with one person, changes were made immediately to the person's care plan. People who used the service were able to contact the office staff at any time.

The service also responded positively to requests for culturally appropriate care. The deputy manager told us how she had got increased funding for one of the people using the service so that staff could prepare Indian food for him.

We found that feedback was encouraged and people we spoke with described the managers as "open and transparent". Some people confirmed that they were asked what they thought about their service and were asked to express their opinions.

The service had a complaints policy and we were told that this information was contained within people's care plans. We read a copy of the policy which explained how to make a complaint and to whom and included contact details of the social services department, the Care Quality Commission and the Local Government Ombudsman. People who used the service and their relatives told us they knew how to make a complaint if needed.

Is the service well-led?

Our findings

There was a registered manager at the agency, but she was not available on the day of our inspection, we spoke to the deputy manager. She told us "My aim is to provide a good quality service it is important to hold on to the experienced care staff as our cases can be very complex" and "we have to stay small so we don't compromise on quality."

Health care professionals described the managers as 'very responsive', 'professional' and 'trustworthy'

It was clear from the feedback we received from people who used the service, their relatives and staff, that managers of this service had developed a positive culture based on strong values. We saw that the values of the organisation, which managers reported as being central to the service, such as compassion, respect and caring, were put into practice on a day-to-day basis. Managers spoke of the importance of motivating and supporting staff to promote these values, through training, supervision and strong leadership.

Our discussions with staff found they were highly motivated and proud of the service. A staff member told us, "it's a very friendly group of staff."

Staff were very complimentary about the management team and comments included, ""Oh yes, she's approachable, a very nice person, very knowledgeable." "Approachable and listens. " And "it's a good agency; the carers are really great."

Care staff told us they received regular support and advice from their managers via phone calls, and face to face meetings. They felt the registered manager was available if they had any concerns. The deputy manager told us about a number of initiatives she used to retain her staff. These included paying staff for attending training and supervision sessions by incorporating time on their rota and providing specialist training and support. The deputy manager told us there was a staff reward scheme where care staff would be recognised for "providing a good service" and were given a financial bonus Staff told us that the management team always acknowledged care workers birthdays and were given gifts and cards at Christmas and were sometimes taken out to lunch by the registered manager in order to make them feel valued.

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The also undertook monthly unannounced spot checks to review the quality of the service provided. We saw that there were spot checks undertaken to observe care workers. This included observing the standard of care provided and visiting people to obtain their feedback. The service user spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes. One person who used the service told us, "[The manager] comes in to see us; just to check all is well." Care staff told us that senior staff frequently came to observe them at a person's home, to ensure they provided care in line with people's needs and to an appropriate standard. A care staff member told us, "They have to check up on us, which is a good thing."

We saw that monitoring forms were completed during their spots checks, and these were attached to the person's care file. We saw that actions arising from the spot checks were logged. For example we saw that a care staff was given more training when she had been seen lifting a service user incorrectly.

The management team also provided training to families around dementia at no cost to them

There were robust systems in place to monitor the service which ensured that it was delivered as planned. We also noted that the service had a system to avoid missed calls by giving out financial penalties to staff who failed to give adequate notice for absences.

There were regular audits done by the registered manager, in areas such as spot checks and care plan recording. This ensured that the service was able to identify any shortfalls and put plans in place for improvement. The deputy manager told us that she kept herself updated with new initiatives and guidance by attending regular 'provider forums' in the local authority and received regular supervision and support from the registered manager.