

Helping Angels Ltd

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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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Helping Angels Ltd is registered to provide personal care support to people living in their own homes in the community. People who used the service included older adults (some of whom were living with dementia) with physical health needs and disabled young adults and children. At the time of our inspection, 85 people were receiving personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The provider had learnt lessons when things went wrong. Following a recent concern raised the provider had acted quickly and implemented policies and procedures to ensure safe ways of working.

People felt safe in their home and with the staff who supported them.

Staff were recruited safely and received a comprehensive induction.

Risk assessments were robust and updated regularly. People told us calls were on time and if there was a potential issue regarding a call, they were informed straight away.

Staff received safeguarding training. They described how they could recognise unsafe care practices and the action they would take to report poor practice.

People felt involved in the care provided. People told us they were informed following any changes and their opinions were sought. Staff felt they could offer suggestions to improve the care provided. There was a culture of learning from when things went wrong.

The registered manager and staff understood their roles, and were clear about quality performance, risks and regulatory requirements.

Audits were carried out regularly to monitor and review care provided. These successfully picked up on discrepancies and enabled the provider to act to reduce mistakes from occurring in the future.

The service worked in partnership with other professionals and other care providers to achieve good outcomes for people. Staff members and people had confidence in the registered manager and understood the core values of the organisation.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 December 2017).

Why we inspected

We received concerns in relation to staffing and poor risk management. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed following this focused inspection and remains Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Helping Angels Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Helping Angels Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The Inspection was carried out by two inspectors 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses. It provides a service to older adults, younger disabled adults and children. This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We visited the office location on 13 April 2022 and 14 April 2022 to meet with the registered manager, office staff and care staff. We spoke with people who used the service and some staff by telephone.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

During the inspection, we spoke with three people who used the service and eight family members to ask about their experience of the care provided. We spoke with 13 members of staff, which included the registered manager, senior staff, care staff, and chaperones. A chaperone's main responsibility was to supervise people during outings, to ensure they reached their destination safely. We reviewed a range of records including five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care and support provided. One person said, "Yes I am 100 percent safe; they [staff] are very good at listening to me if I have a problem."
- Staff understood what was meant by abuse and were confident about how to report safeguarding concerns. One staff member told us, "We are always looking for signs or changes. If we see anything of concern, we pass it on to the senior staff member or manager straight away."
- Systems were in place to keep people safe from harm. The staff team utilised a closed, private social media communication site to update and pass on changes and concerns. This was continually monitored by the on-call senior and content was deleted each month.

Assessing risk, safety monitoring and management

- Staff managed the safety of the living environment and equipment through regular checks to minimise risk. One person told us, "Yes, staff use my equipment safely, no problems on my equipment." A family member said, "They use the hoist safely."
- Staff encouraged people to take positive risks and to maintain a sense of self-worth. One person told us, "They [staff] all look after me. I have two jobs. I work in [charity shop]. I clean door handles as well. It's important; it keeps people safe."
- Risk assessments were in place to meet people's social and support needs. These included moving and handling, nutritional and social activity risk assessments.
- Care plans detailed risks relating to people's health and described ways of managing these risks. Staff members told us about these risks. This meant staff knew people well and understood how to support them safely.

Staffing and recruitment

- People told us there were sufficient staff available to meet their needs. One person said, "There has never been a situation where I haven't had a carer. If someone is off sick, they replace them." A relative told us, "[My family member] sticks to the same two carers at the moment. They don't like many people."
- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.
- The registered manager had introduced a clear policy ensuring how people who were friends or family did not work together in order to avoid any conflicts of interest. Staff members told us about the policy and explained how this had been emailed out to all staff.

Using medicines safely

- The system in place for recording where on the body analgesic skin patches were being applied was not sufficient to demonstrate where on the body they were being rotated in accordance with the manufacturer's guidance. This is done because manufacturers of these patches set out how often a patch can be applied to one part of the body to reduce the risk of side effects. The registered manager responded immediately and has improved the recording system to ensure safe patch application.
- There were a small number of gaps on the medication administration recording system (MAR). These had been identified during the management medication audit and steps had been taken to address these concerns with the relevant staff members.
- Medication quality audits were robust and carried out regularly by a member of the management team.
- People told us they were confident how staff managed and supported them with their medication. One person said, "Yes, no issues, they [staff] are stringent and log all medication on the MAR chart."
- Medicines were managed safely by trained staff. We saw staff training matrix and spot checks carried out to ensure staff were managing medicines safely. One staff member said, "The medication training was really in-depth. We have regular spot checks on medication. People's medication often changes. We tell all staff straight away and all MAR charts get updated."

Preventing and controlling infection

- People were protected from the risk of cross infection. People confirmed staff wore personal protective equipment (PPE) when needed.
- Staff received additional training during the COVID-19 pandemic about infection control.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff. There was a clear system in place for staff members to send their rapid lateral flow tests into the office where they were recorded.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Lessons had been learnt from recent complaints and safeguarding concerns about specific incidents. The provider had developed a number of new policies in direct response to concerns. Staff members described these new policies to us and explained how they had been implemented.
- The registered manager told us how a concern had been raised due to the delay in the length of time incidents were being reported back to management. We saw an email sent out to the staff team informing staff how this could not continue, the email highlighted best practice and contained an example for staff to follow.
- People felt comfortable to raise their concerns and the provider learnt from these. One person told us they complained about having different carers arrive. They told us how the provider had listened to them and ensured only regular carers attended the call. They said how it was much improved.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they felt the culture of the service achieved good outcomes for people. One person told us, "They [staff] are very warm hearted, caring and genuinely care; that's the biggest positive. They fulfil everything I need them to do."
- Family members said the service was open, inclusive and could adapt to accommodate their needs. One relative said, "There is a care plan and risk assessment. We have zoom meetings. Things can be changed, as I got a new job and my hours changed. So, their timings changed."
- Staff told us they felt respected, supported and valued by senior staff which supported a positive culture. One staff member said, "I think [registered manager] has the right idea; they lead by example. The management are good listeners. This place is run as you would expect it to be; it's how you would want to be treated. Carers here care."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider apologised to people, and those important to them, when things went wrong. We saw how following an accident, the registered manager visited the person and their families to apologise. We saw correspondence from the family thanking the provider for their apology.
- Staff told us how incidents and mistakes were shared and discussed. They told us how policies had needed to be changed following a recent safeguarding concern. We saw the revised policies; they were clear and robust.
- The registered manager was clear about their duty of candour. They told us they were grateful about a recent whistleblowing concern being raised because they had brought about positive change.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff understood their roles, and were clear about quality performance, risks and regulatory requirements. We reviewed numerous audits and spot checks. These had been successful in highlighting missed entries on paperwork and action had been taken to address the risk of reoccurrence, such as extra training for identified staff members.
- Staff delivered good quality support consistently. One person told us, "The staff I have met so far seem to listen and be very motivated. They are pleasant and happy in their job." Another person said, "All of the carers are very friendly, very caring. They treat [my family member] as an adult; they give choices such as

what colour bobble for their hair."

- Staff knew and understood the provider's vision and values and how to apply them on a daily basis. One staff member said, "The service is very well-led; it is both welcoming and supportive. They encourage you and all the customers to achieve. They are very approachable. Happiness and wellbeing is the key."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to provide feedback through questionnaires, meetings and informal discussions. Although we noted how the response levels for earlier in the year were low. We recommended the provider use different formats such as verbal feedback and pictorial methods to improve response levels.
- Relatives felt involved within the service. One family member said, "I receive questionnaires; they always act upon if I put anything on there."
- We reviewed yearly records showing staff feedback and involvement in the service. We saw how monthly newsletters were sent out highlighting information on the duty of candour, safeguarding, reporting accidents/incidents and a message to welcome new staff.

Continuous learning and improving care

- People told us they were confident making suggestions to improve care practices. One relative told us how their family member preferred older carers. They said how the provider listened and accommodated this.
- The provider kept up to date with national and local policies to inform improvements to the service. We how saw numerous policies were sent out to the staff team to improve standards.
- Staff felt able to suggest improvements to the care practices. One staff member told us how they were using their knowledge gained through a qualification to update the mental capacity policy. Another staff member told us how they had suggested improvements to an activity and went to the registered manager for resources needed. They said, "The registered manager has played a direct role in supplying us with all the resources we need; they are always there when we need them."

Working in partnership with others

- Correspondence records demonstrated the registered manager worked in partnership with professional healthcare workers so as to ensure best practices were followed.
- The provider had sought guidance from the local authority to ensure they were following government directions related to COVID-19
- Care records confirmed collaboration and showed how the provider worked closely with health care professionals, such as doctors and physiotherapists.