

## Archangel Enterprises Limited

# Archangel Home Care

### Inspection report

Meridian House  
Winsford Industrial Estate  
Winsford  
Cheshire  
CW7 3QG

Tel: 01606869051

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26 January 2016  
27 January 2016

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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

We inspected this service on 26 and 27 January 2016 and gave short notice to the registered provider prior to our visit.

This domiciliary care service is owned by Archangel Enterprises Limited and is registered to provide personal care to adults within their own homes. The agency offers support to older people and people with learning disabilities, sensory impairments, physical disabilities and dementia. The service is situated on the outskirts of Winsford within an established industrial estate.

The service is provided to people living in their own accommodation, rented through a partner landlord. This arrangement is often known as 'supported living'. At the time of our inspection there were 24 people who received a service in this way. A further 41 people were supported by staff in their own homes. At the time of this inspection 65 people were being supported by the agency and they employed 53 staff members.

There was a registered manager employed to work at the service. 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 and relatives told us that the staff were "Caring" and "Really nice". They said they usually had the same group of staff supporting them and they were always made aware of who this would be prior to the visit. People said they were comfortable with their staff team and enjoyed getting out and about in the community and keeping in touch with family and friends.

Systems were in place to keep people safe. These systems included safe medicines management procedures and assessing and minimising risks to people and in and around their homes.

People were protected by safe recruitment practices that ensured appropriate checks were carried out prior to a member of staff starting their role. This also helped ensure that only suitable staff were employed by the service.

People were supported by staff who received regular training and support for their role. This helped to ensure that people received safe and effective care and support from a well-trained staff team.

Plans of how people needed to be cared for were available. The plans contained specific information which was person-centred about individuals' that staff needed to know when they were delivering care and support to people.

Staff supported people to access the services of health care professionals, when requested to do so. Details of the visits were recorded in the care plan file.

A complaints procedure was in place and people told us that if they needed to complain they felt they would be listened to. Complaints had been well documented and dealt with in a timely manner.

We saw that there was an open and honest culture within the agency and staff confirmed this. Staff said that the registered manager was approachable and caring and that she "Went the extra mile" when necessary. People and relatives made positive comments about the registered manager, which included "She is brilliant" and "She cares about the people". One person commented about the agency that "They are the best".

Policies and procedures were available to the staff team. Having access to this information helped ensure that people received the care and support they required as staff had up to date knowledge of best practice available to them.

## 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 felt safe when being supported by the staff team. Risks to people were identified and action taken to minimise this.

Procedures were in place to help ensure that where people were supported with medication they received their medicines safely.

Staff recruitment procedures were in place to help ensure that only staff suitable to work with vulnerable people were employed.

### Is the service effective?

Good ●

The service was effective.

People had support with all their needs which included personal and health care and this promoted their health and wellbeing.

Systems were in place to help ensure that people's consent to care was established and people were actively involved in all aspects of their support.

Staff received training and supervision for their role which enabled them to support people safely and effectively.

### Is the service caring?

Good ●

The service was caring.

People told us that staff were caring and supported them well.

Information was available to people about the service provided and the standards of care and support they should receive.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were in place that demonstrated what people's needs were and what support they needed.

A complaints procedure was available to people who used the service.

People were asked their opinions on the service they had received. This information was monitored by the registered provider and used to inform the development of the service.

**Is the service well-led?**

**Good** ●

The service was well-led.

A registered manager was in post.

Policies and procedures were in place which helped to ensure that people received safe and effective care and these were available to the staff team.

Systems were in place to review and monitor the care and support people received from the service.

# Archangel Home Care

## **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 26 and 27 January 2016. We gave short notice to the registered provider because the location provides a domiciliary care service and we needed to be sure that someone would be available for our visit. The inspection team consisted of one adult social care inspector.

We spent time at the service looking at records. This included six people's care and support records, four staff recruitment files, policies and procedures and other records relating to the management of the service.

Before our inspection, we reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. Before the inspection we looked at notifications we had received. A notification is information about important events which the service is required to tell us about by law.

The registered provider completed a Provider Information Return (PIR) as requested. This is a form that asks the provider to give key information about the service, for example, what the service does well and any improvements they intend to make.

We contacted the local authority safeguarding and contracts monitoring teams for their views on the service. No concerns were raised about this service.

On the days of our inspection we spoke with six people who used the service, the registered manager and five staff members. Following the inspection we spoke with two relatives via the telephone.

# Is the service safe?

## Our findings

People told us they were happy with the support they received from the staff and that they felt safe with them. Relatives confirmed people were safe and well cared for by the staff team and said "Definitely well cared for" and "Yes I think they are safe".

We looked at how people were kept safe. The registered provider had a copy of the local authorities safeguarding policy and also had produced their own policies on safeguarding adults and children. Staff confirmed they had seen these policies and that the staff members' handbook contained information on abuse, bad practice and whistle blowing. Staff told us about how they would recognise abusive practice and how they would report that to senior staff. They gave examples of types of abuse and levels of poor practice. For example looking out for unexplained marks, cuts or bruises on a person or not supporting someone as directed by their care plan. Staff said they were aware of the whistle blowing policy and understood when this could be used. One person said "This is the procedure we can use to stop poor practice when it's another staff member." The registered manager explained they used a document to determine the thresholds for safeguarding procedures. If this was not met then the incident would be logged as a "low level" incident. Copies of these were seen and showed how this process had been undertaken. Copies were sent on a monthly basis to the local authority safeguarding team. Records were kept of all safeguarding referrals made, with additional information and copies of meetings held. Five safeguarding referrals had been made over the last two years and had been documented and actioned appropriately.

People and relatives said there was enough staff available and that staff always stayed their allocated time. People were able to choose which staff were supporting them and they knew this in advance. Most people had a small team of staff who supported them as needed. Relatives said that "[staff] takes an interest in [name]", "[name] hates change so a stable staff team is very important" and "[name] had become quite attached to a small group of staff." We discussed the staffing levels within the service with the registered manager. They explained that an electronic rota system was in place to plan people's visits. These rotas were managed by a small team of co-ordinators who planned, liaised and made changes, when requested to people's visits. We saw that rotas changed to accommodate people's needs and wishes. The system tracked the allocation of shifts, contingency and any availability of the staff team. This helped them to monitor the needs of the service and how this could be met.

The registered provider had detailed recruitment and selection procedures in place. One person who used the service explained that they were involved in the interviewing process. We looked at the recruitment files of four staff members who had been employed at the service since our last inspection. Each recruitment file was well presented and information was easily accessed. An application form had been completed and two references had been obtained, one of which from the previous employer when applicable. Identity checks and a Disclosure and Barring Check (DBS) check had been undertaken prior to staff working with people who used the service. A DBS check was carried out by the registered provider to ensure that only staff suitable to work with vulnerable people were employed. New staff members told us that the recruitment process was "good" and that "they had shadowed an experienced staff member to get used to the needs of the people who used the service".

People were involved in the recruitment and selection of their own staff team where appropriate. One example was a person with physical disability. The registered manager explained that as part of the assessment process we asked them what they wanted from the staff that would be working with them. The person explained it was important to them to be supported in attending football matches and for the staff to feel comfortable driving their adapted vehicle. The agency integrated those requests into the recruitment and selection process. Following this the new staff members spent time with the person and their family members in order to decide who they felt most comfortable with.

An environmental risk assessment was completed for each person's home. This was undertaken by the management team to ensure that the individual and staff were safe within that environment. The assessment noted any environmental obstacles, potential trips and falls, any pets within the home and any special requirements for evening or night work.

Each 'supported living' home had a building emergency evacuation action plan (BEEP) in place. This showed information about each person who lived at the home and how they could be safely evacuated from the building. It also gave details of what the staff member in charge needed to do first and who would be responsible for different tasks. Information on how to undertake evacuations during the day and night were also detailed. This ensured that people had clear documentation to show what needed to be done in the event of a fire. Each individual person had their own personal emergency evacuation action plan (PEEP). This documented how the individual needed to be supported to safely evacuate the home they lived in. It showed what the individual could do and how staff would support them to leave the home. Each person also had a risk assessment in place which clearly showed the level of risk each person had in the event of a fire. Controls were in place to minimise the severity of the risk, for example, having staff who were known to the person on duty and staff being familiar to the individual and their needs.

The registered provider had policies and procedures in place for the safe management of medicines. These documents gave support and advice to staff in relation to recording medicines, alterations and what support staff could and could not offer to people in relation to their medicines. Where people were supported with medication administration they had a separate medication folder. This contained personal information about the individual, and information on current or planned alterations to medication, audit details, stock details and medication error log. Also included was a medication administration record (MAR) sheet. Detailed documentation was in place for each person as needed. This included a document which showed details of the prescribed and homely remedies an individual was taking. Information included the name of the medication, why they took it, how they took it and what the medication looked like. A pictorial version of this document was also available within the medication folder to assist the person to easily understand the medication they were taking. Protocols were in place for medication that was taken 'when required' (PRN) such as pain relief, acid relief or in the event of a seizure. Training records showed and staff confirmed that they had received training in medication awareness and had an annual medication competency check. We saw two people's medication stored within their own homes and noted that appropriate checks were undertaken to ensure safe storage and monitoring of medication.



## Is the service effective?

### Our findings

People told us they were supported with the preparation and serving of their meals. They said "I like to go food shopping with the staff" and "I help with preparing the meals." One relative said that "[Name] had improved massively since being supported with meals. The choice of foods they now eat has increased and through the staff there has been a massive improvement."

Some people were supported with meal preparation and serving. Where support was needed, weekly food diaries were in place to help ensure people were offered a wide range of foods in line with their individual needs and preferences. These showed people's preferences and staff explained that people knew what they want to eat. Staff said that people were asked what their favourite meals were and gave them ideas to help them plan a varied menu. One staff member explained that one person had found a new recipe they wanted to try. The person made the recipe under the supervision of the staff member who "stepped back" to facilitate her to make the meal. The person was "very happy" they had done this and wanted to try a different recipe each week. Another example was a person who was unable to communicate verbally, the staff showed them two different meals and the person "chose with their eye movement" which they wanted. Staff said they had undertaken training in food safety, health and safety and nutrition and records confirmed this. The registered manager explained that people had support plan in relation to their diet and hydration needs which often involved close working with Speech And Language Team (SALT) and other professionals when necessary. Individual guidelines were passed to staff through training, team meetings and all members of the management team being knowledgeable about people's needs. Audit tools were used to ensure planning and actual food intake was recorded and where necessary food is weighed and recorded. This helped ensure that people had sufficient food and drinks to maintain their health and welfare. Where people live in the same property, meals were planned individually and meal times were person centred with no specific time or set menu in place. Professionals told us that they were very happy with the service provided and that staff were professional and caring. Other comments included "the manager is very caring, empathic and quick to respond. She is very committed and passionate about the service and getting the best outcome for the service users" and "I know that if I have a concern about my client's welfare or the service that I can contact them and I will be listened to and action will be taken swiftly to remedy the situation".

Staff undertook a range of training in line with their roles. We saw each staff member had a training file in place and saw that staff had undertaken training in care planning, medication, epilepsy awareness, continence promotion, Down's syndrome, Asperger's syndrome, Autism, challenging behaviour and Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff said that the training was good and other comments included "It's excellent", "I would like to go on more formal courses", "Have completed loads of on line training" and "I like the training." A computer based system recorded staffs training and supervision details. This alerted the registered manager when training and supervision was due for each staff member and the registered manager said that they checked the system on a weekly basis and gave the supervisors a list of their allocated staff and what needed to be updated. The registered manager said that this system worked well.

Staff told us about their experience of the induction process provided. They said that the induction was good and they also shadowed an experienced staff member to get to know the people who used the service and their needs. They explained that the process included an introduction to the agency, understanding the principles of care, understanding the needs of the person and maintaining safety at work. During this time they also undertook training in people with learning disabilities, health and safety, infection control and safeguarding. Staff commented that they were "Made welcome and very comfortable" and "Help was there if you needed it". Other comments included "I got enough information to do my job" and "Shadowing another staff member was very useful".

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 checked whether the service was working within the principles of the MCA 2005, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager was aware of the principles of the Act and how to determine people's capacity. One person had a Court of Protection (COP) authorisation in place. This was clearly documented and information was reflected within the individual's care plan documentation. Nine other people had COP applications in process. Options had been reviewed and discounted as to why the person needed this restriction. Where a person was unable to make their own decisions then options for a less restrictive plan was reviewed before application for COP authorisation would be submitted.

Staff told us about how people's healthcare needs were managed. They explained that people were supported to go to the GP, dentist and opticians and that any other appointments that were needed would be supported with a member of staff if the person wanted an escort. We saw that when people had attended appointments then a record of this was kept in the file. Information included who supported the person to the appointment, details of the appointment and any outcomes following this.

## Is the service caring?

### Our findings

People who used the service said that the staff were caring and treated them with dignity and respect. Comments included the staff are "Really nice", "All good" and "Lovely". Relatives said that staff were good with their family members. One relative said "[Name] had completely changed for the better since being supported by the staff here".

Staff told us how they supported people and how their preferences were taken into account. Staff said that most people had good verbal communication, but where this was limited they said they spoke to other staff that knew them; looked at their care plans and particularly their history information and spoke to the person's family and friends if appropriate. They said this gave them information about the individual. Another example was a person who had a dual sensory impairment was taken to places where they could smell, touch and feel things. This enabled them to interact with their environment and help to meet their needs.

People told us their views were sought and they were involved in the care planning process. A document called "How I was involved" was completed and seen in people's care plans. This contained information on how the person was involved and who else was involved in the care planning process. It was signed and dated by the staff member.

The registered manager told us how with some people they had been able to reduce the package of care and so the person had become more independent. For example, one person who had a complex and large support package was reduced from 98 hour to 15 hours per week through working with the person, other professionals and agency staff. This person had been considered unable to live in their own property in the community due to their specific complex needs. The agency was asked to create a viable care package that would work in the community. Other professionals expressed their concerns at the prospect of this. The agency believed that the person deserved a chance to succeed. The risks were assessed and measured against the beneficial aspects of the support and living in the community. After due consideration it was agreed that the placement was to proceed. However, there were plans in place should they need to move back to their original placement, if significant issues arose. With the person's involvement the agency staff created a bespoke support package that involved delivering a very flexible and responsive service. The registered manager said that at any sign of distress or mental health deterioration their staff team had to intervene, even if support was not scheduled at that moment in time. Within the support plans and risk assessments there were clear guidelines on certain triggers and distress indicators. The staff team were to remain constantly vigilant regarding the indicators and knew the actions to take. Training for staff was created specific to this person's needs. The person had lived successfully in their own home for over two years.

People had a range of information available to them about the agency and they confirmed this information included a customer guide which had been reviewed in 2016. It was a laminated and bound copy, produced in pictorial and easy read format. The information about the service included their quality promise; activities and community; health and wellbeing; finances; contact details, and how to make a complaint. Also

available was a file with "Helpful information about the support Archangel provide". This was also produced in a pictorial and easy read format.

The registered provider had a wide range of policies and procedures available to the staff team. The staff had received copies of the members' handbook; health and safety handbook and code of practice. Staff signed to say they have received these and copies were seen on staff files. The code of conduct showed staff the standards that the registered provider expected them to maintain. This included protecting the rights and promoting the interests of the people they supported and promoting people's independence.

## Is the service responsive?

### Our findings

People told us they didn't have any concerns or complaints about the service and that they would speak with the staff or registered manager if they needed to. People said they would speak to the staff if they were unhappy with anything. We saw that there was a pictorial version of the complaints procedure in place. The complaints procedure was included in the "helpful information about the support Archangel provides" and also within the staff member's handbook. Having access to the complaints procedure helped ensure that people could be confident their views would be listened to and acted upon. We looked at how complaints were dealt with, and found that a detailed action plan for each complaint and a complaint log had been completed. We saw that the responses had been thorough and timely. We had not received any concerns about the service since the last inspection. We saw a number of cards, letters and verbal comments (which the service had recorded) that complimented the agency. Comments included "The registered manager is excellent, passionate and caring", "Archangel is efficient and extremely knowledgeable", "Communication is excellent" and "I believe that Archangel provide a caring service".

People had care plans that were well written in a person-centred way. This meant that the person was 'at the centre' of all that was included in the care plan and their needs, wishes and preferences were paramount in the plan. There was a wide range of documentation used which was well set out in the file and had good personalised information included. How the individual was involved in the care planning process was also included in the file. The individual had separate files for finances and medication, where appropriate and also for daily paperwork. All records seen were up to date which meant that staff had up to date information to refer to. Six care plans were looked at each one contained a "This is my book all about me". The book was written in an easy read way which also used pictures and symbols where appropriate. The book was written to help staff understand and support the individual in a way that was person-centred to them. It gave details of the people who helped to write the book and gave information on the person's routines throughout the day and night, when they would like to be supported, their activity planner and what support the person needs. Also included in the plans was information on people's personal care, mental health and wellbeing, and diet and hydration.

The daily support file contained information about daily monitoring; diet and nutrition; family contact; health monitoring; behaviour and activities. The daily log sheets contained detailed information about what the person had been doing that day, how they were feeling and any activities they had undertaken. The information was written in a way that respected people's rights and took their needs into account.

People told us about the activities they liked to do. People said they enjoyed cooking, shopping, getting out and about in the community and going out for meals and to the pub. People had an activity planner in place and this showed the activities the individual intended to undertake. Some activities were within the home such as help with domestic tasks and cooking. Also spending time alone, listening to music, watching the TV or being with other people and keeping in contact with family and friends. External activities included going to clubs or discos, out shopping, visiting local places of interest or going out to the pub or for a meal. Some people attended a local day-care centre, and others were in employment.

We saw that each 'supported living' house had a "good practice guide" for the staff team. This included information on general housekeeping, what to do in the event of a fire, information on the gas, electric and water suppliers, and maintenance information. Also a shift communication sheet was completed by the staff on duty to show what activities people had undertaken; medication administered; finance checks made; and the daily logs completed. Staff told us that these were useful documents and helped them to support people in the houses.

## Is the service well-led?

### Our findings

A registered manager was in post that had worked for the registered provider for five years and had managed the service for four years. The registered manager was supported by the registered provider and co-ordinators to manage and co-ordinate the service. There was a clear line of accountability within the service and staff were aware of their roles. People told us that they were involved in care review meetings with their relatives, when appropriate. These were undertaken every six weeks until people were settled in the service. People said they knew who the manager was and that they were "Very nice". They said they were happy with the service and commented that they had "No concerns" and that the service is "Really well done". One relative said that the registered manager phoned them every four to eight weeks for a chat and review of the service. Relatives commented that they were very happy with the service provided and that it's an "excellent service". Other comments included "[Name] wouldn't be as well as they are now and the transition to this service went very smoothly", "They are the best" and "[Name] has completely changed for the better".

Staff told us that they always had access to support from a senior member of staff when they were on duty and out of normal working hours an on-call system was used, where a senior member of staff would be available. They said that they had access "to the manager's mobile number directly". Staff said the registered manager was supportive and approachable. Other comments included "[Name] is good, you can talk to her", "She is brilliant, supportive and approachable", "She is a good source of knowledge and I respect her" and "She puts everything into this job". Staff were confident that any issues raised with the registered manager would be dealt with appropriately and one person said when they had raised a concern that it had been dealt with "Brilliantly".

We looked at how the service promoted a positive culture and saw that staff and people were encouraged to raise concerns and where individual members of staff were encouraged to share their opinions or concerns whilst feeling valued and listened too without fear of recrimination. The registered manager confirmed they operated an "open door" policy where people were welcome to come to talk to them.

The opportunity for the management team to support staff, get to know people who use the service and lead by example was seen by a member of the management team attending the disco every week. There it was possible to communicate and observe people who use the service and staff in a relaxed atmosphere ensuring the quality of service was being assessed in a less formal environment. This also gave the staff the opportunity to see managers taking part in meaningful activities outside the normal office working times.

The office also offered a 'drop in' environment where staff and people who use the service often dropped in to have informal interaction with the management team, meeting different staff or creating interactions with other people with the intention of forming relationships and reducing isolation.

People and relatives told us that they were contacted about their views of the service. Questionnaires were completed on a regular basis and reviews of the care plans and service were undertaken and monitored on a regular basis. Relatives said that they had no concerns about the service and were very happy with the

service provided. The annual quality assessment was completed in 2015 and people were asked about the support and office staff and general issues about the service provided. People commented "I get consistency and familiarity in knowing the people who support me", "Staff are really easy to get on with", "Staff out of hours are very speedy and know my needs" and "The office staff are very nice".

A range of audits were completed and included medication, finance, daily log sheets, mileage and housekeeping. These are completed weekly by the support workers and checked on a monthly basis by their supervisor. The registered manager had recently introduced a new system to ensure that any mistakes that were made were dealt with in a timely manner. The new system would check if a staff member had six care plan issues or three medication or finance issues. Following this the staff member's ability to undertake their role would be reviewed and capability issues and procedures would commence.

The registered manager also completed audits on accidents and incidents, and records showed that these were recorded with a brief description of the accident or incident and noted the people involved and any follow up action taken. The registered manager said these audits helped her to look for any trends occurring and enabled her to take action as appropriate. For example where a person had become aggressive towards a staff member then documentation had been implemented, a body map had been completed and medical assistance sought.

The registered manager was aware of the incidents that needed to be notified to CQC. These are incidents that a service has to report and include deaths and injuries. We saw the notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.