Angelcare Uk Ltd

Angelcare UK Limited

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?	Requires Improvement

Summary of findings

Overall summary

We inspected Angelcare UK Limited on 9, 10, 12 and 15 August 2016. The provider was given 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager can be available.

The last full inspection took place on 5 March 2014, when we found the service was meeting the regulations we looked at.

There was a registered manager in post.. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Angelcare UK Limited is a domiciliary care agency which provides care services to people in their own homes. On the day of our visit 82 people were receiving a personal care service. The agency can provide a service to adults, older people, people living with dementia, people with physical disabilities, learning disabilities and people living with mental health issues.

Staff recruitment processes were through with appropriate checks being undertaken prior to staff working at the service. These included obtaining references from the person's previous employer as well as checks to show staff were safe to work in the care sector. Staff recruitment was on-going to make sure there were enough staff to provide people with care and support.

Staff received induction and on-going training to make sure they had the right skills and knowledge to provide people with care in their own homes. The registered manager acknowledged more 'spot checks' needed to be made to make sure staff were applying their training to their practice.

People who used the services and relatives told us staff were kind and helpful.

Safeguarding procedures were in place and staff understood how to report any concerns in order to keep people safe in their own homes.

The care plans we looked at were detailed and staff we spoke with were able to describe how individual people preferred their care and support delivered and the importance of treating people with respect in their own homes. Where any risks to people were identified we saw action had been taken to mitigate those risks to keep people safe.

Medicines management systems were in place to ensure people received their medicines at the right times. When necessary staff involved district nurses, GPs or the emergency services to make sure people's health care needs were met. Care plans were in place for people who needed support with meals to make sure they

were having enough to eat and drink.

People had information about how to make a complaint and we saw complaints had been dealt with by the registered manager.

We found there were some effective auditing systems in place. However, the registered manager recognised more work needed to be done on the scheduling and monitoring of calls to ensure people were receiving a reliable and consistent service.

People were asked for their views every annually through satisfaction surveys and from telephone contact. Where people had raised issues the registered manager had responded to them individually.

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.

There were procedures for staff to follow if an emergency arose and staff understood how to keep people safe.

Safe recruitment procedures were in place, which ensured that only staff who were suitable to work in the service were employed. Recruitment of staff was on-going to make sure there were enough staff to support people and meet their needs.

Staff made sure people received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received training appropriate to their job role, which was kept up to date. This meant they had the skills and knowledge to meet people's needs.

People's rights were protected because the registered manager and staff understood their responsibilities under the Mental Capacity Act 2005.

People received support to ensure their healthcare and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People told us staff were caring and staff understood how to respect people's privacy.

Staff had a good knowledge of the people they cared for and encouraged people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and care plans were detailed and easy to follow.

There was a complaints procedure in place, which people were made aware of and had used.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The systems for scheduling and monitoring care workers calls were not always operating effectively.

Some audits were being operated effectively, however, there needed to be more development in this area to give assurance about the quality and consistency of the service.

Angelcare UK Limited

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 visit to the provider's office was made on 10 and 12 August 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was available. The inspection was carried out by two inspectors on the first day, one inspector on the second day 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.

At the time of inspection the service was providing personal care and support to 82 people.

During the visit to the provider's office we looked at the care records of people who used the service, staff recruitment files and training records and other records relating to the day to day running of the service.

During the visits to the office we spoke with one care co-coordinator, seven care workers, the service manager, the human resources manager, the registered manager, the service support manager and the operations manager. The expert by experience carried out telephone interviews with nine people who used the service and nine relatives on 9 and 10 August 2016. One of the inspectors also spoke with another two people who used the service, two relatives and a social worker on 15 August 2016.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us. We also contacted the local authority contracts and safeguarding teams.

We also asked the provider to complete 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. The registered provider returned the PIR and we took this into account when we made

judgements in this report.

Good

Is the service safe?

Our findings

Some people who used the service and relatives told us care staff did not consistently turn up at the right times, and others expressed concerns they were not told when care workers were going to be late. However, others told us there had been recent improvements in these areas of the service.

The registered manager told us recruitment of care workers was on-going and the service currently had vacancies for staff. They explained existing staff or the care co-ordinators were picking up additional shifts to make sure all of the calls were covered. They also told us they would not offer a service to any new customers until they had enough staff in place to cover the visits. We spoke with one of the care co-ordinators who told us if they received a request to provide a new care package they looked at the existing care staff rotas to see if additional calls could be fitted in and at what times. They told us they would not offer a service unless there were enough staff to provide it.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and two written references were obtained before new employees started work. The staff we spoke with told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed.

We saw when necessary the registered manager had used the service's disciplinary procedures to ensure staff were working safely and in line with policies and procedures.

Safeguarding procedures were in place. The registered manager demonstrated a good understanding of safeguarding and knew how to identify and act on concerns. They had made appropriate referrals to the safeguarding team when any concerns had been raised. Staff had received safeguarding training. The staff we spoke with had a good understanding of how to identify and respond to any suspected abuse or concerns they had about people's wellbeing. They told us they would report any concerns to the registered manager who would take any necessary action. This demonstrated the provider had appropriate arrangements in place to help reduce the likelihood of abuse going unnoticed and help protect people from the risk of abuse.

Staff told us they had received infection prevention training and collected gloves and aprons from the office base. However, some people who used the service told us staff wore gloves but no aprons. We saw from some recent 'spot checks' this issue had been picked up and dealt with by the provider.

We saw detailed environmental risk assessments in relation to people's homes were in place to ensure the safety of the individual and staff. We also saw risk assessments in relation to moving and handling, medicines, falls and nutrition had been completed and action taken to mitigate any risks which had been identified. For example, medicines being locked away and use of moving and handling equipment. Care workers told us if they identified any area of potential risk they would report this to one of the care co-ordinators who would arrange for a new assessment to be completed or would contact relatives to get them

to resolve any issues with the property.

The registered manager told us they received severe weather alerts from the local authority so they could plan people's care and support on a priority basis.

Some of the people we spoke with told us staff assisted them with their medicines. One person told us, "They do my medication and eye drops, they do them OK." Another person told us, "They do check I have taken my medication."

The provider had policies and procedures relating to the safe administration of medicines in people's own homes which gave guidance to staff on their roles and responsibilities. Staff we spoke with confirmed they had received training in administering medicines and part of the training was a simulation of administering medicines at the office base.

We saw care plans contained detailed information about medicines people were taking and what the medicines were for. The medication administration records (MARs) listed each medicine, the dose and the times it needed to be given. Where creams or lotions had been prescribed there were details about where and when these needed to be applied in the care plan. We checked some of the MAR charts and found they had been consistently signed to show people's medicines had been given as prescribed. This showed us staff were following the procedures and medicines were being managed safely.

Good

Is the service effective?

Our findings

We asked people using the service and relatives if they felt staff had the right skills and experience to provide them with care and support. One person using the service told us, "They know what they are doing." Another person said, "My regular ladies know what they are doing." A third person told us, "They [care workers] seem well trained." Relatives made the following comments, "There seems to be a lot of young ones; some are better trained than others. They seem to learn as they go along really." "My relative is very happy with the care they get." "They [care workers] seem to know what they are doing, some of them are just young lasses and don't seem to know what's what." We saw one person who used the service had complimented a new member of staff on their first day and had said they were very impressed.

The registered manager told us new staff completed the Care Certificate training. The Care Certificate is a set of standards for social care and health workers. It was launched in March 2015 to equip health and social care support workers with the knowledge and skills they need to provide safe and compassionate care. It is aimed primarily at staff who do not have existing qualifications in care such as an NVQ (National Vocational Qualification). After completing this care workers were able to pursue further qualifications in care.

Staff we spoke with told us they had received induction training and then 'shadowed' a more experienced worker for two days before working alone or with another care worker. The registered manager told us the shadowing period could be extended to make sure new staff were confident before delivering personal care. The registered manager told us new staff always worked as part of a team of two after induction so they could continue to be supported by another care worker.

We looked at the training matrix and saw care workers had completed a range of training. For example, health and safety, first aid, moving and handling, food hygiene, infection prevention and safeguarding.

Staff we spoke with told us they felt supported by the care co-ordinators, service manager and registered manager. The registered manager told us staff received supervision four times a year, one of which was the 'spot' check on their practice and an annual appraisal. The registered manager told us they recognised they needed to improve the frequency of spot checks to make sure staff were applying their training to their practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA.

We saw from the training matrix staff had completed training about nutrition and well-being. We saw from the care plans where people had been assessed as being nutritionally at risk a care plan had been put in place and their food and fluid intake was being monitored. For example, concerns had been raised about one person losing weight and they had been reassessed and a new care plan had been put in place. We spoke to one of the staff who provided support for this person who told us their appetite had improved slightly, but they needed a lot of encouragement to drink. In another care plan we saw clear instructions for staff about the approach they needed to adopt to ensure the person had their breakfast. This showed us people's nutrition and hydration needs were being met.

Two members of staff told us about one person they were supporting, together with the district nurses. When they had started providing a service the person had severe pressure sores, but these were now healing because staff were attending eight times a day to change their position.

When we spoke with staff they told us in an emergency they would call for an ambulance. If there were other concerns about a person's health they said they would call the GP, district nurse or seek advice from one of the care co-ordinators or registered manager. This showed us staff knew what action to take to make sure people's healthcare needs were met.

Good

Is the service caring?

Our findings

We asked people what they thought about the care workers who supported them. These were the comments from ten people who used the service; "They do alright for me, they always ask me what's needed." "As long as it is my regulars it's OK." "They are nice to me." "My regular ladies are lovely." "They [care workers] are very nice to me." "I usually have [named care worker] and she is very good. They are usually very nice but [named care worker] is the best." "They do everything for me, they talk to me." "The girls are nice enough." "Some individual carers are very good." "They [care workers] are very helpful, kind and make me feel at ease." These were the comments we had from nine relatives; "The girls are nice enough." "They are nice kind girls." "Very pleasant and kind to my [relative]." "It's ok mostly." "They are kind to [relative] the girls, very nice, some are better than others." "They are nice enough, polite and all." "They [care workers] are very good." "The staff are kind, caring and helpful."

We looked at four compliments which had been received since February 2016 and noted the following; "You are the best care company and all your girls are very professional and always polite." "Thank you for your kind and caring assistance when I needed it." "Thank you for all your help and assistance."

We looked at ten care plans and all of them contained some information about the person's life and their personal preferences. Staff we spoke with had a good knowledge about the people they cared for and the contents of their care plans.

We saw people who used the service were given information about how staff would respect their privacy and dignity in the 'Statement of Purpose.' Care workers we spoke with gave us examples of how they maintained people's privacy. For example, closing doors, windows and curtains when delivering personal care. One care worker explained how important it was to one person they supported to look smart and how they achieved this.

We saw in the care plans there was clear information for staff about what people could do for themselves. We asked staff how they encouraged people to maintain their independence. One care worker told us, "I encourage people to do things for themselves. What ever they are capable of doing , I get them to do. One person likes to clear their own plates away as long as they are safe they can do this."

We saw the following compliment from a relative, "Thank you for all the excellent standard of care you have given to Mum over the last six months. It has been very reassuring to know that you have been calling every night. She does seem to be more able to go to bed unsupervised now thanks to your help. I hope I will be able to call upon you in the future should we need your help again." This showed us staff were working with people to keep them as independent as possible.

We saw care files and associated records were stored securely at the office base and systems were in place to dispose of confidential information. This meant people's personal information was held safely.

Good

Is the service responsive?

Our findings

We spoke with the service manager who told us before a service was offered they visited the person and discussed their care needs with them and their relative, if appropriate. From this assessment a care plan was formulated and agreed with the individual and their relative. One person told us Angelcare had provided a service at very short notice, when their relative was discharged from hospital, which had been very much appreciated.

We looked at ten care files and found detailed care plans in each one, which set out clearly what support care workers needed to provide on each visit. Care workers confirmed care plans were available in each person's home for them to refer to.

Care plans were routinely reviewed every 12 months or as and when people's needs had changed. This meant care plans were kept up to date and reflected people's changing needs. Some people who used the service could not recall being involved in a review of their care plan. We concluded this was because they had not being using the service for long enough for this to happen.

We asked care workers what happened if people needed more care and support. They told us they contacted the care co-ordinators and they arranged for them to be reassessed. They said this was done quickly and more time was allocated to calls when needed. One member of staff told us someone had needed a new piece of moving and handling equipment and this had been ordered straight away. This showed us the service was responding to people's changing needs.

Information within people's daily records provided evidence that care was being delivered in line with people's plans of care, for example, in the provision of mealtime support and support with washing and dressing and medicines. This was confirmed through our discussions with staff and the people who used the service.

We saw details of the complaints procedure was in the 'Statement of Purpose' which people were given when they started using the service. People we spoke with told us they would be able to raise any concerns with the registered manager. One person who used the service told us, "I would complain if there was something wrong don't you worry, but nothing is." A relative told us, "I have only had to complain once and that was some time ago about a late call and they dealt with it."

We looked at the complaints log and saw complaints which had been received had been thoroughly investigated. We saw the registered manager had taken action to address individual complaints.

Requires Improvement

Is the service well-led?

Our findings

We asked people using the service and relatives about the management of the service. People's views about their contact with the office varied some told us they were helpful whilst other people told us they could be more helpful. A number of people told us Angelcare was better than agencies they had used previously.

All of the staff we spoke with told us the registered manager was approachable and had an open door policy. One care worker said, "[Name of registered manager] is fair and will sort things out." They also told us they would sort out any issues that were brought to their attention quickly. A social worker told us the registered manager was approachable and very knowledgeable.

All of the staff we spoke with told us they would recommend the agency both as a provider of care services and as an employer. The social worker we spoke with told us they knew a number of people who used Angelcare and never had any complaints. A relative also told us they had recommended the service to others.

We found the registered manager was open and honest in their discussions with us and was aware of areas of the service which needed to improve.

The registered manager told us over the last eight months a lot of work had been completed in looking at the scheduling of staff runs. They had stopped providing a service in some areas of Calderdale so they could concentrate on providing a consistent and reliable service. For example, in one area people mostly received support from the same team of care workers. The registered manager told us they thought it would take another four months to fully establish the rotas for staff.

Some of the people who used the service told us they were not always contacted if care workers were going to be late and did not always know which care workers would be coming. These were some of the comments people made; "They don't ring me to tell me if they are late or anything." "They started coming very late of an evening, they're supposed to come at 8pm but it's past 9pm now, no one rings to say they will be late." "Well it's alright if my regular ladies come but when she is on holiday it all goes to pot. They don't seem to plan for holidays or days off. when you ring the office it's all 'oh we are very sorry, we will send someone now' but if your breakfast call is 8am and they don't come till 11.30am what's the point. It's nearly lunchtime."

We asked the registered manager about letting people know if staff were going to be late for a call. They told us if a care worker was going to be more than 30 minutes late to a call, the procedure was they had to ring the office and then one of the care co-ordinators would contact the person using the service. This procedure was in place so late calls could be monitored and also if another member of staff needed to be deployed to cover the call, this could be arranged. We concluded this procedure was not always being followed.

The registered manager explained when care workers went to a call they 'logged in' by telephone and 'logged out' again when they left. If the call was 30 minutes overdue and no one had logged in, an alert was

sent to the computers in the office, or an email was sent, out of office hours, to the 'on call' telephone alerting staff that the call had not been made. Staff would then contact the care workers to find out why the call had not been made and let other people on the round know their care worker would be delayed. We concluded this system was not always being managed effectively.

We asked care workers if they had allocated travelling time between calls, four told us they did not. When we spoke with the care co-ordinator they told us some calls were very close together so no travelling time was needed, but travelling time was built into some of the rounds. We looked at two of the scheduled 'rounds' and saw although some travel time had been allowed between some visits sometimes this was not adequate. For example, the finish time at one call was the same as the start time at another, however, the calls were 4.6 miles apart and the AA route planner calculated this journey would take 13 minutes. We saw for another call 10 minutes of travel time had been allowed for a journey of 6.8 miles which according to the AA route planner would take 19 minutes. We looked at this with the registered manager who accepted travelling time had not always been given. They told us they were going to introduce new computer software which would automatically schedule in travelling time.

There were a number of audits taking place which were effective. For example, the registered manager audited staff training to make sure it was up to date. Care files, daily records and medicine administration records were audited and where issues had been identified these were discussed with relevant staff or at staff meetings.

However, there were no audits of staff rotas which would have identified not enough travelling time had been allocated. Supervision records were not audited and we saw an issue had been raised in supervision by one care worker, which had not been followed up.

People who used the service and relatives had differing views about whether or not staff had received enough training. As the staff training matrix showed everyone was up to date with training we concluded more spot checks needed to be completed to ensure staff were applying their learning to their practice. The registered manager had already identified this as an area which needed to develop further.

We saw systems were in place to identify any missed or late calls and to document any concerns or complaints. However, no analysis of these was taking place to see if there were any common themes or trends emerging.

The registered manager told us satisfaction surveys were sent out annually in August/September. We saw telephone surveys had also been completed in January 2016, We saw 36 interviews had been completed and these showed a high level of satisfaction with the service. Where people had raised individual issues the registered manager had dealt with these.

The registered manager also told us they also worked, on occasions, delivering direct care with the care workers which gave people the opportunity to speak with them face to face about the service they were receiving. This showed us the registered manager wanted to get people's views and acted upon them.