

Angel Care Support Ltd

Angel Care Support Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Angel Care Support Limited is a domiciliary care service providing care and support to people in their own homes. This included young children and adults with a learning disability and older people. 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. At the time of the inspection there were 25 people receiving support from the agency and only seven people were being supported with personal care.

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

People using the service told us they felt safe. However, there were several areas of concern we identified which meant we could not be assured that people received care in a safe manner. Safe recruitment procedures were not being followed, this was because some staff were working without the necessary employment checks taking place.

Staff did not receive ongoing training relevant to the needs of people using the service or that was required of them to do their job safely. Staff did not receive supervisions or appraisals in line with the provider's policy. However, staff said they were supported in their role. There was a comprehensive induction in place for new staff and staff were supported to gain a recognised qualification in care.

Systems to monitor the quality of the service such as spot checks and regular courtesy calls to people who use the service had lapsed since the last inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People confirmed they had care and support from a small consistent team. They knew who would be supporting them and had built positive relationships with staff. Staff were knowledgeable about the people they supported. Care was delivered in a person centred way. People were involved decisions about how they wanted to be supported. Staff sought consent from people. Relatives said they were involved and kept informed of any changes.

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

Rating at last inspection (and update)

The last rating for this service was good (published 18 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

At this inspection we identified three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around fit and proper persons employed, staff training and supervision and good governance. Details of action we have asked the provider to take can be found at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Angel Care Support Limited

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 Care Act 2014.

Inspection team

One inspector completed this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 February 2020 and ended on 3 March 2020. We visited the office location on 26 February and 3 March 2020.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This included correspondence we had received, and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. We sought feedback from the local authority who work with the service.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff, the provider and the, registered manager.

We reviewed a range of records. This included five people's care records. We looked at three staff files in relation to recruitment and training and supervision for all staff. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies relating to quality assurance, supervision and training. We received a further email from a member of staff about their experience of working for Angel Care Support.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The registered manager said they found recruitment of new staff difficult. They said they would not agree to support any new people unless suitable numbers of staff were employed.
- Two people told us Angel Care and Support were unable to cover all their visits they needed although they both said they could manage. They said they had mentioned this in their annual survey and during care reviews. The registered manager was aware and actively trying to recruit.
- Recruitment was not always robust. One member of staff had recently started work without the appropriate checks having been completed. This included a disclosure and barring check and a second reference. For another member of staff, a co-worker had completed the reference and not their last employer. Both care workers were working and shadowing more experienced staff.
- There was no risk assessment for a member of staff that had declared a criminal conviction to ensure they were suitable to work with vulnerable people. The registered manager was able to explain what safeguards had been put in place including informing the family where the care worker was working but there was no documentation to support the decision process. This had been addressed by day two of the inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate a full and comprehensive recruitment process had been followed. This placed people at increased risk of harm. This was a breach of regulation 19 Fit and proper persons employed (Regulated Activities) Regulations 2014.

- The provider told us that care staff completed timesheets which were signed by people or their Relatives. These were used to check care visits were being carried out on time. The registered manager was confident that people would contact the office if their care worker had not turned up.
- Relatives and people said the service was reliable as care staff arrived on time and stayed the full length of the visit. Times were suitable to the person and allowed flexibility such as additional support with attending medical appointments. Staff contacted people if they were going to be delayed.
- People had a core group of staff that supported them. This ensured continuity of care and enabled people and staff to build relationships. One person said, "If my regular carer cannot make it. I prefer to cancel".
- Staff said the rotas were well organised and they knew who they would be supporting each week. They said they had enough time to provide the support people needed without rushing.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when supported by staff. A relative said, "Very safe". They gave an example that when their loved one had forgotten they had a visit and had gone out. The staff member checked the local area and found them in a café and stayed with them and had a coffee.
- Staff had completed safeguarding children and adults training although this had not regularly been updated.
- Staff knew how to protect people and report concerns about people's safety.
- Staff told us they felt confident the registered manager would respond and take appropriate action if they raised any concerns.

Assessing risk, safety monitoring and management

- People's homes and access arrangements to the property were assessed to ensure it was safe for staff and people to receive support. This included who to contact in the event of an emergency.
- The service had contingency plans in place to ensure people's care would continue in the event of an emergency. They were aware who needed a visit as a matter of priority because there was no one else to provide the support such as a family member and or the person's vulnerability. There were no time critical calls in respect of medicines or care and support.
- Staff were able to describe how they kept people safe and how they contacted the office and family in the event they had any concerns about a person's safety.

Using medicines safely

- The support people needed with their medicines was clearly recorded in the plan of care. Where people were supported staff signed to say what medicines had been given. At the time of the inspection people were either independent in this area or family members supported people with their medicines.

Preventing and controlling infection

- Staff told us they had access to personal protective equipment, such as disposable gloves to use to help prevent the spread of infection.

Learning lessons when things go wrong

- There was a process to record and investigate any incidents and accidents that occurred. A record was completed which identified the type of incident, who was involved and a brief description. The record included the outcome with any actions which were taken to reduce future risk. Since the last inspection, there had only been one accident and no harm had come to the person or the member of staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff felt they had received enough training to enable them to meet people's needs. One care worker told us, "We do our training on line and I can always ask for more". Another care worker described their induction, which included on-line training and spending time with the registered manager and shadowing more experienced staff. Another member of staff said, "All my training is up to date as I work for another agency".
- We looked at the training for majority of the care staff. Regular updates had not been completed in line with the recommendations from Skills for Care. This included moving and handling, food hygiene, infection control, medicine management, safeguarding adults and children, and health and safety. Some staff had not attended any updates since July 2018.
- Staff did not always receive supervision in line with the provider's expectations of three per year, with an annual appraisal. No spot checks of staff's performance had been completed since 2018. Spot checks are where the registered manager or a representative of the organisation, call at a person's home just before or during a visit by a care worker. This is so they can observe the member of staff as they go about their duties and check they are meeting the company's standards and expectations.

Systems were not robust enough to demonstrate staff were adequately supported and trained to perform their duties. This placed people at potential risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us on day two of the inspection they had arranged for all staff to come into the office to complete these courses, and for a formal supervision and annual appraisal to be completed. A training matrix had also been re-introduced to capture the information centrally for all staff.
- Staff completed a comprehensive induction which incorporated the care certificate. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their roles in care. Staff were then supported to complete a recognised qualification in care if this had not already been completed in their previous roles within the care industry.
- Some staff received bespoke training in areas such as epilepsy, supporting people with autism and dementia and percutaneous endoscopic gastrostomy (PEG). The latter is where a person receives their nutrition through a tube leading to the stomach.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before being offered a service. A new person would not be accepted until there were enough staff in place to support them.
- Relatives confirmed they and their family member were involved in the assessment and their needs and preferences were taken into consideration.

Supporting people to eat and drink enough to maintain a balanced diet

- Not everyone required support with eating, drinking or meal preparation. The support people needed was clearly recorded in the person's care plan.
- A relative said, "We do not have concerns and they encourage X to eat and drink plenty".

Staff working with other agencies to provide consistent, effective, timely care

- A family member told us the registered manager had been very helpful and supported them to liaise with social care professionals and signposted them to other agencies including how to obtain a blue badge for their relative.

Supporting people to live healthier lives, access healthcare services and support

- A person told us their care worker often supported them to medical appointments, when family were unavailable.
- A relative praised the staff on how vigilant the staff were and how they had picked up on the slightest changes and would liaise with the family if they had any concerns.
- Another relative confirmed that support was in place to help with attending routine chiropody and GP appointments when needed and where they were not able to support.
- Staff told us they were able to contact healthcare professionals directly which meant people received help promptly. An example was given where the care worker took a person to the eye hospital due to concerns noted during a visit and another care worker had noticed that a person's skin condition had changed. They had liaised with the family and supported the person to make a GP appointment.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the need to ask people for consent before carrying out care. A member of staff told us they always ask the person what they would like them to do during their visits. A person confirmed this approach. Not all staff had received training in MCA.
- People had signed consent forms to indicate their agreement to the care provided. There was a consent to

care form used but this had not been reviewed when a young person had become an adult. The registered manager said this would be addressed.

- People's capacity to make decisions was assessed and recorded.
- Some families of young adults and children had camera surveillance to help them monitor their loved one's wellbeing. There was no record of this in the young people's care plan. The registered manager said staff were made aware of this prior to visiting where this was in place. This was confirmed in discussion with one member of staff. There was no policy in place to guide people on their rights and the rights of staff. The provider said they would address this and liaise with the company that helps them in this area.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care and support from a small staff team who knew them well and were caring, kind and helpful. New staff were introduced slowly and alongside staff that knew them well.
- A relative told us the care workers who provided support were considered 'friends'. They went onto say, that their relative and staff had built positive relationships which helped because of the reluctance to have support initially. They said their relative looks forward to the visits.
- Another relative said, "X (name of the care worker) is part of the family". They said the care worker had worked with them for many years and also supported them with a family holiday.
- A person said they classed their care worker as family. They said their care worker was "Brilliant" and "listens to me" and "Does it how I want".
- Staff spoke about people as individuals, recognising their diversity.
- There were many examples where staff had gone the extra mile. For example, helping to walk and feed people's pets, or picking up milk, bread etc on their way to the visit and visiting people when they were in hospital.
- Support plans contained information about people's personalities, for example what topics they liked to discuss, how to help them remain comfortable. A member of staff said, "If I am ever in doubt, I would ask mum".

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us they and their family members were involved in care planning and decisions about their care.
- People and their relatives were given the opportunity to provide feedback about the service through the completion of an annual survey.

Respecting and promoting people's privacy, dignity and independence

- People felt staff supported them and their independence was promoted for example only receiving help when they needed it.
- People confirmed staff always knocked or rang the doorbell and waited for permission to enter their home. They told us staff were respectful of the fact they were visiting their home.
- A relative told us that their loved one had gained confidence in going out in the local area again, because

of the support from staff.

- A relative said the staff were good at sensitively checking whether their loved one had taking their medicines without taking the person's independence away. They said staff will make sure their medicines were available for the next day as there was a risk the person may forget.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had clear support plans, which set out how their care and support should be met. The plans were specific to people and contained information to enable staff to support them.
- People described to us how staff supported them. It was evident it was very much led by them and staff completed what was needed.
- A relative said the service had been very responsive in respect of a planned admission to hospital with additional staff hours being provided by familiar staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were understood and met. People's support plans detailed their communication needs and provided guidance on how people communicated effectively. For example, using key words, pictures, written words, symbols and gestures or to ensure the person was wearing hearing aids or glasses.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff looked for ways to reduce social isolation and enhance people's quality of life. A member of staff said they had arranged for two young people they supported to meet up. They said now they often would go for coffee or the cinema all together. Another member of staff had arranged for two people with similar interests to go to a local safari park.
- A relative said staff often support their loved one to go out to the local café, shops and garden centre. They said it had been positive as before their loved one had been reluctant to go out and their confidence had now grown.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain. No one we spoke with raised concerns about the care and support they received. However, two relatives said they would like more hours of support. They confirmed they had discussed this with registered manager.

- The service had a complaints policy and procedure which provided information on actions the service would take when a complaint was received. This included timescales for responding.
- The service maintained a complaints log. The registered manager told us they had only received one complaint since the last inspection. They were in the process of investigating this, which included meeting with the family and the staff involved. In response the person's care plan had been updated involving the family to give clearer guidance to staff.

End of life care and support

- At the time of our inspection, no one was receiving end of life care. The registered manager said they had supported a person in the past with end of life care. They had liaised with family and other professionals to provide support so the person could remain in their own home.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance systems were not fully embedded. For example, staff supervision was not happening as frequently as was expected, checks to ensure staff had appropriate car insurance and MOTs on their vehicles had not been completed. Documented spot checks had not been completed since the registered manager had started in December 2017.
- Information relating to staff training was difficult to navigate as some information was held electronically and others in paper form. There was no central system for the registered manager to continually monitor what training staff had completed and what was required.
- There were no formal systems to gather regular feedback from people or their families other than the annual surveys. The Quality Assurance policy said regular courtesy calls should be completed. The policy did not state the frequency. A relative and a person using the service said they rarely saw the registered manager or had telephone contact.
- There were no formal checks of documentation returned to the office such as daily records and medication records which had been completed by staff. The registered manager said these were read on the return to the office. There was no documentation to support this identifying any improvements or good practice.
- We found that the provider's policy on recruitment was not always followed. Where one staff member had declared they had a criminal record. The registered manager had employed this person without viewing their Disclosure and Barring Service (DBS) check. A risk assessment had not been completed ensuring safeguards were in place demonstrating an open and transparent approach and protecting vulnerable people.
- The provider had not completed any checks to ensure these quality assurance checks were being completed and people were receiving a service that was safe and responsive.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was governed well. This placed people at increased risk of harm. This was a breach of regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

outcomes for people

- The registered manager and the staff were passionate about providing very person-centred support to people. It was evident that people were supported by staff that were familiar to them and that knew them well.
- Staff told us they liked working for Angel Care Support because it was a small agency and they worked with the same people each week. Staff said they were not rushed and could provide the support that people needed and wanted.
- One member of staff said, "I just want to say that I feel supported, and that I know X (registered manager), is always available". Another member of staff said, "Sometimes it is difficult to contact the manager". They said this was not a major problem as they had worked in care for a long while. They were concerned more for new care workers.
- The registered manager said they often provided care. They said this was a good way to keep in touch with people, staff and relatives.

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 registered manager understood and followed the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.

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

- People, relatives and staff views were sought through an annual survey. The registered manager told us these had recently been sent out and were waiting for some more responses. This would then be collated, and an action plan developed. Feedback received so far was positive about the care and support and staff said they were supported in their roles.
- There had been no staff meetings since the last inspection. The registered manager said it was difficult to organise. They said they kept in touch with staff through regular text and when they visited monthly to drop off their timesheets and the daily records of the care and support given.
- A relative said communication was good. They told us the small group of staff and the registered manager were part of an electronic group chat which enabled information and updates to be shared promptly.

Continuous learning and improving care

- The registered manager attended the local care managers network to improve information sharing and knowledge.
- Improvements were needed in respect of the ongoing training for staff. However, staff were supported to complete additional recognised qualification such as a diploma in care which replaced the National Vocational Qualification. Staff had either completed this or were in the process of completing this.

Working in partnership with others

- Records showed that the registered manager had worked with the local authority where necessary to review people's care needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure systems and processes were either in place or robust enough to effectively monitor the service to ensure safety and quality.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure systems and processes were either in place or robust enough to protect people from staff working with them that may not be suitable.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Systems were either not robust enough to demonstrate staff were adequately supported and trained to perform their duties. This placed people at potential risk of harm.