

Helping Angels Ltd

Helping Angels Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection was announced and took place on 17, 18 and 21 November 2016. This was the first inspection of the service since the provider registered with us in July 2013. Helping Angels is registered to provide personal care support to people living in their own homes in Stoke on Trent and the surrounding areas. People who used the service were older people with physical health needs (some of whom were living with dementia), and younger adults and children with disabilities. At the time of our inspection, 56 people were receiving personal care support.

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.

Staff gained people's consent before they were supported. However, when people were unable to make decisions about their care, the provider had not assessed their capacity, and was not able to show how decisions made on behalf of these people were in their best interests.

Some people needed greater continuity in the support they received, and staff did not always have the information required to provide individualised support to people. The provider did not actively encourage people to share their experiences and some people were not confident to report concerns.

People were kept safe by staff who knew how to safeguard people and protect them from harm. Staff understood how to recognise possible abuse and were confident to report any concerns. Risks associated with people's care were assessed and staff knew how to support people to minimise any risks. There were enough staff to meet people's needs and the provider had recruitment processes to check staffs suitability to work with people. Medicines were managed to reduce any risks associated with them.

Staff had the knowledge to provide effective care to people, and they received training to develop their skills. People were able to make choices about the food they ate and were supported to maintain their health and wellbeing. People were involved with the assessment and planning of their care, and the provider was responsive to people's changing needs.

Staff supported people in a kind a caring manner and people had developed positive relationships with them. People were involved in making decisions about their day-to-day care, and staff promoted their independence. People were treated in a dignified manner and their privacy was respected.

The service was well managed and the provider had systems in place that identified areas where improvements were required. There were quality checks in place and these were used to drive continuous improvement. Staff felt supported and valued in their roles and the registered manager understood their responsibilities.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 safe.

People were kept safe by staff who knew how to safeguard people and protect them from harm. Staff understood how to recognise possible abuse and were confident to report any concerns. Risks associated with people's care were assessed and staff knew how to support people to minimise any risks. There were enough staff to meet people's needs and the provider had recruitment processes to check the staff's suitability to work with people. Medicines were managed to reduce any risks associated with them.

Good ●

Is the service effective?

The service was not consistently effective.

Staff gained people's consent before they were supported. However, when people were unable to make decisions about their care, the provider had not assessed their capacity, and was not able to show how decisions made on their behalf were in their best interests. Staff had the knowledge to provide effective care to people, and they received training to develop their skills. People were able to make choices about the food they ate and were supported to maintain their health and wellbeing.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff supported people in a kind a caring manner and people had developed positive relationships with them. People were involved in making decisions about their day-to-day care, and staff promoted their independence. People were treated in a dignified manner and their privacy was respected.

Good ●

Is the service responsive?

The service was not consistently responsive.

The registered manager had recognised that improvements were needed to ensure people received consistency in their care. The

Requires Improvement ●

provider did not actively encourage people to share their experiences and some people were not confident to report concerns. People were involved with the assessment and planning of their care, and the provider was responsive to people's changing needs.

Is the service well-led?

The service was well led.

A positive culture was promoted and staff felt supported and valued in their roles. The provider had systems in place that identified areas where improvements were required. There were quality checks in place and these were used to drive continuous improvement.

Good ●

Helping Angels Ltd

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.

This inspection visit took place on 17, 18 and 21 November 2016 and was announced. We gave the provider two days' notice because the location provides a domiciliary care service and we needed to arrange to speak with people who used the service and staff. At the time of our inspection, 56 people were receiving personal care support. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience conducted the telephone interviews with people and their relatives.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan. Before the inspection, we 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. Due to technical problems, a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. However, we gave the provider the opportunity to share any information they thought relevant with us.

We used a range of methods to help us understand people's experience. We visited seven people (five of whom had a relative with them) in their homes, and spoke with six people and ten relatives on the telephone. We spoke with three members of care staff, a care coordinator, the human resources advisor and the registered manager. We used this information to help us form a judgement about the support people received.

We looked at the care plans of seven people to see if they were accurate and up to date. We reviewed three staff files to see how staff were recruited and checked the training records to see how staff were trained and

supported to deliver care appropriate to meet each person's needs. We also looked at records that related to the management of the service. This included the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt safe when the staff supported them. One person said, "I feel safe with them." Another person told us, "I trust them all, I don't ever feel worried." One relative commented, "It's given us all peace of mind having this support." Another relative said, "They are all very honest and trustworthy. I happily leave things around the house with no worries."

People were supported by staff who had a good understanding and knowledge about safeguarding people and protecting them from harm. Staff were aware of how to recognise potential signs of abuse. One staff member told us, "There may be marks or bruises on a person, and I'd also look out for any changes in their behaviour. A person may be more withdrawn or more anxious." Staff told us they would be confident to report any concerns, and one staff member commented, "If I had any concerns I would report it to the manager straight away. I know they would deal with it immediately." We saw that when concerns had been raised, the local authority was aware of them, and the provider assisted them with their enquiries.

People were enabled to keep themselves safe. One person told us, "The help gives me reassurance to live on my own; they keep an eye on me to make sure I'm safe. They will make sure the house is locked up safely." Another person said, "They will always check that I've got my alarm on and the carers will make sure I've got everything I need close by to me." One relative told us, "The carers remind us to check the pendant alarm system once a month."

Risks to people's safety had been assessed, and staff knew how to support people to reduce and risk of harm. One person told us, "The carer will take my clothes upstairs for me in the morning, so I've got two hands free to use the rails on the stairs. The carer suggested it to help keep me safe, and it has really helped. She uses her initiative like that, she is very good." One relative said, "My relation needed to have two carers at first because of the equipment they had to use. The carers were shown how to use it safely and always followed the instructions they were given." Another relative commented, "The staff are confident in how they support my relation with any transfers; they are excellent at that."

Staff were knowledgeable about the possible risks associated with people's care. One coordinator told us, "We know that some people should only be supported by staff who have had some specific training. One individual has very complex needs and the staff need to know how to support them if there was an emergency to deal with." We saw people had assessments in place that identified any potential risks and the actions staff should take to minimise them. These had been reviewed when needed. This gave guidance to staff so they worked safely and reduced risks to people.

People were involved in making decisions about risks. One person told us, "I make choices about the risks I take." And one staff member said, "One person was putting themselves at risk as they were smoking in bed and nodding off. I noticed the burn marks on their blanket, and so spoke with them and their relative. They now have a new blanket that's fire resistant, and have also agreed to just smoke when there is someone else there."

There were enough staff available to meet people's needs and keep them safe. One person told us, "We've never once been let down." Another person said, "They always come when they should, give or take a few minutes. But I will be told if they are running late because of the traffic." People received their support for the agreed amount of time. One person commented, "There's enough time to do what you want them to do. You don't feel rushed at all." And a relative said, "They stay for the full agreed time." Staff told us their rotas reflected the calls they carried out. One staff member said, "I'm given enough time to get from one call to another, and if I need more time for a person, I will report it to the coordinator and they look at making changes."

We saw the provider had checked the staff's suitability to support people with their personal care before they commenced their employment. One staff member told us, "I had to have a new disclosure and barring service (DBS) check before I started, and had to provide three references, one from my last job." The DBS is a national agency that helps employers make safer recruitment decisions and prevent unsuitable people from working with people. They are responsible for processing requests for criminal records checks and deciding whether it is appropriate for a person to be placed on or removed from a barred list. The recruitment files we looked at showed that pre-employment checks were carried out before staff were able to start working. This demonstrated the provider had safe recruitment processes in place.

Some people needed support to have their medicines administered safely. One person told us, "The carer will always make sure I've had my tablets at the right time and writes it up on the sheet to show I've taken them." Another person said, "My relation will do my tablets for me, but the carers will put the creams I need on after my shower. They will change their gloves if they are putting a different cream on. They are very good at putting the right cream in the right places. They all do it exactly right." Staff told us they had to be trained to administer medicines before they could do this for people. Their competency to administer medicines was assessed through spot checks and the audits completed. We saw that the registered manager had conducted a review of the medicines protocols. They told us, "We identified that there had been a problem with one person's medicines, so we looked at the whole system. This highlighted some issues. We sent a memo out to all the staff to reinforce the policy and good practice. We've also introduced 'medicines champions' for the three geographical areas. Since then, the queries have reduced." This demonstrated the provider had systems in place to ensure people received their medicines safely.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and 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.

We checked whether the provider was working within the principles of the MCA. We were told there were some adults who used the service who were unable to make decisions about their care and support. One staff member told us, "Some people can just make simple decisions, like which chocolate bar they would like, but other decisions would be too difficult." We saw that a relation had given consent for their relatives care and support, even though they were an adult. No mental capacity assessment had been carried out to demonstrate that the person was unable to make the decision for themselves and there was no evidence of how the decision had been made in their best interest. The registered manager told us that some relatives had legal authorisation to make decisions on behalf of their relation. However, the registered manager had not seen these orders and could not be sure that people making these decisions had the correct legal authorisation to do so. Some staff we spoke with were not consistently able to demonstrate an understanding of the requirements of this legislation and how it impacted on their role. We discussed this with the registered manager, and they acknowledged that improvements were needed to ensure that they followed the principles of the MCA and its associated guidance.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When people were able to make decisions about their care, they told us that staff would gain their consent prior to assisting them. One person said, "They will always ask if it's okay to come in, and then ask my permission before they help me." Another person told us, "The carers will always check that I'm happy with what they are doing. They never do anything without asking me first." People told us they had agreed to receive support, and we saw that some people had signed a form to confirm this. The registered manager said, "We now have a new service agreement form, and as we review people's support and update their care plans, we are asking people to sign these."

People received support from staff who had the knowledge and skills required to meet their needs. One person said, "They all know what to do off by heart." Another person told us, "They all know their job and do it well." One relative commented, "They know exactly what to do." Another relative said, "They are skilled at what they are doing."

Staff received an induction when they started working for the service. They told us this was effective in preparing them to carry out their roles. One staff member said, "The induction I had was really relevant to the job and gave me a lot of information I needed to work with people." Another staff member commented,

"We had training in lots of different areas as part of the induction. I then learnt a lot more by going out and actually supporting the people." We were told that new staff were introduced to people. One person said, "New people will come with others to show them the ropes." Another person told us, "They will keep one another up to scratch by using the communication book. One left a list of what to do for another carer who wasn't quite as confident. That helped and they all worked well together."

Staff told us they were encouraged to develop their skills. One staff member said, "The training is good, and I'm now completing my NVQ." Another staff member commented, "The dementia training we had was really good and increased my awareness. I learnt that it's all about approach; if people say they don't want to do something, then how can I ask them in a different way. It made a difference in how I work with some of the people I visit." One member of staff described the training they received about supporting people who could be challenging. They told us, "It's all about prevention; how to avoid the situation in the first place. We have to understand the triggers and be proactive rather than reactive. We were shown how to protect ourselves, but its best not to get into that situation in the first place."

Staff told us they could call into the office at any time if they needed support. One staff member said, "I know I can pop in to see the coordinator if anything crops up, there is always someone available to speak to." The human resources advisor told us, "The coordinators do formal supervisions with the care staff, and we are keeping track on these. I ask for an update each month to see who is overdue and will then chase this up with the relevant coordinator." We saw that they also had a training matrix in place that identified when staff were due refresher training. This demonstrated the provider had a system in place to ensure staff were supported to carry out their roles effectively.

Some people we spoke with were supported with their meals. One person told us, "I'm always given a choice of dinner, and can eat anything I want. They will get it from the freezer for me." Another person said, "They will get prepare my evening meal and any snacks that I may need." People told us they were happy with the way their food was prepared for them. One person said, "They will always clear up for me and make sure I have my drinks close by before they leave. They are good at putting everything away as I want it done." Another person commented, "The carers will wear their gloves and aprons whenever they sort my food out for me, they are very good."

People were supported to maintain good health. One person told us, "The carers will keep an eye out for me, and if there is anything they notice, they will suggest I contact the doctor and get them to come out." Another person said, "They have been involved with the physiotherapist visits. They have listened to the advice given, and have then followed the instructions to assist me with the exercises. They worked closely together and it's helped with my independence." Some people were at risk of developing sore skin, and one person told us, "Having this help has done so much more for my skin; it's a lot better now. They will put the cream on every morning. It's like having a massage." One staff member commented, "I support a person who is at risk of developing sore skin, so I encourage them to change position regularly, and their skin is healthy." Another staff member said, "I will often suggest to people that they should get an appointment with the doctor or nurse. I may pick up things that they weren't aware of. It helps that I know people well, so I can pick up any small changes in their health and we can get it sorted before it gets too serious."

Is the service caring?

Our findings

People were happy with the care they received. One person told us, "I was recommended to use them, and they have lived up to my expectations. I'm so satisfied." Another person said, "I can't fault them; they have been absolutely fantastic." People were treated in a kind and caring way by staff who listened to them. One person told us, "We have a laugh and a joke, but they get on with their work. We have a lot of chats and they have become my friends. They're nice and ever so good to me." Another person said, "If they do finish their tasks a bit early, they won't shoot off, but will spend time to stop and talk." A third person commented, "I love them coming in; it gives me a boost in the morning." This demonstrated that positive caring relationships had been developed between people who used the service and the staff.

People were involved in making decisions about their day-to-day care. One person told us, "I'm in charge." Another person commented, "They do respect that they are coming into my home, and in a way they are a guest. So they will check what I want them to do and do it in a way that I want." People told us they had choice about their care. One person said, "There was one carer that wasn't quite right for me, so I did ring the office and that person doesn't come now. I'm happy with the current carers." People were encouraged to maintain their independence. One person told us, "They will only do the things I struggle with, and even then, they encourage me to do as much as I can for myself." Another person commented, "I can do what I can do, and I do as much as I can myself. It's important not to sit all day." This demonstrated that people had choice and control about their support.

People told us that staff promoted their dignity when providing support. One person commented, "It was a bit awkward to begin with; I'd not needed this type of help before. But they put me at ease and it didn't take too long for me to relax. They are all very considerate." A relative told us, "The carers will take the commode into my room and then leave the room. They will wait until asked to go back in." One member of staff told us, "I will make sure people are covered up properly when I'm helping them with their personal care; we have to understand that this can be embarrassing for people, so we must do it properly." Staff respected people's privacy and one person said, "The carers remain professional at all times, and don't talk about other clients. So I know that they won't discuss me with other people."

Is the service responsive?

Our findings

People gave us mixed feedback about the consistency of care they received. Some people felt they did not receive consistent care. One relative said, "We've had nine different people on the rota for one week, and that's if it goes to plan. It's not ideal to have too many new faces." Another relative told us, "One issue is that they send too many different people; my relation needs greater continuity." Staff were not always given the information they needed to support people. One person told us, "Some staff have been briefed about my needs, others have not. They need to be aware of certain things, and not all are." We were told that some people's records did not reflect the support that people received. One staff member said, "Some people's support plans are updated regularly as their needs change a lot. But with others, I'm not given the information I need to provide the care. It sometimes feels like I'm going in blind. You should be given the heads up about people if you don't know them." This demonstrated that staff did not always have the information needed to provide individualised support to people. The registered manager told us, "When we reviewed the service we identified that more work was needed to ensure that everyone's support plans were up to date." We saw the provider had recognised the improvements needed within the action plan they had in place.

Other people spoke more positively about the consistency of their care. One person told us, "I do get a change of carers every now and then, but I know everyone who comes." One relative said, "At first we had a number of different people, but it's calming down now. We now have the same five or six carers. It's good for my relation and good for the staff." And another staff member told us, "I had a new client recently and the office gave me the details I needed, so I was able to go in more relaxed as I knew what to do."

We received mixed views when we asked people if they felt able to raise concerns or complaints about the service they received. Some people we spoke with did not feel confident to give feedback about their care. One person said, "I don't want to risk being thought of as a trouble maker." Another person told us, "I haven't followed it up as I can't rock the boat; I might make it worse." One relative commented, "We have had to bring things up, and are just told that they are short staffed. It would have been nice to get an apology." Another relative said, "My relation has been getting support from them for nearly two years, but we haven't been asked for any feedback on how things are going." Other people told us they were happy to raise any issues of concern or give feedback about the service. One person commented, "I would ring the manager; they are the one who would sort anything out." Another person told us, "I would be happy to ring the office if there was anything." One relative said, "We wouldn't be afraid of saying what we thought." And another relative commented, "We are always being told to ring the office if there are any problems at all." This demonstrated the provider had not consistently encouraged people to share their experiences or encourage feedback from people. We saw that when people had raised issues with the provider they had acted upon these in a timely manner.

People were involved in the planning of their care. One person told us, "I was visited at home to discuss the help I needed." Another person said, "I was fully involved, and my relative was also here when they first came to discuss the help I needed." One relative commented, "They have fitted in with the times that we wanted and they always do their best to accommodate us." Another relative told us, "Our stipulation was that we

had to have the carers at a specific time. It was vital in our situation. And they have been very good, excellent in fact. If they hadn't been able to keep their promise they would have been out. There wasn't another company who was able to deliver the care we needed." People were asked if they had any specific preferences about the gender of the carers that visited. One person told us, "I didn't like the idea of men coming in to help me with my personal care, so I do get women and I'm happy with that. It's fine for the men to help me with mealtimes though." This demonstrated that people's preferences were respected.

People told us the service was flexible and able to meet their changing needs. One person said, "At first I needed help three times a day, but as I got more mobile it was reduced. Then I needed extra help and they were able to provide this." Another person commented, "If I need to I can change the times, I just have to say and they are flexible."

Is the service well-led?

Our findings

People who used the service and their relatives knew who the registered manager and care coordinators were and felt the service was well led. One person told us, "The manager is marvellous really; very nice and good at what they do. They will fill in and come to do the call sometimes, it's good to see them. By doing that, they know me and I know them." Another person said, "The manager has been here a few times, it helps that they are not just a name on a piece of paper. It's good that they know what they are sending their staff out to as no two people are the same." One relative told us, "They all seem very efficient in the office." The registered manager commented, "I never ask the care staff to do anything that I wouldn't do or haven't done myself. It's important that I know the people we support as much as the care staff."

The registered manager was aware of areas within the service that needed to be improved. They told us, "We do aim to give a quality service for people, and I have completed a full audit of the service. I have identified the areas that require improvement." We saw the action plan that they had written which highlighted these issues. The registered manager commented, "I know that the formal supervisions haven't happened for everyone, and the coordinators are now setting these up with staff. We have also identified that the support plans need more information in them and are now working through these. We are going to get a newsletter for the customers to keep them up to date about what is happening." They also commented, "We've put a hold on accepting new referrals, as we need to take stock and get up to date with everything. We have grown quite quickly, and it's only been recently that I have had the support I need to make sure that all the different jobs get done by the people who should be doing them. I'm confident that with the staff we now have in place, these things will happen." This demonstrated the registered manager had acknowledged some of the issues that we found and was actively working to address them.

Staff spoke positively about working for the service. One staff member said, "I absolutely love my work, so much so I don't class it as a job." Another staff member told us, "I do feel supported to do my job. Everyone in the office is easy to talk to and approachable, and if there are any issues I know I can just ring up the care coordinator." People who used the service told us the staff seemed happy in their roles. One person said, "Everyone who comes is cheerful, they always seem happy in what they are doing." We were told that there were a range of staff benefits available and one staff member said, "There are different perks for staff and also the 'star awards' which gives recognition of good practice. It makes us feel valued."

Staff told us that there was good communication between the office and themselves. One staff member commented, "We are sent memos and notes that keep us informed about things that are happening. The manager will also send us information that relates to specific clients. They are good at keeping us informed." There was a positive, open culture within the service. One staff member said, "I know I can speak to the manager or anyone else if I need to. We all work well as a team." Staff were aware of the whistle blowing policy that was in place. This is a policy that protects staff if they want to raise concerns, and enables them to do this anonymously if they chose to. One staff member told us, "I wouldn't have any problems raising any issues. I know any concerns would be dealt with properly."

We saw that checks were undertaken to monitor the quality of the service people received. One person told

us, "They do visit from the office to see how things are going and will observe the carers do their jobs." One care coordinator said, "One staff member has the role of doing the spot checks with the staff. If there are any issues then these will be acted upon." The registered manager added, "One of the seniors will carry out these visits. I want them to be seen as support calls, and to then tie them in with the supervision sessions for staff." They explained how they wanted to develop the staffs' skills and ensure that people received good quality care at all times.

The registered manager demonstrated their understanding about their responsibilities as a registered person and had informed us about any significant events that needed to be reported. This ensured we could check that appropriate action had been taken.

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 11 HSCA RA Regulations 2014 Need for consent The provider was not acting in accordance with the Mental Capacity Act 2005. Where people were unable to consent, decision specific capacity assessments had not been completed and best interest decisions were not evidenced. Regulation 11(1).