

Angels Care Management Services Limited

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Inspection report

Clegg and Bourne Suites, Mohan Centre
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Nottinghamshire
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Tel: 01159720559

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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? | Requires Improvement ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

We inspected this service on 14 June 2016. This was an announced inspection and we telephoned the week prior to our inspection in order to arrange home visits and telephone interviews with people. Our last inspection took place in August 2014 and at this time the provider was meeting all our regulatory standards. The service provides care in people's homes to older people and people with debilitating illness and long term conditions such as dementia. The service is available in the Long Eaton and surrounding areas. At the time of the inspection 119 people were being supported by the service, of which a majority received four calls a day to support them to remain in their own homes.

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.

Care plans which were available in peoples home had not been updated to reflect any changes in the person's needs following a review or changes in the person's health.. Staff told us they used this information, we could not be sure any new staff supporting a person had the relevant information to enable them to provide the appropriate support required.

People told us they felt safe and we saw a range of risk assessments to ensure people were protected from harm. When people required support with their medicine, this was completed safely.

The provider and manager had a system in place to ensure there were sufficient staff to meet people needs, before they took on a care package. There were effective pre-employment checks of staff in place and effective supervision to support staff in their role. Staff confirmed they were well supported. We found staff were trained in a range of areas to enable them to support people's needs.

People who used the service and relatives had confidence in the ability of staff to ensure people were safe. Staff had a good knowledge of people's likes, dislikes and people we spoke with felt they had a good relationship with the staff.

We saw that staff obtained people consent before they supported them and gave them choices in their daily life to enable them to remain as independent as they wished.

People's changing needs were identified and the service responded flexibly to peoples requests. Any requirement to support people with their health care had been accommodated and supported.

Any complaints which had been raised had been responded to and in line with the policy.

We saw the registered manager had in place a range of audits to identify areas of improvement to maintain

the quality of the service.

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 ●

This service was safe.

People felt safe and that their risks had been assessed and managed to protect them from harm. Staff had been trained in keeping people safe and understood how to raise any concerns identified. Medicines were managed and administered safely. Staffing levels were sufficient to meet people's needs and had been organised in small groups and areas to provide consistency for people when staff took leave or became sick.

Is the service effective?

Good ●

This service was effective.

Staff received training to provide them with the knowledge to care for people effectively. There was an induction programme to support new staff. People were given choices about their care. And there was an understanding of the need to support people with decision making when they could not do so for themselves. People were provided with food they chose and when required had supported people to contact healthcare professionals whenever necessary

Is the service caring?

Good ●

This service was caring.

People told us they felt they had good relationships with the staff. They were able to voice their needs and felt the service listened. People's privacy and dignity was respected

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's needs had been assessed however the updated information was not always available in the home of the person. People were encouraged and supported to pursue their daily interests.

The provider had an effective system to handle complaints.

Is the service well-led?

Good ●

This service was well led.

Staff were supported by the manager and understood their role. The provider had effective systems in place to monitor and

improve the quality of the care people received. The manager understood the responsibilities of their registration with us.

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Detailed findings

Background to this inspection

We carried out this inspection visit 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 14 June 2016 and was announced. The provider was given seven days' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. The inspection was carried out by 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.

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 also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We used a range of different methods to help us understand people's experiences. We visited four people in their homes and made telephone calls to a further ten people and two relatives. We sent out questionnaires to people who used the service and used this information to make a judgement about the service.

We spoke with five staff, the administration support and the registered manager. We looked at care records for six people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks

Is the service safe?

Our findings

People told us they felt safe when they received care. One person said, "I feel very safe with the staff; they make sure I don't fall." Another person said, "I just feel safe with them." A relative told us, "The staff are very good I trust them to look after my husband." Staff had received training in safeguarding and all the staff we spoke with were clear on the process for reporting any concerns. One staff member said, "It's important to make sure people are safe in their day to day life. If I have any concerns I would inform the management."

Some people had a number code to enable staff to enter their home; we saw there was a system in place to maintain people's safety and security. One person told us, "I would prefer to let the staff in myself, however I am not able and feel this is a secure system." Staff understood the importance of not disclosing information relating to people. The service had an out of hour's number which people could call, if they required unplanned assistance. People we spoke with told us when they had used it, and when they did their call had been answered quickly and they received the support they needed. For example one person had called the service late when evening when they had fallen, the provider provided a call from the staff to make sure the person was safe and able to be left alone.

The provider had a whistle blowing policy; staff knew about the policy and felt confident to use it if required. The WB policy protects staff if they have information of concern and gives them an opportunity to raise concerns anonymously if they prefer. One staff member told us, "I would feel confident and definitely let someone know, I am sure the management would respond straight away."

We saw that risks to people's safety had been assessed. One person told us, "I feel staff ensure my safety, I need to have the correct footwear on otherwise I will fall, and they always do." One staff member told us, "I know what equipment to use, but you can always check as we follow the occupational therapist assessment." People's assessments covered all aspects of the person's care and environment. Where the person required equipment to support their mobility within the home, a separate assessment had been completed which provided guidance on how to support the person safety. We saw these assessments were available.

There were sufficient staff to support people's needs. People told us they mainly had a small group of regular carers who supported them. One person said, "They are brilliant, I like to know who's coming and what time." People told us they were supplied with a list by post and or an email relating to the care calls planned for the coming week. The list provided people with the name of the carer and time they would be expected to arrive. One person told us how important they found this list. They said "If I don't get the same carer, I like to have a name. The staff are always polite though and introduce themselves as they come through the door." Another person told us, "All the staff are very good, we usually know the carer but if there is a new one they make sure they have introduced themselves."

There was enough staff to support people's needs. People told us they received their calls on time and regularly as planned. If there was a change in the person or the time people said they had received a

telephone call to inform them of any changes. One staff member said, "People are not left waiting." We spoke with the manager about the service's approach to staffing. They told us they did not accept any new packages of care unless they had the staff to provide the level of calls required. The manager told us, "When a carer starts with the service they have a small number of hours and we then build the area of calls." We saw the provider worked staff in a geographical area to reduce travel between calls, they also had regular staff in 'pockets' of areas so they could support one another to cover for sickness and leave.

Staff told us that prior to starting work in the home they had to provide a range of information to show they were suitable to work with people. One member of staff told us, "I provided two references from previous jobs and information before I started." This showed the provider ensured people were safe to work with people in the community.

Some people were supported to take their medicines and have creams applied. These people had all their medicine information available so that staff could check it and they signed to say they had seen the person take the medicine. One person told us they had been unwell and had to receive additional medicine. We saw that this additional medicine had been added to support the person's medical condition and the correct advice and information was recorded following guidance from the pharmacist. Staff told us they had undertaken medicine training and we saw records which showed their competence had been checked to ensure they supported people safely.

Is the service effective?

Our findings

The people we spoke with felt the staff were trained to do their job. One person told us, "I have a lot of pain and need staff to be careful when washing me; we have a system which works well. The staff are really good." Another person said, "They are very good, confident in what they do". Staff told us they were provided with a range of training and felt they were always learning. One staff member said, "I learnt the correct way to stand and the right way to move the equipment." Another staff member said, "Things are always changing its good to keep refreshing your skills."

The provider had a structured induction for new employees. Staff told us this involved training and shadowing with an experienced staff member. One staff member told us, "My induction has been useful, the experienced staff know what they're doing and they explained things, they're very patient." The manager confirmed that staff were observed and supported until they felt comfortable to work independently. A staff member confirmed this, they said, "I am supervised all the time until I or the manager feel confident I am okay."

The manager was aware of the national care certificate and had introduced this for new employees. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The manager told us they had sourced an on line training method. We saw the details of the new training had been introduced at a recent staff meeting. This will support the staff to complete their training and learn the skills required to support people.

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. □

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff informed us that some people who used the service may lack capacity to make decisions about their care. Assessments of capacity had been completed by the local authority prior to starting the service and identified where people may lack capacity. The manager told us they were introducing their own capacity assessments so that the staff would be able to consider when the person is able to make a decision and when they may require decisions to be made with other professionals in the person's best interest. We saw where people required support family members had been consulted to ensure the decision was made in accordance with the person's lifestyle and wishes.

We saw and staff told us they gained people's consent before supporting them with personal care. One person told us, "They always ask, I can choose how much I feel able to do." One staff member said, "I

am a big one for choice. You need to give people a choice in all their decisions." They added, "You need to make sure it's their own decision." This showed the staff and manager understood their responsibilities to comply with the Act.

We saw that some people required assistance with their meals. People told us, "I choose what I like, but they know what things I like, they are good." Another person told us, "I tell staff what I like, and then they make it." We saw staff recorded the meals which had been prepared and if the person had eaten and enjoyed it. Staff told us having this information helped when giving people choices if you know what the person likes and the care plans recorded people's preferences and if the person required encouragement. Where there was a concern about a person's nutritional intake, the staff completed monitoring forms and these were used when discussing the support level or the need for supplements with health care professionals.

People retained responsibility for managing their health care, but staff told us they had provided support when requested by people. For example, one person told us the staff had telephoned their GP to make an appointment at their request. Staff confirmed they had made appointments or contacted health professionals as required. One staff member said, "Some people are not able or they cannot hear on the telephone, so we do it on their behalf if they ask us too."

Is the service caring?

Our findings

People had developed positive relationships with the staff. One person said, "The staff are lovely, cheeky, they have a laugh with you." Another person told us, "The staff help me a lot and keep me going. I look forward to them coming every day." Staff were able to tell us aspects of people's life and the type of support they required to enable them to remain independent at home.

People were involved in discussing their care needs with staff and were able to request the level of support they required. For example, one person felt they did not have enough time when they had their hair washed once a week. They received a daily call however, it had been recognised they did not use this time fully. They discussed with the care coordinator about changing their care package. The care hours were rearranged to support the person's needs. This meant that people were fully involved in making decisions about their care and support and staff listened to what they wanted. Some people had agreed for family members to support them or act on their behalf, we saw in these situations they had been contacted when changes occurred and they had been encouraged to be part of the care planning process.

People felt the staff were kind and caring. One person told us, "They are caring and not in a hurry to get out. If they have time they have a drink with me." Another person told us, "All the staff are different, but all nice." Staff we spoke with told us they enjoyed their role. One staff member said, "This job is very sociable, you see people and get to know them when you provide support on a regular basis."

Staff supported people to maintain their privacy and dignity. One person told us, "They are very respectful of me." Another person told us, "They make sure I am covered up and my curtains are closed." Staff were aware of the importance of maintaining people's privacy. One staff member told us, "You need to consider the environment and any other people who may be present when supporting a person."

Is the service responsive?

Our findings

People had a copy of their support plan in their home and told us that staff provided the support they had requested. However we observed that the care plans available had not been amended following a review or a change in the person's requirements. Staff told us they used the care plan to support their knowledge of the person's needs. One staff member said, "It's the book of knowledge." Another staff member said, "The information about the person is all in the care plan." This showed that the staff used the information available in the care plans to support them in providing the correct level of support. As this information was not always up to date we could not be assured that any new staff supporting a person had the relevant information to enable them to provide the appropriate support required.

People received a flexible service and told us if they needed to change times of a visit for an appointment, this was accommodated. One person said, "I can phone and change times if I need to." Another person told us, "When I have appointments, I ring and tell them the day before they always make sure they came early then".

People were supported when they became unwell. For example, one person told us about an event when they had fallen and required an ambulance. The staff member stayed with the person until they had received the medical treatment required. The person said, "It's very reassuring." Staff confirmed that they only had to contact the office and their other calls were covered to enable them to remain with the person and that the other people would still receive their support.

People were supported to follow their interests or daily events. One person told us they had required support with a dentist appointment. They had asked the service if a staff member could support them to attend and we saw this had happened. Other calls had been scheduled to support some people to enable them to access community events or regular day care arrangements.

Other people had been supported with go out into the community. For example, one person had been supported to go to the shops. The person had not been out of their property for over a year. They told us, "It was lovely; we had coffee and did some shopping."

People had a copy of the complaints procedure and told us they felt able to ring the office if they had any problems and felt sure they would be sorted. One person told us they had spoken to the staff at the office about an issue and it has been dealt with swiftly. Another person said, "I have no complaints, but I would complain if I needed too, as I speak my mind." We saw that any complaints that had been received had been resolved.

Is the service well-led?

Our findings

People felt the service they received met their needs and was of a good standard. One person said, "I am always okay. I have never had any bad care." Another person told us, "It's lovely, I have never been so happy since I had Angels."

Staff told us and we saw they received their rota which contained additional information for some calls. For example, if the person had an appointment or a change in the care requirements. One staff member said, "You can pick up the phone for advice, any concerns you can report it and record the details in the folder."

Staff told us they received support from the manager. One staff member said, "I know I can go in the office anytime and talk to anyone." We saw staff received regular supervision and observations with regard to their work. Staff told us they felt valued. One staff member said, "They are always there and listen and they are supportive." Recently the provider had introduced a weekly and monthly raffle for staff to boost morale. Everyone's pin number is added to the draw and if staff pick up additional work they get an additional opportunity to win the prize. The manager told us it's important to look after the staff, they said, "It's the staff that makes the company work."

We saw the provider had achieved an award; in September 2015 they were awarded the silver certificate in dignity. Within the training room there was several references to the dignity standards and the ethos from the award was reflected in the company aims and objectives which were displayed. Some comments from feedback indicated that these values were promoted. 'From the start we had excellent service; they adjusted visits without any issues.' And 'Carers are polite, helpful and interact with my relative.'

The provider and manager used a range of methods to evaluate the service people received. Information was collated on a monthly basis and discussed with the provider and any changes required were discussed and implemented. For example, medicine charts and daily log notes were reviewed each month. Any noticeable errors on the medicine sheets were responded to and staff received further observation of their practice or some additional training to ensure they had the correct skills to administer medication safely. The provider monitored the amount of time people received a service. Where people required additional time this care visit was received with people and those who commissioned the service to ensure the support continued to meet people's needs. The commissioner was also contacted when a package required a reduction. We saw records to confirm this had happened. This showed the provider ensured the care people received was at the appropriate level for their needs.

People were asked to give feedback on the quality of the service they received on an annual basis and as part of their review of their care support. We saw that when any concern had been raised this had been resolved. For example, during a review a person asked for an earlier call, this was changed to meet their request. However, after a week the person found the call was too early so it was amended again to fall between the original time and the earlier one.

The provider and manager had improvement plans which were on going and reflected the changes needed

for the service. Some changes were being developed to improve the planning of the care. These improvements will enable more preferences from people to be added to make the care more specific to the individual. For example, the time of the call for a specific event or a preference of the staff team who support them.

The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of the registration.