

Archangel Enterprises Limited

Archangel Home Care - Staffordshire Branch

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Archangel Home Care – Staffordshire Branch is a domiciliary care agency. It is registered to provide personal care to people living in their own homes. CQC only inspects where people receive personal care. This is related to help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, 110 people were receiving personal care.

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

There were not enough staff to cover calls, this meant the registered manager, deputy manager and care coordinators had to support, which impacted on the overall governance of the service.

Quality assurance systems were not always effective at identifying areas for improvement and people's care records were not always updated. People did not have individual 'as required' medicine protocols in place to guide staff when they were needed.

People felt safe. Staff knew how to protect people from abuse and they understood people's risks and how to support them safely.

People were protected from the risk of cross infection as staff followed the additional guidance in place due to the COVID-19 pandemic.

People felt able to contact the office to raise concerns and were confident these were acted on. People were given the opportunity to feedback about the care they received.

The registered manager understood their responsibilities and were open and reflective during the inspection.

Rating at last inspection and update

The last rating for this service was requires improvement (published 04 September 2019) and there was a breach of regulation. We asked the provider to complete an action plan after the last inspection, however, we did not receive this. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

Our intelligence and monitoring systems highlighted to us that the service was high risk. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this report.

You can see what action we have asked the provider to take at the end of this report.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement overall. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Archangel Home Care - Staffordshire Branch on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to governance at this inspection. You can see the action we told provider to take at the end of the full report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good.

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

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Archangel Home Care - Staffordshire Branch

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

The inspection site visit was carried out by one inspector. One inspector made phone calls to staff and an Expert by Experience made phone calls to people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Archangel Home Care – Staffordshire Branch is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, people with; learning disabilities, mental health needs, physical disabilities, sensory impairment and younger adults.

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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals 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 seven people who used the service and seven relatives/representatives about their experience of the care provided. We spoke with four members of staff including the registered manager and care workers.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 requires improvement. At this inspection this key question has remained the same. 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.

Using medicines safely; Learning lessons when things go wrong

- Medicines were not consistently managed safely. Despite this, people told us they were supported to take their medicines. One person said, "Yes, they give me my tablets every day and it's usually on time. Staff always write it up in their file every time they do it." A relative said, "Yes, the carers give [relative] their medication every day from a blister pack they keep them in the cupboard. That seems to be going well."
- However, there were no individualised records for 'when required' medicines (also known as PRN). Staff did not have guidance in place to identify when PRN medicines were needed to be administered. This meant we could not be assured people were being administered their PRN medication when they required it.
- Medicine administration records (MAR) did not match what was recorded in people's care plans. This meant we could not be sure if people were being administered the correct medication as records were not updated.
- Lessons were not always learnt.
- Although some improvements had been made since the last inspection with the monthly auditing of MARs, further improvements were still required. For example, the auditing did not always pick up missing staff signatures on MARs and areas of improvement needed to be made more defined.
- Accident and incidents were recorded but there was no analysis of these to check trends.

Staffing and recruitment

- There were not always enough staff to ensure the service ran smoothly. People told us they received their calls and they were generally on time. However, the senior carers, deputy managers and the registered manager were having to cover calls due to staff shortages. This meant they had less time to effectively manage the service.
- The registered manager told us there was a constant recruitment drive in place.
- There were safe recruitment practices in place. This ensured people were supported by suitable staff.
- People told us they usually had the same carers supporting them. One person said, "Yes it's usually the same set of carers most days. We get along well."
- Relatives comments included, "[Relative] does have different carers from time to time but many are regulars", "Sometimes they [carers] arrived when I was here, and they would just leave because I was here. I wasn't very happy about that and rang them to discuss it. I wasn't given a good reason for this happening though" and "I know they are short staffed though, and sometimes the managers have to do a shift for cover."

Assessing risk, safety monitoring and management

- People had risk assessments in place to ensure their safety was maintained. However, these were not always updated as senior carers did not have the adequate time to update them due to carrying out care calls.
- Relatives told us they were involved in the initial risk assessment process. One relative said, "We did have a risk assessment that came from the hospital firstly, and this company have worked around that to support the care needs of [relative]. It is very good."
- Staff had received manual handling training to ensure people were safe. Although one staff member said, "I haven't done any manual handling refreshers for a while."

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe. One person said, "Yes, I feel very safe with my carers. They do a good job." A relative said, "My [relative] has carers once per day to give them medication and to check their wellbeing. I think [relative] is very safe with the carers because they look after their wellbeing."
- Staff understood how to safeguard people from harm and knew how to recognise and report suspected abuse.
- Systems were in place to ensure safeguarding concerns were acted on and referred to the Local Safeguarding Authority.

Preventing and controlling infection

- People told us staff used PPE to protect them from infection. Comments included, "Yes, they [carers] always wear the face mask when they come in to see me" and "I would say staff have always been very good at using PPE. They bring boxes of gloves, aprons and masks with them to use when they are here."
- Staff understood their responsibilities to follow infection control procedures. During the COVID-19 pandemic, extra training and guidance measures were put into place for staff to follow to help keep people safe. This included additional PPE, such as masks and visors.

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 requires improvement. At this inspection this key question has remained the same. 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; Continuous learning and improving care

At the last inspection we found concerns regarding the governance and oversight of the service. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider did not have a system in place to ensure the registered manager was taking responsibility of their role. The registered manager told us they had been providing care calls, along with the care coordinators and the deputy manager during staff shortages, and this had impacted on the oversight of the service and their ability to manage the service effectively.
- Audit systems that checked MARs and daily logs continued not to be carried out effectively and we saw gaps which had gone unnoticed, meaning the registered manager could not be sure if people had received their medication.
- Although the service had devised a PRN protocol for people who needed medication 'as and when required' these had not been individualised or included in people's care files. This meant staff did not have the guidance to recognise when people needed this medication.
- The service had a recruitment and audit action plan in place. However, they did not have an action plan in place to ensure the quality of the service continually improved. Meaning they had failed to identify areas for improvement to the quality of people's care.
- Systems to analyse trends were not robust. They were monitored by searching through people's records, meaning this could impact on people not receiving the right support when needed, as information could be overlooked or missed.
- When possible, staff had their competencies checked when senior carers were able to carry out spot checks, although these would be determined by staffing constraints.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate quality performance had improved or the service was learning from lessons to improve care for people. This was a continued breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- People and relatives spoke positively about the registered manager. One person said, "I know who the manager is and [they] are really nice." A relative said, "Yes, I know who the manager is, and they do a good job."
- Staff felt supported by senior staff and the registered manager. One staff member said, "[Registered managers name] and [deputy managers name] are lovely, they try to keep staff happy and ultimately the service users happy."
- There was a complaints process in place and people and relatives told us concerns they had raised had been dealt with. One relative said, "We've rung the office a few times with some issues, but nothing major and it was sorted out straight away."
- The registered manager was complimentary about the staff, they said, "The staff are very caring, they go the extra mile. They are always willing to learn and keep up to date with their training."
- The registered manager told us when compliments had been received, they were shared with the carer they related to.
- The previous inspection rating was being correctly displayed on their website and in their office as required.

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 their responsibilities to act in line with the duty of candour if things went wrong. They said, "I am open and honest, I would never put anyone at risk, and if I felt that someone would be at risk, I would report it."

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

- Feedback was gained from people through quality monitoring calls and questionnaires. One person said, "From time to time I've received a questionnaire from them."
- People and relatives told us they felt they could contact the office at any time to raise a concern. One person said, "I do ring from time to time and they've always answered my queries or reassured me. They are very approachable." A relative said, "Yes, I am happy to call the office to raise concerns and I know they would be sorted out for me."
- The service had a compliments and complaints policy in place, and we saw this was utilised.
- Feedback from staff was gained through supervision and staff told us they had an opportunity to share their thoughts.
- The registered manager attended a variety of external meetings and told us the minutes from the meetings were shared with staff.

Working in partnership with others

- The service worked with other professionals, which ensured people's physical health needs was being maintained.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always have effective systems in place to monitor the quality of the service provided. There was a lack of oversight which meant that lessons were not consistently learnt to make improvements to peoples care.</p>