

Hampshire Healthcare Services Ltd

Angelus Homecare

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Angelus Homecare is a domiciliary care agency providing personal care to people who live in their own home. At the time of inspection, they were providing care to 13 people, which included older people and people with medical conditions affecting their mobility.

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

The provider's arrangements for staff training were not comprehensive and did not follow best practice. Staff told us they received a limited and inconsistent programme of training, induction and support, which meant they did not always feel confident in meeting people's needs.

Systems to audit people's care records were not effective in monitoring or improving the quality of care. Auditing processes were limited, and some audits did not identify where errors or issues had occurred.

A new manager was in place, who told us they intended to register with CQC as manager of the service. They understood their regulatory responsibilities and were knowledgeable about their role.

There was positive feedback about the new manager's open and engaging approach from people, relatives and staff.

The new manager understood where key improvements to the quality of care were needed. They had developed an action plan to highlight how and when improvements would be made.

There were enough staff in place to meet people's needs, although there was a reliance on office staff to complete a high volume of care calls, which meant they were not able to focus fully on their roles.

The provider followed safe recruitment processes to help ensure staff had appropriate background checks before starting employment.

People told us most staff were kind, friendly and caring. However, they said that some lacked experience and confidence in their role.

People told us that staff treated them with dignity and respect when they were supporting them with their personal care.

People's care plans reflected their needs and detailed their preferred routines around their personal care, eating and drinking and healthcare needs. People told us they were involved in developing and reviewing their care plans.

People told us they received their care calls on time and were informed about changes to their care.

Staff followed infection control procedures to minimise the risk of infections spreading.

There were systems in place to help ensure people did not suffer abuse or come to avoidable harm. The manager understood their responsibilities in investigating and reporting safeguarding concerns.

People told us they felt comfortable raising issues or concerns to the manager. The manager was developing systems to gain feedback from people about their care to help drive improvements.

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.

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

Rating at last inspection

This service was registered with us on 13 December 2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staff training and management of the service. A decision was made for us to complete a comprehensive inspection and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the effective, and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Follow up

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 alongside the provider and local authority to monitor progress. We 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 safe.

Details are in our safe findings below.

Good 

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 

Angelus Homecare

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors 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.

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 did not have a manager registered with the CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager was in place, who told us they intended to register with CQC as manager of the service.

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.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority and professionals who work with the service.

We were contacted by one relative and three members of staff who raised some concerns to us about the quality of care.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke on the telephone with six people who used the service and four relatives about their experience of the care provided. We spoke with 12 members of staff, including the manager, the operations director, office staff and care workers.

We reviewed a range of records. This included five 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 audits, training records, staffing rotas policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The manager sent us an action plan which detailed how they would make the improvements identified as needed from our inspection.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that staff were, "Trustworthy", and "Professional". One relative told us, "They [staff] are reliable. It feels safe and it means we don't have to worry [about my relative]."
- The provider had a safeguarding policy in place, which detailed actions to help keep people safe in the event of concern to their safety or wellbeing.
- The manager understood their responsibilities in reporting safeguarding concerns to relevant local safeguarding teams. This helped to ensure any concerns were immediately addressed.

Assessing risk, safety monitoring and management

- There were systems to reduce risks around missed or late calls. There was an electronic call monitoring system in place, which required staff to log in and out of care calls. This helped office staff ensure people were receiving their care at the planned time.
- There were contingency plans in place to help ensure the service ran safely in the event of extreme circumstances, such as severe weather or staff shortages. People's care needs had been assessed to identify those most vulnerable, to ensure their care calls were prioritised.
- Risks related to the delivery of care were identified in people's care plans. This included when people required care calls at specific times, when they had specific medical conditions, allergies or issues related to delivering care in people's home environment. This helped to reduce any risks identified to people and staff.

Staffing and recruitment

- People told us there were enough staff in place and they received their care at consistent times. Comments included, "They come on time or as close as possible" and "I have never had any missed visits."
- Although there were enough staff in place, there was a reliance on the manager and care coordinator to deliver a significant number of care calls. The manager told us this impacted on the time they could spend carrying out their role overseeing the service.
- There was an 'out of hours' phone line in place, where people, relatives or staff could call if they needed to speak with designated 'on call' senior staff if required. This helped to ensure the provider had systems in place to respond to incidents or emergencies.
- However, the manager told us that 'on call' staff were frequently required to carry out care calls due to staff shortages. This resulted in challenges responding to telephone calls whilst they were delivering care. The manager acknowledged the need to reduce the reliance on 'on call' staff to carry out care calls and said they were working to reduce this burden.
- There were safe recruitment processes in place. The appropriate recruitment checks were carried out to help determine candidates' character, experience and conduct in previous employment.

Using medicines safely

- People told us they were happy with the support they received around medicines. Comments included, "I take my medicines, but staff do check if I have taken it, I have no problems with that."
- People's care plans included lists of medicines prescribed, instructions for administration and the level of support people required in managing their medicines.
- The provider had a medicines policy in place. This detailed the support they were able to give people with their medicines and the procedures staff were required to follow.

Preventing and controlling infection

● Most people told us they felt confident that staff were following good infection control practice. Comments included, "All staff wear protective masks, gloves and aprons."

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

● The manager investigated incidents, looking for causes and trends to help promote practice to reduce the risk of reoccurring. There had been very few incidents recorded since the provider's registration, which were of a minor nature.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 received limited training, induction and support in their role, meaning that they did not always feel confident in meeting people's needs.
- People and relatives were mostly positive about staff, but six told us they felt some lacked enough training and experience. One person told us, "Staff need more training. They are young and new to care. It's not their fault, but they struggle [to complete care tasks]".
- Training comprised of a one-day classroom-based session and online training. All staff we spoke to felt that this training was not sufficiently detailed to meet people's needs, whilst some told us they had been sent out to provide care without this training being completed. Comments included, "I received 30 mins of training in the office on the first day, then that was it, I was sent out to work" and "I have received no training since I started."
- Staff new to care did not receive training in line with The Care Certificate. The Care Certificate comprises 15 minimum standards related to staff's knowledge, skills and behaviour. It is viewed as best practice for staff new to care to complete. Five staff we spoke to who were new to care told us they received limited training and induction with one staff member telling us, "It's embarrassing really, and I just look like I don't know what I am doing". The manager confirmed that staff did not receive an induction in line with the Care Certificate, meaning they were not supported to access appropriate training in their role.
- All staff we spoke to told us that they had not received enough training in moving and handling, specifically in the use of mobility equipment. One person told us, "Some staff do not know how to use it [mobility aid], it is not something they have in training rooms, so we had to tell them what to do." Some staff told us they did not feel confident when using equipment such as hoists or mobility aids. Comments included, "One lady nearly fell out of a hoist. I was sent out without any training", "I had about 15 minutes moving and handling training and not even on the actual equipment I was going to be using [during care calls]" and "No moving and handling training. I have asked numerous times". This reflected that staff were not given enough training on specific moving and handling techniques they were expected to use as part of their role.
- All staff we spoke to told us they were not always given a background of people's needs. This resulted in them attending care calls with limited knowledge of what was expected. Two members of staff recounted the experience of their induction, "I literally had no idea what I was supposed to do" and "I had one short shadow session then was expected to do it [care call] later that day by myself. The only way it was ok was because [the person] talked me through how to do it [personal care routine]. Otherwise it would have been a disaster." The lack of background information meant that some staff attended care calls with limited knowledge of what was expected.

The failure to provide staff with appropriate support and training necessary for them to effectively perform their role was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately during and after the inspection. They confirmed they had formulated an action plan to ensure staff received appropriate training for their role. This prioritised training for staff new to care and training in moving and handling. On the second day of inspection, some additional moving and handling training had already taken place.

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

- People and relatives told us they were happy with the support they received around eating and drinking. Comments included, "They [staff] make sure that my relative has a lot of snacks around her and drinks [when they leave care call]" and "They [staff] get me a drink, heat up a meal, no complaints, I'm happy."
- People's nutritional needs and preferences were identified in their care plans. This included any risks associated with eating and drinking, such as food allergies. People were mostly independent in this area, requiring only minimal support, such as help heating up meals.

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

- The provider made timely referrals to health and social care professionals to ensure people had the appropriate support. This included when people's needs changed meaning they required increases or decreases in their care.

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

- Details around people's specific health needs and conditions were documented in their care plans. This included any care tasks staff needed to complete to promote people's good health.
- People had independent arrangements in place to manage their ongoing health input, such as appointments related to their medical conditions.

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

- People's needs were assessed prior to care commencing. These assessments included reviewing assessments from health and social care professionals to help ensure all commissioned care tasks were reflected in people's care plans.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 found that the provider had sought appropriate consent to care

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 told us that most staff were kind, caring and friendly. Comments included, "[Staff are] very engaging with my relative, they make it a friendly atmosphere, so she is also relaxed" and "Staff who are helping me and coming on a regular basis are kind, friendly, always polite."
- However, three people told us that they felt some staff were not as confident or engaging as others. Comments included, "Some new staff are not that chatty, they could be naturally quiet people, but in the end, they all do good job with my relative."

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

- People told us they were involved in the planning and reviewing of their care. Comments included, "[The coordinator] comes out often to check if I need anything or if I am happy with staff, which is really nice of her, it's an opportunity to say what I think" and "People from the office do make it their business to come and talk to me. They visit and check if I need anything or for a chat."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff promoted their dignity whilst helping with their personal care. Comments included, "Very respectful staff, they always cover me with a towel before we go out from my shower and make sure I am dressed in a warm room" and "They ask, can they do this or that [during personal care]. They [staff] are very gentle people."
- People and relatives told us the provider informed them about changes to their care. This included when times of care calls had to be changed at short notice. Comments included, "The Office staff keep us informed" and "They sent us all details of new staff and its good because I could show it to my relative so she will get to know them by name."
- People told us they appreciated the provider contacting them prior to CQC inspectors calling them to ask for feedback about their care. Comments included, "We appreciated that as I do not like people calling that I don't know" and "She [the coordinator] said to expect a call from CQC, so that is how I knew you would call and it wasn't unexpected."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The manager had recognised where care plans lacked detail and had taken action to review and update them. This included adding details around people's medical needs, allergies and next of kin details. The reviewed care plans were reflective of people's needs.
- The manager had also worked to ensure people had a copy of their care plan in their home. This was in response to previous feedback that these documents were not present. This helped to ensure staff could reference people's care plans if they needed guidance about care tasks.
- People's preferred personal care routines were identified in their care plans. This helped to ensure it was clear how people wished to be supported.
- People told us that the provider was responsive when they required changes to their care. Comments included, "They are pretty good. They even offered to provide support so I could go to a hospital appointment" and I spoke with the new manager and she made the changes I wanted [to the care]. She came out personally on the second day to make sure all was ok."

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 careers.

- People's communication needs were assessed prior to care starting and documented in their care plans. This included their preferred method of communication when planning or reviewing their care. One person told us, "People from the office keep in touch with me by email. I use my computer to read messages. This works for me."

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and felt comfortable raising issues with the new manager. One person recalled, "We called the manager and asked if they could try not to send very young staff, I didn't feel relaxed and they understood. They did listen."
- The provider had a complaints policy in place which was sent to people who used the service. The policy outlined how people could make a complaint and how their concerns would be addressed. The manager had gone out to visit people to hear their concerns and oversaw appropriate investigations to resolve issues.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who needed care at the end of their

life.

- The manager told us they would consult people, relatives and other stakeholder to develop an end of life care plan to meet people's changing needs, should this be required.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Systems to audit people's care and medicines records were ineffective. Only a limited number of records had been audited. There was not a clear system to monitor which records had been audited, or what the follow up actions from these audits were. This meant that errors, incidents or discrepancies in staff records of care visits were not always identified and acted upon.
- Audits did not always identify where errors or discrepancies occurred. In one example, on one person's medicines administration record (MAR) between 1 March and 25 April 2021, there were 29 missing staff signatures for the administration of four separate medicines. There was no investigation into how these discrepancies were followed up or that they were flagged up as a concern. The audit also did not pick up that one page of the MAR did not have dates on it. Therefore, it was unclear which dates some of the missing signatures corresponded with.
- The provider's MAR chart format was not in line with best practice recommendations. The format used did not ensure each individually prescribed topical cream was separately listed and signed for upon administration. This made it difficult to determine which topical creams had been administered.
- For example, on one person's MAR for 1 February to 28 February 2021, there were six days where there were no recordings for the administration of the three topical creams prescribed. As each cream was not individually listed on the MAR, it was not clear which creams had been applied and which had not.

The failure to operate effective systems to monitor care and maintain accurate records of the care provided was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We brought these issues to the attention of the manager. They took immediate action to revise the format of the MAR chart and review the systems for auditing and quality checking of care records.

- There was not a registered manager in place. A new manager was in post, who told us they intended to register as manager of the service.
- There was no training or induction programme for the manager or senior staff. This meant that there was no clear structure of support to help integrate the new manager into their role or to measure senior staff's performance. The operations director acknowledged that there had been shortfalls in the induction and training of senior staff. They told us they had offered additional support to the branch going forward.

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

outcomes for people

- People praised the positive impact the manager had made since starting at the service. They told us there had been improvements in communication with the office and approachability of senior staff. Comments included, "There is a new manager and she came to say hello, which was very nice. She seems capable" and "The manager was lovely when she came one morning to introduce herself. She spent some time talking and asking questions, making notes. We didn't have any problems now but it's good to have her number handy."
- Staff told us the manager had made improvements to the service since starting. They said that they appreciated the manager's, "hands on approach", telling us that it was positive that the manager was willing to come out to assist them or give advice.
- The manager and coordinator had a good understanding of people's needs. They regularly went out to visit people to establish a good rapport and to better understand their care requirements. The manager was enthusiastic about their role and focussed on making improvements to the service. They shared their vision for the service as wanting to, "Provide good quality care at home and to promote people's independence."

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 provider had a duty of candour policy in place. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent. The manager understood their responsibilities under this regulation and how to take the appropriate steps to ensure these requirements were met.

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

- Systems to get formal feedback from people about their care were limited. The manager was aware of this and told us how they were developing this going forward, "When I started I asked if an annual client satisfaction survey had not been previously completed. It had not, I had intended to complete this in the next few weeks as part of my action plan. I have been out to meet all the clients now though and addressed any concerns." This reflected that developments in this area were ongoing
- The manager had started to gain feedback from staff from recent supervisions that had taken place. They were using feedback to make improvements, such as addressing staff's individual learning and development needs.

Continuous learning and improving care

- The manager had recognised where improvements were needed in the quality of care. They had devised an action plan which detailed where and how improvements would be made. The action plan reflected the concerns which were highlighted as part of our inspection. At the time of inspection, actions were ongoing, with the manager prioritising tasks appropriately according to risk.
- The manager had implemented the use of an electronic care planning system. This involved staff accessing the system via their work mobile phones to record details of their care visits. This included medicines administration, personal care and incidents. Office staff monitored the system and picked up any alerts that planned tasks were not completed. This would help promote a pro-active approach to monitoring care where issues could be picked up and responded to in 'real time'.

Working in partnership with others

- The provider worked in partnership with other stakeholders to promote good outcomes for people. The registered manager worked with social workers and other professionals to monitor how effective care was. This helped them to plan increases and decreases in care when appropriate.

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 failed to operate effective systems to monitor care and maintain accurate records of the care provided.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The Provider failed to provide staff with appropriate support and training necessary for them to effectively perform their role.