Angel Touch Care Agency Limited

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Inspection report

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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 15 November 2016.

Angel Touch Care Agency provides domiciliary care to people in their own homes. At the time of our inspection, 41 people were supported with personal care.

This service was last inspected on 13 August 2014 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had a registered manager. 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.

People felt safe with the staff who supported them. Staff received training to safeguard people from abuse. They were supported by the provider, who acted on concerns raised and ensured staff followed safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were mostly identified and staff were aware of current risks, and how they should be managed. Work was under way to ensure risk reduction plans were documented in new electronic care plans as well as paper care records.

People were administered medicines by staff who were trained and assessed as competent to give medicines safely. Records indicated people's medicines were given in a timely way and as prescribed. Checks ensured medicines were managed safely.

There were enough staff to meet people's needs effectively, and people told us they had a consistent and small group of staff who supported them, which they appreciated. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people who lived in their homes.

People told us staff asked their consent before undertaking any care tasks. Where people were able to make their own decisions, staff respected their right to do so. Some people's ability to make their own decisions fluctuated, and there was not always detailed information on this. However, staff and the registered manager had a good understanding of the Mental Capacity Act.

People and relatives told us staff were respectful and treated them with dignity, kindness and respect. People's privacy was maintained. People were supported to make choices about their day to day lives. For example, they were supported to do things for themselves where they were able to.

People saw health professionals when needed and the care and support provided was in line with what they had recommended. People's care records were written in a way which helped staff to deliver personalised

care and gave staff information about people's communication, their likes, dislikes and preferences. Some care plans were updated with the most recent information and were detailed, others were not. The registered manager was aware of this and was working on ensuring all were updated. People were involved in how their care and support was delivered, as were their relatives if people needed this.

People and relatives felt able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. Staff told us the registered manager and senior staff were approachable and responsive to their ideas and suggestions. There were systems in place to monitor the quality of the support provided, and the provider was improving the way it gathered feedback from people and their relatives with a view to improving the service going forwards.

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

The service was safe.

People's needs had been assessed and risks to their safety were identified and managed effectively by staff. Risk assessments were mostly up to date. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs, and people were supported by a consistent staff team.

Is the service effective?

Good

The service was effective.

People's rights were protected. People were able to make their own decisions, and were supported by staff who respected and upheld their right to do so. Where people's ability to make their own decisions fluctuated, there was not always detailed information about this. However, staff knew how to manage this and supported people with decision-making appropriately. People were supported by staff who were competent and trained to meet their needs effectively. People received timely support from health care professionals when needed to assist them in maintaining their health.

Is the service caring?

Good

The service was caring.

People were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's likes, dislikes and preferences. People were supported to be as independent as possible by staff who showed respect for people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which had been planned with their involvement. People's care and support plans were regularly reviewed to ensure they were meeting people's changing needs. People knew how to raise complaints and these were dealt with appropriately.

Is the service well-led?

Good

The service was well led.

People felt able to approach the registered manager and were listened to when they did. Staff felt supported in their roles and there was a culture of openness within the service. There were quality monitoring systems in place to identify any areas needing improvement.

Angel Touch Care Agency

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.

The inspection took place on 15 November 2016 and was announced. We told the provider 48 hours in advance so they had time to arrange for us to speak with staff. The inspection was conducted by two inspectors, one of whom spoke with people using the service and their relatives over the phone.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people, and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information when conducting our inspection, and found it reflected what we saw during our inspection visit.

Following the inspection visit, we spoke by telephone to three people who received care and support in their own homes. We also spoke to two relatives of people who used the service. During our inspection visit, we spoke with the company director, the registered manager, two senior care staff and four care staff.

We reviewed six people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care, and how the service operated to check how the provider gathered information to improve the service. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. One person said, "Yes certainly. I've got very nice girls who come and I get on well with them." People told us they knew what to do if they did not feel safe. One person said, "I would phone through to their office and talk to whoever is in charge there." Another person commented, "I think I would speak to the director of the agency."

The provider protected people from the risk of harm and abuse. Staff received training to protect people from abuse and understood their responsibilities to report any concerns. There were policies and procedures for staff to follow should they be concerned that abuse had happened. One staff member told us, "I would look out for changes in people's temperament, any marks of bruises. With all my clients I have a good rapport and they trust me." They added, "If I was concerned I would tell the office straight away. I have had to do it in the past." Staff also told us they knew how to escalate their concerns if they felt people were not being protected. One staff member said, "If I was still concerned I would go to the office, and if not I would go to the CQC."

The provider's recruitment process ensured risks to people's safety were minimised. Staff told us they had to wait for checks and references to come through before they started working with people. Records showed the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

People told us they were supported by a consistent group of care staff, which they found reassuring. They also told us if there was any change in the staff supporting them, they were informed of this in advance. Staff confirmed this and said it was usual practice for them to provide care to the same people, to maintain good continuity of care. One staff member commented, "We have consistent people. I think that is better because you can see if someone is not themselves." People also told us care staff usually arrived on time. Comments included, "Yes, you get the odd one who comes late but the regular girls I have are absolutely wonderful." and, "The traffic is pretty hectic in the morning. Sometimes they are a bit late, but never terribly late." The registered manager told us they had experienced some difficulties earlier in the year as they were short of care staff. However, they told us this had now been resolved as they had successfully recruited new care staff which they explained meant people should experience consistent and reliable care.

People also told us care staff had enough time to meet their needs in the ways they preferred. One person said, "They don't rush me at all and they are quite helpful."

Risks relating to people's care needs had mostly been identified and assessed according to people's individual needs and abilities. In some of the care records we looked at, they had been updated with the most recent information, had action plans in place about how to manage identified risk, and linked clearly to people's day to day care plans and the outcomes they wanted to achieve.

However, some information in people's care plans had not always been updated. The provider had begun to

use an electronic care planning system, and this had not yet been fully updated with all relevant information. The registered manager and senior care staff were aware of this and explained the work they had been doing to update all care records on the electronic system. Changes had recently been made to the senior care role to enable them to have more time to update records, in recognition of the need for this to be done. People also had paper care records. Those paper records we looked at did address areas of risk. Staff confirmed they were aware of, and were working safely with, people's current needs, which were detailed in the paper care records people had in their own homes.

Staff told us they had received training to administer medicines safely as part of their induction. After this, they watched experienced members of staff administering medicines, and were then assessed by the registered manager to ensure they were competent to administer medicines safely.

People's care records included information about the medicines they were taking, what they were for and possible side effects. They also included information about how people preferred to take them. For example, some people managed their own medicines, with support from care staff. Where this was the case, care records gave staff guidance about how they could help people to do this safely. These were focussed on respecting people's wishes, whilst ensuring people had information they could understand on what medicines were for and why they had been prescribed.

Medication Administration Record (MAR) sheets included relevant information about the medicines people were prescribed, the dosage and when they should be taken. We saw staff completed MAR sheets in accordance with the provider's policies and procedures, which indicated people who needed support were given their medicines safely and as prescribed. The electronic system included an automated 'alert' which would send a notification to office staff if someone's medicines were not signed for. A senior carer told us they would receive and action any such alert immediately.

Good

Is the service effective?

Our findings

People told us staff who supported them were well trained and knew how to meet their needs. Comments included, "I haven't had any problems with them." and, "They certainly have the right skills for helping me."

Staff told us they had an induction when they first started working at the service. This included being assessed for the Care Certificate, and working alongside more experienced members of staff before attending to people on their own. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. Records showed new staff were signed off as being competent by a senior member of staff after a 12 week period. The senior care staff told us that as their roles had recently changed, they now had more time to assess new care staff against the standards of the Care Certificate. Staff told us working alongside more experienced staff helped them become more confident in their role. One staff member said, "There were always people you could pull on. It was lovely here. I shadowed until I felt comfortable. The manager and the seniors couldn't do enough for you."

Senior staff planned to start conducting 'spot checks' on staff to ensure they remained competent and effective in their role. We spoke with the registered manager about the fact that these checks had not always been happening in line with the provider's policy and procedures. They acknowledged this, and told us staffing issues experienced over the year had made it difficult as senior staff were providing cover. However, now that recruitment had happened, and senior roles had changed, they had more time and capacity to completed spot checks, and plans were in place for them to do so.

Staff told us they were well trained and knew how to support people effectively. One staff member commented, "We have just done a lot of training. One course was in dementia. That was really interesting. They talked about how people with dementia look in the mirror, they might see themselves as young. It helps to understand that."

The registered manager had a training record of what training each member of staff had undertaken and when. The provider had guidance in place which outlined what training staff should complete depending on their role. The registered manager explained they planned to introduce a 'champions' system so key staff could receive enhanced training and development in areas such as end of life care, and moving and handling for example, and could then support and mentor other staff to help them be more effective in their role.

Staff told us they had regular supervision meetings with the registered manager, which gave them the opportunity to talk about their practice, raise any issues and ask for guidance. One staff member commented, "We talk about clients, are they progressing, are they happy, am I happy with what I am doing. We also discuss whether there is anything I am concerned about."

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.

People told us staff asked their permission before supporting them, which showed they understood the importance of gaining people's consent. One person commented, "They always ask if there is anything else they can do." Staff spoke with us about one person who had limited communication and had been assessed as not having capacity to make some decisions about their care. Talking about gaining that person's consent, one staff member said, "Even though [person] doesn't talk and does not have capacity, we talk to [name] about what we are doing. [Name] might understand some things so we talk through what we are going to do before we do it."

Staff understood and worked within the principles of the Mental Capacity Act, and were aware of how to approach situations where people might not have capacity to understand, for example, personal care. One staff member commented, "I would talk to people and try to persuade them. They might perhaps agree to some things not others. I think it's the way you approach things." They added, "If the person still said 'no' I would inform the manager or the senior."

People's care records included some information about the level of support they needed with decision-making, for example one person's care records clearly showed that if a decision was to be made in the person's 'best interests', their spouse was to be consulted. However, records did not always give staff information on which decisions people needed support with, and in which circumstances. We spoke with senior care staff about this, who assured us this would be addressed as work to update all electronic care plans continued.

People we spoke with did not need support with preparing food. However, people told us staff made sure they had enough to drink. One person commented, "They are very good about that. I always have a bottle and a glass on the table next to where I sit and they always top that up." Care records showed the provider took action where concerns were raised about people's food and fluid intake. Care staff recorded what people ate and drank, with clear guidelines in place in people's care plans. Care staff shared this information with people's families, for example, so they could discuss this with GP's to help protect people from the risk of malnutrition or dehydration.

Where people had specific health conditions, records showed staff communicated well with health care professionals to ensure people's health could be maintained.

Good

Is the service caring?

Our findings

People told us staff were kind, caring and treated them respectfully. One person commented, "They are all nice natured, smiling and friendly young women." Another person told us, "I think they are really very pleasant and I am lucky to have them visit to help me."

Staff told us they were encouraged by the provider and the registered manager to support people in a compassionate and caring way. They explained this was partly because the provider ensured people received support from a consistent group of dedicated staff, even if regular care staff were off. One staff member said, "People get used to you. They know it is me and when I am going. If I am off on holiday I can prepare people for that. Because we are a small company, people will more than likely have someone they know. If care staff are on leave, managers try to put the same person in for the whole time people are away."

We spoke with staff about what made a caring service for them. They told us continuity, trust, listening and emotional support made up a caring service. One staff member told us, "I want people to feel safe around me. I want them to feel comfortable with me. It is hard when you go into someone new as people are quite vulnerable. It is about making sure all their needs are met." Another staff member commented, "It is all about making people feel you understand them and they feel secure with you. Treat people how you would like to be treated."

People told us staff supported them to live independent lives. One person told us "I do parts of my shower myself so then they just help me with my back and legs." Staff understood the importance of supporting people to be as independent as possible, and the impact this could have on their well-being. One staff member told us, "I always ask people, 'do you want me to do that or would you like to do it yourself?' I don't want to go in there and take control. It is all about getting people to do as much as they can for themselves."

People were involved in deciding how their care and support should be delivered. For example, people and, family members where appropriate, were given secure access to their electronic care records so they could view and comment on them. People were able to make choices about their care and support if they were able to, and were supported to do so if they found this difficult. Talking with us about how they supported people with this, one staff member explained, "You need to ask people [what they want]. You can give people a choice of two things for example and see how they react. You can get information from the care plan to help too, but it helps to get to know people properly."

People were supported in ways that promoted their dignity and privacy. One person commented, "I am happy with how they cope with that [ensuring privacy]." Another person said, "Oh yes they do respect my privacy." People's care records reminded staff they must respect the fact that they were going into people's own homes. For example, staff were reminded to knock and introduce themselves on arrival. Staff understood the importance of maintaining people's privacy when personal care was provided. One staff member told us, "We make sure curtains and doors are closed. If there is anyone else in the house, we make sure they do not walk in."

Good

Is the service responsive?

Our findings

People told us they made choices about what they wanted and how they wanted to be supported. They told us they knew where their care plans were, though they had not always looked at them. One person commented, "There is a book they always look at and sign and they write down what they have done." Another person said, "They have a book here they write in every day – somewhere in that is a care plan. I haven't looked at it recently." The senior care staff and registered manager explained that, as part of the work of updating all care plans to ensure the electronic system was accurate, they would be consulting with people and, where appropriate, their relatives.

Care plans we looked at varied in how much detail they included. Some had been fully completed and gave staff information on how people wanted to be supported, their likes, dislikes, preferences and history. Some included outcomes people had identified, with support from staff where needed, and these were linked with daily tasks care staff were expected to complete for people which helped them achieve their desired outcomes.

However, some care plans had not been fully completed, and required some updating. The electronic version of the care plans was not up to date, however paper copies continued to replicate those held in people's own homes. These were more detailed and gave a clearer picture of people's needs. The provider had recently changed the role of senior care staff to free them up to spend time on a number of priorities, including completing spot checks on staff, as well as updating people's care plans to ensure the electronic care records were as detailed as those held on paper. The registered manager had plans in place to regularly audit electronic care plans to ensure they reflected people's current needs, alongside the paper records. The provider was in the process of arranging secure access, for those who wanted it, to their electronic care records. The provider's vision was of an accessible care record which people could view whenever they wanted to, as it related to their care and the provider wanted people to be in control.

Staff confirmed they were able to support people with specific needs, and that they could change their approach as people's needs changed. One staff member told us, "If anything needs changing we bring that information into the office so it can be updated." Staff told us they were supported in this through clear means of sharing information between fellow care staff, people, relatives and other professionals. One staff member said, "We have the care plans but also communication sheets. Staff, people, relatives and district nurses for example can all write on and read those."

Care records showed how people who wanted to, were supported to maintain social activities which they enjoyed.

People told us they felt able to complain if they were unhappy with the service, although no-one we spoke with felt the need to do so. One person commented, "I haven't had to make a complaint. I've had no reason to." Another person said, "I think I would find a way of doing it." Relatives were confident about raising concerns if they needed to, although every relative we spoke with was pleased with the service provided. One relative commented, "They do everything we want them to." They added, "We have never had reason to

complain. If we ask them to do something, if they can, they fit it in."

The registered manager kept a record of any complaints and compliments they received. These records showed no complaints had been made in the past 12 months. The provider had policies and procedures in place to ensure where complaints were raised, senior staff had guidance on how to deal with them appropriately and in a timely manner.

The registered manager had received a compliment recently, praising staff for how they had supported someone. It read, "Thank you for the excellent care our mother has received during the years you have been assisting her to remain independent."

Good

Is the service well-led?

Our findings

People told us the registered manager was effective in their role and was approachable. Speaking about the fact that they thought the service was well managed, one person told us, "I do, I hope there are more (agencies) like this around." People were happy with the service they received. People told us they would recommend the service to others. One person said, "I am happy. Would I recommend it? I would, yes."

Staff were positive about the registered manager. One staff member told us, "I love it [working for the provider]. The managers and seniors are all helpful. They really understand. There is a friendly atmosphere. Staff also told us they felt well supported by the registered manager and that there was an open, honest culture which meant they were able to ask for help, advice and guidance which made them feel valued and respected. One staff member told us, "I feel well supported by the manager and the two seniors. We can also phone for help and guidance."

Staff were also positive about the provider. One staff member commented, "I wouldn't work for another company." The director spoke with us about what they saw as the ethos and values of the provider. They said, "I would rather have fewer clients and better care. It has never been about that [getting bigger in size]." Relatives agreed this was how care staff conducted themselves and that this was due to the ethos of the provider. One relative said, "It is almost a family thing."

Staff told us they had the opportunity to share their views at staff meetings. Records showed staff had the opportunity to discuss the developing needs of people being supported and share any concerns they might have. Records of staff meetings showed the registered manager ensured staff were kept up to date and that learning which could improve the service was shared. One staff member commented, "At staff meetings we share information, get updates on the service and what is happening. They also make sure staff are happy."

The provider last sought feedback on the service from people and their relatives in 2015. People told us they were not really aware of having been asked for their views on the service. The registered manager told us they had been looking at ways to improve the way they gathered feedback from those who used their service. They told us this was because they found people had 'just ticked boxes' and the information had not been particularly useful as a result. They explained they had changed the forms they used to gather feedback to make them clearer, and planned for senior staff to be more involved in gathering people's views now that they had been freed up from having to cover shifts as recruitment of care staff had been successful. The registered manager assured us they would be seeking feedback from people in the New Year.

Records showed the provider had developed 'service improvement reports'. These were based on information they had on how well the service had been run. For example, they looked at missed care calls and medication errors, which they were alerted to through the electronic care recording system they had implemented. This meant people could be kept safe as alerts were raised about their care, and control measures put in place to reduce the risk of recurrence for that individual and across the service as a whole.

The provider worked in partnership with other organisations to seek to continually improve its own service,

as well as contribute to the development of the care sector locally. For example, they were founding members of the Surrey Care Association, and had been working with the group to develop updated policies and guidance for care staff around the Mental Capacity Act for example. The director told us this was of direct benefit to them as it gave the service access to further training and resources they could use to improve the service delivered to people.

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the service or people who used the service. These had been reported to us as required throughout the previous 12 months.