

Archangel Enterprises Limited

Archangel Home Care - Staffordshire Branch

Inspection report

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Date of inspection visit:

19 July 2019

22 July 2019

24 July 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Archangel Home Care – Staffordshire Branch is a domiciliary care agency that was providing personal care and support to people living in their own home. It provides a service to older adults some of whom are living with dementia, people that have mental health, learning disabilities, physical disabilities, people with sensory impairments and younger adults. At this inspection they were providing a regulated activity for 106 people.

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

The management team did not have effective systems in place to monitor people's medication administration records or action plans, which detailed the improvements the service was working towards.

Staff members did not always follow effective infection prevention and control procedures when supporting people in their own homes.

The provider had systems in place to respond to any complaints or compliments from people.

People were protected from the risks of harm and abuse as staff members had been trained to recognise and respond to concerns. The management team made appropriate referrals to keep people safe. The provider had assessed risks to people associated with their care and support.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision.

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.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships.

People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability.

People were supported to develop their independence whilst living in their own homes.

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

Rating at last inspection

The last rating for this service was Good (published 06 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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

Enforcement

We have identified breaches in relation to and systems not being effective.

Please see the action we have told the provider to take at the end of this report.

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.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 ●

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 was carried out by one inspector.

Service and service type

Archangel Home Care 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, 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 48 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.

Inspection activity started on 19 July 2019 and ended on 24 July 2019. We visited the office location on 22 July 2019 and 24 July 2019.

What we did before 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 four people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager and carers and senior carers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two 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.

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 Good. At this inspection this key question has now deteriorated to, Requires improvement.

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

- Medicines were not consistently managed safely.
- Medicine administration records (MAR) charts were not always completed correctly. This meant the provider could not be sure if people had been given their medication.
- MAR charts were audited on a monthly basis. However, there were inconsistencies in the audit process. For example, we saw MAR charts had been signed off stating everything had been completed when there were gaps. We raised this with the registered manager at the time of the inspection and they said they would look at improving the current system in place.
- Some medicines were to be taken 'as and when required'. There were no protocols in place which gave staff additional guidance to be able to recognise when this medicine was or was not required. Therefore, we could not be sure if people had received their medication as and when they required it. We raised this with the registered manager at the time of the inspection and they said they would look into this.
- People needing medication patches applied did not have body maps in their medicines records to guide staff where to place them. Therefore, this meant that a person's skin integrity could be compromised. For example, if the instructions stated that patches should not be placed in the same place for 14 days.

Preventing and controlling infection

- People were not always protected from risk of cross infection as staff did not consistently use personal protective equipment (PPE) such as gloves and aprons.
- Although staff told us they always wore gloves and aprons people told us this was not always the case. We saw minutes from staff meetings reminding staff that PPE should always be worn, and the process staff should follow.

Learning lessons when things go wrong

- Lessons were not always learnt.
- For example, staff continued not to routinely wear PPE, despite having been instructed to on numerous occasions.
- We did see lessons had been learnt from accidents and incidents and people received the relevant support to ensure measures had been put into place to reduce future risks.

Assessing risk, safety monitoring and management

- People had risk assessments in place to ensure their safety was maintained.
- People's risk assessments were reviewed by senior carers and updated if changes had occurred.
- Staff had received manual handling training to ensure people felt safe and people told us they felt safe when they were being supported, for example, when staff were using a hoist.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and concerns were acted on and reported in line with policies and procedures. Appropriate referrals were made to the local safeguarding authority when necessary.
- People and relatives told us they felt the service was safe. One person said, "Yes, I feel safe, they are lovely people all of them." A relative said, "Yes, [relative] is safe, they [staff] are very nice and are on it. Generally, they are great and very nice to [relative] and I have no other complaints they are very pleasant and [relative] enjoys their [staff] company."
- Staff understood their responsibilities to ensure people were kept safe from abuse and could identify different types of abuse and knew how to raise concerns.
- Staff were aware of the whistleblowing policy and knew they could report concerns directly to the Care Quality Commission.

Staffing and recruitment

- There were enough staff to support people safely. People told us staff usually turned up in the timeframe they expected them and if staff were going to be later than expected they would generally receive a call.
- Recruitment was ongoing, the registered manager said, "We are constantly recruiting, the more staff you have the bigger you can grow."
- Staff were recruited safely. Staff were subject to appropriate pre-employment checks to ensure they were suitable to work in a care setting. This included criminal record checks and references from previous employers.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and reviewed taking into account their diverse needs to ensure they received support which met their changing needs.
- People and relatives were consulted with when care packages were developed.
- People's communication needs were considered, and the provider had resources available in place, such as easy reads formats.

Staff support: induction, training, skills and experience

- Staff received an induction at the start of their employment, this gave new staff the opportunity to shadow experienced staff. One staff member said, "I started on a doubles team and had a really good training period at the hands of an extremely experienced team member."
- Staff received ongoing training and the provider had systems in place which flagged up when training was due.
- Staff had their practice observed by senior staff to ensure they were delivering effective care and support.

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

- People who needed support with food preparation told us they received the support they needed. One person said, "Yes they [staff] ask me, they only get me my breakfast. I have cereal and a glass of milk."
- Information was available in people's care files highlighting if they had specific dietary requirements to keep people safe.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff worked with other agencies to provide consistent care to people. However, the registered manager told us at times there have been communication issues. The registered manager stated this was raised with the local authority resulting in a handover sheet being introduced, which is due to be implemented.
- People were supported to access other health professionals, such as GP's, district nurses or occupational therapists.
- People's care files contained information regarding other professionals which were involved in their care.
- Staff told us they had contact details for professionals in people's care files should they need to contact

them.

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

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- People were supported in line with the principles of the MCA. Staff understood what capacity meant. One staff member said, "Always consider the service user to have mental capacity, unless stated different in medical history. Always provide service users with choice and never apply obstacles in the way of choice."
- The registered manager was clear about their responsibilities to assess people if they suspected someone lacked capacity.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, 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 they were treated well. One person said, "They [staff] are great, their attitude is great they are nice and friendly." A relative said, "Yes they [staff] are very, very good."
- People had their protected characteristics such as religion considered. However, we saw people's sexuality was not discussed or recorded. This meant people may not have the opportunity to disclose this if they chose to.

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

- People were involved in decisions about their care. People and relatives told us they were involved in the development of the care plan.
- People received monthly calls to establish how they felt about the care they were receiving and had an opportunity to complete an annual quality feedback questionnaire.
- Staff understood the importance of allowing people to make their own decisions. One staff member said, "By respecting the persons wishes at all times." Another staff member said, "A person I work with used to worry if things had been forgotten, such as, if cream had been applied where needed. But they now know all this will be done and feels confident telling me when they feel upset and has said they feel comfortable when I am around."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "They [staff] tend to provide the service that I want in the way I want them to. There have never been any issues, it has always been civilised and pleasant."
- People were supported to maintain as much independence as possible. One relative said, "They [staff] always encourage [relative] to dry their own back." One staff member said, "I promote independence by letting the person do what they can for themselves and I will assist with things that they are unable to do."
- Staff were able to give examples of how to support people to maintain their dignity, such as keeping people covered up during personal care, closing curtains/blinds, and doors.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, 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

- People had personalised care that meet their needs. We saw in people's care plans they were asked if they preferred to receive care from a female or male carer and people told us they were asked.
- People had personalised care plans in place which detailed their routine. One staff member said, "I care for one person and I know how they like their bed covers tucked in a certain way and how they like the crust cut off their sandwiches but not off their toast."
- People and relatives told us staff took time to have meaningful conversations with them during their care.

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 carers.

- The registered manager told us about a person who they had previously supported who was blind. They said, "We had an advocate who came and did the assessment, their care was all around feel and touch and voice recognition. They also had arthritis, so we got specialist cutlery with thicker handles, and a beaker so they would not spill liquid down them."
- The registered manager also informed us how they had supported a person with learning disabilities and supported them through easy read documents.
- A staff member said, "Work closely with the people who use the service to find out what way of communication works best for them."

Improving care quality in response to complaints or concerns

- We saw that complaints had been received and were responded to in accordance to the complaint's procedure.
- We spoke to one of the complaints who stated that the care for their relative had improved since making the complaint.
- We raised a concern we had received at the time of the inspection with the registered manager. The registered manager promptly contacted the person to meet with them to discuss their concerns and to find ways of improving the service for them going forward.

End of life care and support

- No one was receiving end of life care at the time of the inspection. However, consideration had been given to how people would be supported, if necessary.
- The registered manager said, "We do not support people with end of life. There are do not attempt resuscitation's (DNAR's) in file and some people have living wills. The district nurses have been involved with one person and we were going into the home and turning them."

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 Good. At this inspection this key question has now deteriorated to, 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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were not always effective in monitoring the quality of the service.
- Audit systems that checked MAR charts were not being carried out effectively and we saw that some charts had gaps which had gone unnoticed meaning that the registered manager could not be sure if people had received their medication. We addressed this with the registered manager at the time of inspection and they assured us they would be looking at a better way of capturing and addressing this.
- The service did not have protocols in place for people that needed medication 'as and when required'. Meaning staff did not have guidance to recognise when people needed this medication.
- The registered manager did not have action plans in place to ensure the quality of the service continually improved.

The provider had failed to identify areas for improvement to the quality of people's care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had their competencies checked. A senior carer told us how staff had spot checks. They said, "We do spot checks to make sure they [staff] are doing the job right and you can also see how the person they are caring for is with them. If there are any concerns I would raise this with the next person in charge and this would be documented and discussed in supervision."
- Accidents and incidents that occurred to people were analysed and preventative measures put into place to reduce reoccurrence.
- A registered manager was in post and was present throughout this inspection. The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

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

- The provider did not conduct staff surveys; therefore, staff did not get the opportunity to feedback about the service in a way that protected their identity.
- People were involved in decisions about their care and were given the opportunity to complete monthly and annual quality questionnaires. However, they did not receive the results of these to show what

improvements were planned for the service.

- Staff members understood the policies and procedures that supported them in practice.

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

- Staff felt supported by the senior staff and the registered manager. One staff member said, "Yes 100% if I ever just need a chat or I am unsure about something the registered manager is always on hand to share their knowledge and provide me with support."
- Staff confirmed they had supervisions.
- Staff were encouraged to attend team meetings. One staff member said, "I believe they do help, they give us an understanding of what is going right and what can be worked on. There is always room for suggestion, the office staff are always willing to listen to ideas that we have to improve the service. At the end of every meeting the registered manager gives us all the opportunity to either speak as a group or have a one to one chat with them."

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 demonstrated their understanding of their role and responsibilities within it. Systems were in place regarding complaints which had been raised, they were recorded and responded to in accordance to their policy and procedures.
- The registered manager was open and transparent when things went wrong. For example, when the conduct of staff members was questioned they would investigate the concerns in a transparent yet confidential approach.
- The registered manager said, "I do not keep anything secret, I will never hide anything from service users or carers."

Working in partnership with others

- The service had established links with the local communities within which people lived. This included contact with local healthcare professionals which people benefited from. For example, GP practices and District Nurse teams.

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 had failed to identify areas for improvement to the quality of people's care.