

Angila Care Ltd

Angila Care Ltd t/a Fisher Healthcare

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

This inspection took place on 8 November 2018 and was announced. This meant we gave the provider short notice to make sure they would be available. This was the first inspection of the service since it was registered in July 2017.

Angila Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes the community. At the time of the inspection, personal care and support was only being delivered to one person. Some sections of this report are short to protect the person's confidentiality.

There was no registered manager in post. A manager had been recruited and was in the early stages of registering with the Care Quality Commission. 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.

The small size of the agency and the care package being provided meant we were unable to gather enough evidence to support a quality rating.

A consistent team of staff provided care and support. They had received appropriate training and told us how well they worked as a team. Staffing levels were based on the needs of the person to keep them safe.

The provider had completed training in respect of the Mental Capacity Act (MCA) 2005 and understood their responsibilities under the Act.

Care plans were in place and staff followed these to ensure the person who used the service received the right care and support and was kept safe. This included support with personal care.

A complaints procedure was in place, but no concerns had been raised.

The provider and staff were committed to providing a personalised, individual service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We could not fully assess this domain to give a quality rating.

Staff were recruited safely and there were enough staff to provide care and support.

Staff understood how to keep people safe.

No support was being provided with medicines.

Inspected but not rated

Is the service effective?

We could not fully assess this domain to give a quality rating.

Care workers received appropriate training and support.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

No support was being provided with healthcare or nutrition and hydration.

Inspected but not rated

Is the service caring?

We could not fully assess this domain to give a quality rating.

Staff were respectful, kind and caring.

Inspected but not rated

Is the service responsive?

We could not fully assess this domain to give a quality rating.

Care plans were in place. These gave staff direction about the care and support they needed to provide.

A complaints procedure was in place; however, no concerns had been raised.

Inspected but not rated

Is the service well-led?

We could not fully assess this domain to give a quality rating.

Inspected but not rated

there was no registered manager in place.

Quality assurance systems were limited.

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 November 2018 and was carried out by one adult social care inspector. The visit was announced as we needed to make sure the provider would be available.

Before the inspection we reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had not completed a Provider Information Return (PIR). This was because the document had been sent to the previous manager. The PIR is a document which gives the provider the opportunity to tell us about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our visit to the provider's office we looked at care plan documents, two staff recruitment and training files and policies and procedures. We spoke with the provider, one relative of the person who used the service and two care workers.

Our findings

Safe recruitment procedures were in place to ensure new staff were of suitable character to work in the care sector. New staff were required to complete an application form and attend an interview. Interview records were kept which showed staff were asked a range of questions to check their suitability for the role. Successful candidates had to await the results of references and a Disclosure and Barring Service (DBS) check before starting work.

There were enough staff to provide care and support to the person who used the service. There were five regular members of staff who provided care and support.

People were kept safe from abuse and improper treatment. There was a safeguarding policy in place and safeguarding training had been undertaken by staff during induction and then annually, to make sure they were kept up to date. The provider understood the procedures but had not needed to use them.

Staff had assessed the person's own home before the service had been offered to make sure they were safe for the person who used the service and staff. No issues had been identified.

People who used the service were protected from the risk and spread of infection. The service had an infection prevention policy and staff had received relevant training. Stocks of disposable gloves and aprons were available at the person's own home for staff to use.

Policies and procedures in relation to medicines management were in place and staff had received training. At the time of the inspection staff were not administering any medicines, therefore, we could not evidence if medicines were managed safely.

There had been no accidents or incidents reported, therefore, we could not assess if the 'lessons learnt' process had been followed.

Our findings

Staff assessed people's care and support needs before a service was offered. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

Staff had the right skills and knowledge to provide effective care. Staff told us the training was good and had equipped them with the required skills to provide safe and effective care and support. New staff had a comprehensive induction to the service. Staff new to care or those that did not have a qualification in health and social care were enrolled on the care certificate. This is a government-recognised training scheme, designed to equip staff new to care with the required skills for the role.

There were policies and procedures in place in relation to supporting people with their nutrition and hydration. At the time of the inspection the person using the service did not require staff support to meet their nutrition and hydration needs. Therefore, we could not evidence if the service was effective in this area.

Staff were trained in emergency first aid. At the time of the inspection staff were not required to support the person using the services to meet their health care needs. The provider told us if this was not the case care workers would be empowered to contact, for example, GP's or emergency services.

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. For people living in their own home, this would be authorised via an application to the Court of Protection.

The person using the service had capacity and had consented to Angila Care Limited providing them with care and support.

The provider understood the MCA and told us if people lacked capacity, decisions about the care would be made in their best interests if no Lasting Power of Attorney (LPA) for health and welfare was in place. A LPA is a legal document that allows someone to make decisions for you, if you're no longer able to.

Our findings

A confidentiality policy was in place. Records were stored securely at the office and staff had signed a confidentiality agreement confirming they understood their responsibilities.

The person's relative told us staff were respectful, kind and caring and they were very happy with the service which was being provided.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our review of records and discussion with staff and the provider showed us the service was pro-active in promoting people's rights. For example, meeting people's cultural and religious needs.

Our findings

Staff had assessed the person's needs before a service had been offered and from this their care plan had been developed. Care records reflected the person's individual care and support needs as well as personal preferences. People's needs and preferences were taken into consideration when staff were allocated to the call, for example, preferred language and male or female carers.

Care plans were in place which gave staff clear information about what support they needed to offer and how this needed to be done. When we spoke with care workers it was clear they knew the person well and how to respond appropriately to meet their needs. Care plans were kept under review and updated as necessary.

A complaints procedure was in place. The provider told us they had spoken to the person who used the service about making a complaint and had provided them with the contact telephone numbers for the service. No complaints had been received. This meant we could not make a judgement about the complaints process.

End of life care was not an issue at the time of our inspection. The provider appreciated care plans would need to be put in place in line with people's wishes and preferences about how they would wish to be supported.

The service was not required to provide the person using the service to any community facilities.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. The provider told us this would be addressed through the care planning process and documented in people's communication care plans.

Our findings

The registered manager left the service in December 2017, since then the provider had taken responsibility for the management of the service. A new manager had been recruited and they were in the early stages of applying for registration with the Care Quality Commission.

This was the first inspection of the service since it was registered in July 2017. A service was only being delivered to one person and had only been in place since April 2018. Because of the small size of the service we have been unable to gather enough evidence to award a quality rating on this occasion.

The provider was not completing any of their own audits. They told us a representative from the franchise had been to audit the service. This audit had picked up some issues for the provider to action. However, because of the small size of the service audit information was limited.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. The provider was aware of their responsibilities but had not needed to make any notifications.

The provider had some contact with Bradford local authority, but because of the small size of the service they were not working in partnership with any other agencies.

The person who used the service had been asked for their views and their response showed they were highly satisfied with the care and support they received.