

Miss Nicolla Moran

Home Angels Chorley

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

Home Angels Chorley is a domiciliary care agency registered to provide personal care for people in their own homes. The agency specialises in the provision of care and support for people with dementia and also specialises in end of life care. The agency operates from an office situated in a business park close to Chorley town centre which was registered with the Care Quality Commission on 18 December 2015. Previous to this the agency operated from other premises all in the Chorley area.

This inspection took place on the 28 April and 3 May 2017 and was announced to ensure that the Registered Manager and appropriate staff were available to speak with.

The Registered Manager was present during the visit to the registered premises and was cooperative throughout the inspection process. The Registered Manager is also the registered provider and Nominated Individual for the service. 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 service was registered with the Care Quality Commission in December 2015. We last inspected Home Angels Chorley in April and May 2016. At the inspection in 2016 we found the service was not meeting one of the regulations we assessed and we asked the provider to take action to make improvements. This was in relation to people's safe care and treatment. The service as a consequence was rated as Requires Improvement overall and also for the domains of 'safe', and 'responsive'.

We issued one requirement notice and asked the registered provider to tell us how they were going to make the improvements required. At this inspection we found that the registered provider and registered manager had made the changes and improvements needed to meet the requirement notice issued from the previous inspection.

People we spoke with told us they felt safe receiving care and support and that carers respected them and their home environment.

The service had safeguarding and whistleblowing policies in place which staff understood clearly.

Staffing levels were seen to be in place to meet the assessed needs of people receiving care and support from Home Angels Chorley. People who used the service, relatives and staff raised no issues with regard to staffing levels.

People and their relatives spoke highly of the staff that supported them and they told us that they believed care staff to be competent, caring and approachable.

Staff received an appropriate induction prior to them working alone and received on-going training and

support in order to carry out their role effectively.

The service was working within the principles of the Mental Capacity Act 2005 and staff spoken with were aware of how the legislation affected, or could potentially affect the people they cared for. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People who were assisted with their nutritional and hydration needs told us they had no concerns in this area and were supported to eat and drink a healthy diet.

The service provided end of life care to support people to remain at home during their final days of life. Trained staff using training resources designed by NHS England, were also available, as needed. Staff spoke passionately about their role in keeping people at home at the end of their life.

Care plans were seen to contain good detail and were regularly reviewed. People we spoke with told us they were involved in the design of their care, if they wanted to be. Staff told us that they felt care plans had improved since our last inspection and that appropriate guidance was in place for them to deliver an effective service.

People we spoke with and their relatives told us they knew how to raise issues or make a complaint and that communication with the service was good.

People and relatives we spoke with talked positively about the management of the service, the staff and the care and support they or their loved ones received.

We saw evidence of robust quality checks and auditing at the service across a wide range of areas.

Good links were in place with a number of external organisations including commissioners of the 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?

Good ●

The service was Safe.

People told us they felt safe when receiving care in their own home and any new members of staff were introduced to them by a member of staff they knew.

People's medicines were managed appropriately and there had been no identified medication errors in the 12 month period since our last inspection.

The service has appropriate safeguarding policies and procedures in place, which staff understood.

Is the service effective?

Good ●

The service was Effective.

Staff told us they received good quality training across a range of subject areas and we found evidence to show this to be the case.

Staff had a good understanding of the basic principles of the Mental Capacity Act and how it could impact on the people they cared for.

People were supported with their nutritional and hydration needs and care plans reflected people's needs in this area.

Is the service caring?

Good ●

The service was Caring.

People and relatives we spoke with told us that staff were caring and compassionate.

Staff spoke knowledgeably about areas such as dignity and respect during our discussions with them.

One of the agency's area of specialism is end of life care and we saw that staff were trained appropriately in this area.

Is the service responsive?

Good ●

The service was Responsive.

Care plans reviewed were person centred and contained the necessary level of detail and guidance for staff to support people effectively.

An up to date complaints procedure was in place and people we spoke with told us they knew how to make a complaint or raise concerns.

Is the service well-led?

Good ●

The service was Well-Led.

People, relatives and staff spoke highly of the Registered Manager. People told us they knew her and how to contact her.

Effective audits and quality monitoring took place.

Good links were in place with external organisations.

Home Angels Chorley

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.

This inspection took place on 28 April and 3 May 2017. We gave the service 48 hours' notice of the inspection to ensure the registered manager and other key members of staff would be available to answer our questions.

The Inspection was carried out by an adult social care inspector. Telephone calls were made to people and relatives on the 3 May to talk with them about their experience of the service. We visited the registered office on the 28 April to look at records, which included five care plans, four staff files, quality audits, team meeting notes and other associated documents.

We spoke with a range of people about the service, this included three people who used the service, four relatives and seven member of staff including the Registered Manager and Office Manager.

Is the service safe?

Our findings

All of the people we spoke with who received care from Home Angels Chorley told us they felt safe whilst carers were in their home. One person told us, "I feel safe. The carers are very nice and I have no complaints about any of them." Another person said, "I'm very happy. I couldn't be more happy. I have no problems whatsoever. They [carers] are very professional in their approach and very helpful." Relatives we spoke with also told us they felt their loved ones were safe whilst receiving care and support from the service. One relative said, "All the staff are very good, very favourable and all very friendly. I have no concerns."

At our previous inspection the service was in breach of the regulation for medicines management. We saw that the necessary improvements had been made at this inspection, which meant that the service was now compliant in this area. Improvements had been made to risk assessments and care plans and audits were in place to ensure that medicines were administered and recorded accurately. People and relatives we spoke with had no concerns regarding how their medicines were managed, if this formed part of their service. Staff we spoke with told us they felt they had the necessary training and knowledge in order to help people take their medicines and the training records we saw confirmed this to be the case.

Medication Administration Records (MAR's) were audited when they were returned to the office each month. There had not been any medication administration errors for the twelve month period prior to our inspection.

The service had safeguarding and whistleblowing policies in place. This meant that staff had clear guidance to enable them to recognise different types of abuse and who to report it to if suspected. We spoke with staff about the agencies' safeguarding procedures. They were all aware of the safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow. They were also able to tell us who they would report issues to outside of the agency, if they felt that appropriate action was not being taken. Staff members we spoke with displayed good knowledge of local safeguarding protocols.

The registered office had a 'safeguarding board' which displayed the agency policy, whistleblowing policy and up to date telephone numbers for the Local Authority and Police, which meant that staff could contact external agencies directly if they felt this was more appropriate. Staff we spoke with told us they had received safeguarding training and staff training records were also on display in the office, which evidenced this.

We had received notification of one safeguarding incident in the 12 month period since our last inspection. This was a complex issue and had been investigated and closed by the Local Authority safeguarding team. The service to the person involved in the safeguarding issue was still being delivered by Home Angels Chorley.

There had been no accidents or incidents reported during the previous 12 months prior to our inspection. We did see that accident and incident books were kept at the office to record such incidents.

We looked at staffing levels within the service to ensure that there were enough staff employed to provide the assessed care people required. No people or relatives we spoke with raised concerns regarding staffing levels, whether this was the consistency of care staff coming to their home or their timeliness. One person told us, "They always turn up on time and they do what they have to do." People we spoke with understood that carers may be late on occasions, due to issues such as traffic or issues at previous visits. People did tell us that if carers were running late that they would usually be informed by the office with an expected time of arrival. Home Angels Chorley do not use agency staff to cover unplanned absences. This was done either via the management team or the existing care team. We were told by the registered manager that staff turnover was good and this was not reported as being an issue by anyone we spoke with.

Whilst people told us that different staff arrived to support them they confirmed that they knew staff and were always introduced to new members of staff, so nobody turned up at their home they did not recognise. We asked people about the consistency of the care staff, and occasional lateness of carers. They understood the reasons why different carers sometimes supported them. This showed that discussions had taken place prior to their care service starting, which explained the reasons why different staff would arrive at their home. No people or relatives we spoke with told us they had an issue with the consistency of care staff.

Staff we spoke with told us they had time to carry out their caring tasks and were given enough time to travel. Staff picked up the rota for the following week each Friday by coming into the office. This also gave them the opportunity to discuss any issues they had or pick up any equipment they needed, such as personal protective equipment.

We reviewed people's care plans to look at how the service mitigated risks. Each person had a 'risk reduction plan' in place that identified potential risks and hazards. Examples included issues, such as falling and preparing food or hot drinks. Information and guidance was in place so carers could look at what risks had been identified and then practical advice was in place to help reduce such risks. In addition to this there was a section in each person's care plan entitled, 'safeguarding you from abuse'. Issues specific to individuals were highlighted. One example was the use of over the counter medication. This had resulted in the agency taking over this aspect of one person's care and an agreement with family was in place, who now ordered this medication for the agency to administer. Previously this person had been forgetting how many tablets they had been taking and this new arrangement had nullified this risk.

Is the service effective?

Our findings

People we spoke with told us their needs were met in the way they wanted them to be. They spoke highly of the staff that supported them and they told us that they believed care staff to be competent, caring and approachable. Some of the comments we received from people using the service and relatives were, "They [staff] turn up on time and stay the required time. I sometimes ask if they can come earlier or stay later and they usually accommodate this." "It's a very good service; the girls [carers] know what they are doing." "No issues, they turn up on time and stay the required amount of time."

We saw evidence within the staff files we reviewed that staff received an induction prior to them delivering care to people, regardless of their previous experience. The induction process was adapted through the care certificate. The care certificate is a set of standards that social care and health workers stick to in their daily working life. It is a set of minimum standards that should be covered as part of induction training for new care workers. Inductions involved a period of shadowing an experienced member of staff within the team. This enabled introductions to be made between new staff and people who used the service. Staff we spoke with told us that their induction was thorough. One member of staff told us, "Yes, I had an induction. I shadowed other carers for two weeks. I felt it was good enough. I also sat down in the office and went through procedures and we discussed what was expected of me."

The agency had been using a new training provider for three months at the time of our inspection and we were told this arrangement was proving to be positive. The reason for the change was that the previous training provider had gone out of business.

We spoke with staff about the training and support they received from Home Angels Chorley. The comments we received were positive. One member of staff told us, "Yes I'm happy with the support I get. I can come into the office and speak face to face or via phone and text. The training is good and is a mixture of workbooks and practical sessions." Another member of staff said, "I can't fault them in terms of support. You get good training, supervisions and there are team meetings. All happen frequently and I'm happy with the quality of everything."

We found evidence of training certificates within the staff files we reviewed. Individual staff training records were on display in the office, which detailed each staff member's completed training. We saw a good range of training was undertaken including safeguarding adults, medication, food hygiene and end of life. As one of the specialisms of the service was dementia care all staff worked through a dementia workbook produced by the 'Social Care Institute for Excellence [SCIE]. The booklet worked along the same lines as the care certificate and was adapted by SCIE.

We saw several staff visiting the office whilst we were undertaking our inspection, which served as an additional opportunity to discuss any issues they had. As the carer role is predominately one that is lone working this also meant people were able to keep in touch with the registered manager and office manager and served as an opportunity to meet up with peers.

The registered manager told us that they had taken on an apprentice under the government's new apprenticeship scheme and that this arrangement was working well. Due to the age of the apprentice they did not undertake any visits alone. We spoke with the apprentice who told us they were enjoying their role and were getting the support they needed.

Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

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.

We checked whether the service was working within the principles of the MCA. Staff we spoke with had a good understanding of the basic principles of the MCA and how it could potentially impact on people they cared for. Staff spoke well around the issue associated with consent and how this was gained prior to undertaking tasks such as personal care. When speaking with people who received a service they told us that carers communicated all aspects of their care needs well and they had no concerns in this regard.

Since our last inspection we saw that consent forms had been introduced within people's care plans. We were shown a new version of the form, which was more detailed around the types of consent people were asked to sign, if they were able to do so this included areas such as personal and medical information being shared between health agencies and professionals and photograph's being taken for both health and marketing purposes. The form also explained people's rights and information about the storage of information and images and who may share them if consent was given.

We discussed with the registered manager the issues of relatives signing forms for people who were unable to and to ensure that they had the legal right to do so. As in some cases it was not clear that this was happening. One example was of one person not being able to sign their care plan due to a physical condition. We discussed this being documented; as it was unclear this was the reason when reading that persons care plan agreement. We were told this would be remedied immediately to reflect the reasons discussed.

We asked people who were supported with their nutritional and hydration needs if they were happy with this aspect of their care. No issues were cited within this area. Care plans we reviewed reflected peoples assessed support needs.

Is the service caring?

Our findings

People, and relatives we spoke with, told us they were happy with the care and support they received and that staff were caring and compassionate. One person told us, "There was one time when I had to ring the office after an incident [described] to us and they [agency] sent three carers round to make sure I was ok." A relative we spoke with said, "[Name] would say if they weren't happy. They have a laugh and a joke together whilst doing a great job." We received only positive feedback from people about care staff and the management team.

We contacted the local authority and clinical commissioning group who commissioned services from Home Angels Chorley and they were complimentary about the approach of the agency and its staff. They told us that they had received positive feedback from people and families when reviewing care packages.

People and their relatives told us that they had no concerns with their or their loved ones dignity being upheld. We saw that within people's care plans that people's preferences were on record across a range of areas including personal care delivery, food, drink and social interests. When speaking with staff about dignity and confidentiality they were able to talk through specific examples, such as the delivery of personal care, and how this was done in a dignified and professional manner.

The service provided end of life care to support people to remain at home during their final days. This is a specialism of the service in addition to providing care at home for people living with dementia. Staff were trained to deliver end of life care using a training package devised by NHS England. This consisted of a number of e-learning modules covering subject areas such as advanced care planning, communication skills, symptom management and bereavement. The agency also had close links with a local hospice who they could contact for advice, as some of the people who used the service attended the hospice's day care facilities.

We spoke with the relative of one person who was receiving end of life care and they were very complimentary about the care their loved one received. They told us, "[Name] was very poorly but has stabilised now. There has been a very joined up approach including the district and Macmillan nurses. Everyone has been brilliant." They went on to describe a very flexible and responsive approach from the agency and said, "[Name] wouldn't be at home without all the help we get from Home Angels and everyone else."

When speaking with staff it was evident they had a passion in providing end of life care. Staff told us that the training they received in this area was of a good standard and they were supported by fellow staff and the agency if issues arose, which they had not dealt with previously. One member of staff told us, "I love my job and especially love helping people to stay at home at the end of their life. It sounds strange to say it and it is difficult to explain why, but it's the best part of the job. I think it helps that we are a small agency and we all know each other."

At the time of our inspection no one was using an independent advocate to help support them. The

registered manager told us that they had supported people in the past to access the help of an advocate and would assist anyone who wished to do so.

Is the service responsive?

Our findings

At the previous inspection we had made a recommendation regarding the lack of detail and guidance for staff within some people's care plans. At this inspection we saw that a thorough review of all care plans had taken place and additional measures had been introduced to ensure people's care plans accurately reflected the care and support they had in place.

We reviewed five people's care plans in detail. We found care plans to be detailed with good guidance in place for staff. Care plans contained information about people's daily life, their needs, preferences and contained risk assessments as appropriate, which were also in good detail. People were given the opportunity to input into their care plan, which was confirmed when speaking with people, as well as seeing evidence within care plans. One person told us, "We go through the care plan together. Any changes made we go through together." One relative we spoke with said, "I have been involved in care planning and [name] pre assessment. The whole process has been very flexible and inclusive."

Staff we spoke with told us that they felt care plans had improved since the last inspection had taken place. One member of staff told us, "We have worked hard since the last inspection, particularly around people's preferences and documenting this. It has really helped and we have involved people when possible." Another member of staff said, "Care plans have good information in them and the daily notes give good detail of previous visits."

At our previous inspection one page profiles were beginning to be introduced into the service. We now saw that this process had been completed and profiles were in place for everyone receiving a service. Profiles included the use of pictures and photographs and detailed people's preferences in areas such as dressing, medication, bathing, eating and drinking. We saw one example where a person's one page profile had been updated to reflect a change in their medication routine, which showed that these records were reviewed alongside the main care plan.

People's care plans contained good details around their preferences with sections entitled; 'Who am I', 'My personality' and 'What is important to me'. There was also a section that explained how people wanted their personal care delivered, if this formed part of their care plan. This was accompanied by sections for staff with guidance on how and when to approach people and how they could work together. There was also a section entitled 'Goals'. This captured what each person would like to achieve with the support offered by Home Angels Chorley and asked the question 'how will we know this is working'.

Each person's care plan had a separate section for activities. People's preferred activities were listed and captured well in people's personal histories. Again there was a section detailing how activities would form part of people's care plan and goals going forward. All the care plans we looked at had been reviewed within the previous month prior to our inspection. As one of the areas of specialism was end of life care services, which could start with little notice, care plans were introduced quickly in liaison with other professionals and the person themselves, if possible or their family or representatives.

People we spoke with and their relatives told us they knew how to raise issues or make a complaint and that communication with the service was good. They also told us they felt confident that any issues raised would be listened to and addressed. One person we spoke with told us, "I have never had any concerns with them, I would ring the office if I did." Another person said, "I raised one issue a while back, a little concern and it was dealt with." One relative we spoke with said, "If something was amiss I would feel comfortable saying so."

We saw that an appropriate concerns policy and procedure was in place and that it was made available to people. Home Angels Chorley had received one formal complaint in the twelve month period prior to our inspection. This issue had resulted in a safeguarding referral being made and was a complex situation. However the agency continued to provide the service and the complaint had been closed. The service continued to work with the local authority and the family to ensure that all the issues that resulted in a complaint being raised were being addressed.

We saw that a communication log was in place to record any minor concerns people had. This also served as a way of making sure all staff were aware of any issues. We saw a number of compliments from people and families on display in the office in the form of thank you cards and emails. The registered manager told us that they also received regular verbal compliments and thanks from people who used the service.

Is the service well-led?

Our findings

People and relatives we spoke with talked positively about the management of the service, the staff and the care and support they or their loved ones received. One person told us, "I know who Nicolla [Registered Manager] is and I see her now and again. I can always get in touch with her if I need to." Another person said, "I get asked for my opinion and am able to ask questions, which shows they [management of service] are interested. I have no concerns with any aspect of my care." Relatives we spoke with told us similar things, such as they knew who the Registered Manager was and felt the service was run well. Many people and relatives commented on the fact that the agency was a small family run business and this gave them confidence and reassurance.

The Registered Manager is also the owner and Nominated Individual for the service. They are supported by an office manager and team leader. We found the Registered Manager to be helpful and compliant with all our requests throughout the inspection period as was the office manager and the rest of the staff we spoke with.

Staff we spoke with talked positively about their employer. Staff had a good understanding of their roles and responsibilities and told us they were supported well. They told us that the Registered Manager, Office Manager and Team Leader were approachable if they had any issues as were peers. No-one spoke of any cultural issues within the service.

Audits were carried out by the service, the results of which were recorded on a database. The system was based on the previous CQC outcomes and translated across to the new regulations. Each section detailed the requirements in place to show compliance against each area and any further actions required. The system showed who was responsible for any actions deemed necessary with a target date for completion. A traffic light system was in place to show which areas needed action.

We saw that various spot checks were carried out by the agency. This consisted of the registered manager or team leader, by pre arrangement with the person in receipt of care, being at people's homes prior to care staff turning up. This meant that a number of areas could be reviewed, such as timeliness, staff appearance, conduct, approach, as well as looking at care plans and medication records. This was done annually for each person receiving a service.

Medication Administration Records (MAR's) were audited when they were returned to the office each month. We saw evidence that care plans were audited as well as reviewed to ensure that the necessary details were in place. Annual surveys were sent to all people who used the service, or their relatives, if individuals were unable to complete them. The responses for the latest survey we saw were very positive with no issues being raised.

The service was seen to be displaying their latest Care Quality Commission (CQC) rating within the registered premises. We saw the website also contained a link to the latest CQC report. However we discussed the need for the link to be made more obvious to people and to check the ratings display guidance published by the

CQC. There were no registration issues and the service submitted notifications in line with their regulatory responsibilities.

We saw evidence that team meetings took place. Summaries of team meetings were produced and distributed via email to staff. A wide range of policies and procedures were in place which meant staff could refer to the latest guidance and good practice guidelines.

There were good links in place with other organisations. The agency were members of the Lancashire Care Association, attended their provider meetings and were in contact with 'Skills for Care' to look at ideas of how to share best practice with other care providers. An initial meeting had been held to discuss the practicalities of this taking place. There were also good links in place with the local hospice and commissioners of the service from both health and the Local Authority.