

Angelcare Uk Ltd

# Angelcare - Wakefield

## 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

The inspection of Angelcare Wakefield took place on 22 August 2016 and was announced. On 25 August 2016 we made calls to people using the service to find out their experience. The service had not previously been inspected. The service provides personal care support to people in their own homes between the hours of 5am and 11pm, seven days a week. There is an out of hours contact number for people if they have any difficulties.

We met with the registered manager on the first day of the inspection. 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 were safe as staff were well trained and understood the limits of their role. Staff also knew how to report any safeguarding concerns and demonstrated a good awareness of what these concerns might be. Risk assessments reflected individual need and offered risk reduction measures where necessary.

Staff continuity was good and people felt they knew staff well and that they were reliable. Medicines were properly managed ensuring people received their medication when it was required and that this was recorded accurately.

Staff had access to support and regular training and understood the requirements of the Mental Capacity Act 2005 in regards to the presumption of capacity. They were able to support people effectively with nutritional and hydration needs, and accessed outside agencies such as GPs or district nurses as required.

People spoke positively of the care staff, saying they were patient and kind, and offered to help in any way they could. Relatives and other relevant parties were included in reviews of care. People felt their dignity and privacy was maintained by staff.

Care records were comprehensive and identified individual needs, guiding staff as to how to best meet these needs and showing evidence of regular reviews meaning the records were relevant.

Complaints were handled professionally with an apology, investigation and outcome, which was followed up on after successful resolution to ensure the situation had been remedied properly.

The service received constructive leadership from the registered manager and the service manager, who both clearly know people well. They promoted staff development and ensured through regular scrutiny of records that the service was meeting all necessary requirements and improvements were made where identified.

## 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 were kept safe as staff had a broad understanding of safeguarding and knew how to report any concerns based on their own knowledge of good practice.

Risk assessments were person-specific and comprehensive with detailed information.

People were supported by the same team wherever possible and medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff were highly trained with access to a comprehensive induction and training programme which sought to ensure best practice and personal development.

The service was operating in line with the requirements of the Mental Capacity Act 2005.

People were supported with their nutrition and hydration needs, and advice was obtained from health and social care professionals.

### Is the service caring?

Good ●

The service was caring.

Staff were spoken of positively by all people using the service who said they were patient and kind.

People's consent and views was regularly checked in relation to receipt of the service, and their dignity and respect promoted.

### Is the service responsive?

Good ●

The service was responsive.

Care records were person-specific and enabled people to receive support in their preferred manner.

Complaints and compliments were always acknowledged and shared, form a learning perspective and as a positive motivational tool for staff.

**Is the service well-led?**

**Good** ●

The service was well led.

People spoke highly of the service and staff enjoyed working there. The service was open and transparent, acknowledging any issues and dealing with them promptly.

Staff were supported and encouraged to develop, and leadership was strong as the vision for the service was shared by all.

The service reviewed its performance through regular auditing of records, comments and people's feedback.

# Angelcare - Wakefield

## **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 22 and 25 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office when we visited.

The inspection team consisted of one adult social care inspector. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was also used to assist with the planning of our inspection and to inform our judgements about the service. We also checked information held by the local authority safeguarding and commissioning teams.

We spoke with six people using the service and six of their relatives. We spoke with five staff including one senior carer, two carers, the service manager and the registered manager.

We looked at three care records including risk assessments, four staff records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

# Is the service safe?

## Our findings

"My relative is safe. I have been notified twice when carers were concerned and on both occasions this was appropriate" said one relative. Another told us "I feel my relation is safe because they have responded quickly to any concerns."

One staff member said "I feel people are safe. If I have any concerns I phone the office or Social Care Direct (the local authority contact point). Signs of bruising, changes in mood or issues with someone's finances are all possible safeguarding concerns. I've never had to report any members of staff." Another told us "People are safe as I know them well. I know to look for bruising or malnutrition and would report these concerns to the office and GP if necessary. I would always record everything I had seen." The service had a safeguarding policy and procedure which staff could refer to and were able to explain. There had been no safeguarding concerns for this service but we saw responses for other locations the registered provider had which showed they knew how to investigate appropriately.

We asked people if they saw the same staff. One person told us "I usually have the same staff unless they are on holiday. It's been better recently." Another person said "The service has got better. There used to be lots of changes of carers and variable call times. But there has been a real improvement recently."

"Continuity of staff is good. The morning calls are regular but we are still waiting for the time of the evening call to change. However, we know they are working on it and will change when they can" said one relative. Another relative advised us "We have the same four members of staff on a regular shift pattern."

Staff said that staffing had improved recently. One said "I do have enough time to do my calls. Allocated call times vary and we are not just there to do tasks. I enjoy talking to people which I will do after I have finished all that is needed. I work 12 days on and 2 days off and am happy with this pattern." They continued "There is not much sickness and staff in the office will cover if needed. We do not use agency staff as it's not fair on the service user." Another staff member told us "I help out on my days off if needed and I can. I don't mind and the service knows it has to fit in with me." We saw staff call rotas which identified the people to visit and the duration of the call and it was evident that time for travel was incorporated into the schedule. Where people required two carers to assist with more complex needs, we saw that two carers were allocated for the full duration of the call ensuring that the safety of the person was maintained.

We looked at staff recruitment records and found the service was ensuring staff were subject to the appropriate scrutiny. References were obtained and Disclosure and Barring Service (DBS) Checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. Records included evidence of a detailed interview process which was pertinent to the role by focusing on scenarios and asking candidates to reflect on their response to these. These included a person refusing medication, concerns about finances and infection control showing the service was keen to establish people's understanding of their role.

One person said "Carers are always punctual. The few times they have been late has been due to

emergencies and they have let me know." One relative reinforced this view "If something crops up and they are seriously late, they will always let us know. They are very good with my relation and take their time respecting their privacy." One staff member told us about the call monitoring system which logged care staff's locations. This enabled the staff to be kept safe and for the office manager to ensure service delivery was in line with planned visits.

We checked the logs of this and saw that there had only been five incidents recorded for 2016, two of which were due to human error as a result of not reading their rota and appropriate action was taken to avoid the likelihood of this reoccurring. In the other situations a recorded management meeting was held and the staff member warned. This showed the service was able to provide an appropriate response to poor practice and had the mechanisms in place to monitor provision closely.

We asked staff about infection control procedures. One told us "I have all the personal protective equipment I need. We never run short!" Their practice in regards to this was assessed regularly during the spot checks.

Staff told us about risk assessments. One staff member advised us that all premises had an environmental risk assessment completed prior to any visits. Any concerns would be raised at the outset and staff continually checked at each visit as a matter of general safety. One staff member told us about an occasion where a hoist had broken down so they cared for that person on their bed as it would not have been safe to move them and called the engineer to see to the hoist. Another staff member said "Equipment is always in place. If I had a concern the office would ring the occupational therapist to come and check. I know that hoists are checked six-monthly and the number for any issues is on them." Moving and handling risk assessments were detailed outlining a person's medical history, psychological wellbeing, pain levels and falls history and supported staff to provide safe care. These were reviewed at regular intervals and amended if needs had changed as were falls risk and pressure care assessments.

The service had not had any accidents or incidents but again, had measures in place to record and respond promptly if necessary. We saw an incident record from another service the registered provider had which showed they had completed a thorough investigation, concluded the findings from this and then recorded a lessons learnt which included a memo to all staff on the importance of the 'bare below elbow' policy and an apology sent to the person. Subsequent spot checks were conducted with all staff to ensure compliance with this.

We asked staff how they supported a person with their medicine. One staff member said "I always check the medicine is for the service user, the date and their address. Medicine is in a blister pack and so I check the time they should be having their particular tablet. Certain medicine is stored in the fridge and we always ask people to have medicine safe if possible as this lessens the likelihood of any issues." A different staff member said "I always check the medicine administration record (MAR), signing and dating it when I have given the person their medicine. This is the same for catheter care if I change a person's leg bag. If a person has any unused medicine I always ensure this is returned to the pharmacist." This staff member was aware they were not allowed to administer controlled drugs such as morphine and what action to take if they dropped any medication.

The service had a detailed medicine risk assessment in place. This included information about the time and dosage, date of last review, any allergies the person had and the start date of the medicine blister pack. Details of each medicine were recorded including why the person was taking it, any possible side effects, the location and system of administration and how the medicine was obtained, e.g. delivery or family collection. Each risk assessment had a specific administration plan for staff to follow which included a body map for the safe application of creams. Again, this identified the planned administration method. By having this

information it meant the service could reduce the risks of missed medication or errors in administration. There was also a step by step action plan in place if such incidents occurred to direct staff. Medicine administration records were completed correctly and action taken if a person's health deteriorated.

One staff member said they had received support and guidance in caring for a person with more challenging behaviour. An agreed protocol was in place if this person became agitated and the staff member was confident in how to protect themselves and the individual concerned.



# Is the service effective?

## Our findings

One person told us "They are lovely and very attentive. They spotted a problem with my eye and got me some treatment. They look after all my needs."

One relative said "Staff's experience varies. Some are very knowledgeable and others have more to learn." Another told us "Staff do need to develop a wider understanding of specific conditions such as stroke and how this can affect people's personalities" but did stress they were confident that staff knew how to care safely. A further relative said "Staff are very knowledgeable and helpful. They offer suggestions as to how best to care for my relation based on their experience."

Staff told us they had received an induction. One told us "This included lots of videos showing how care should be provided and booklets to explain in more detail. It was very in-depth and then I spent two days shadowing other staff." Another said "I completed all the necessary training and have three-monthly spot checks to ensure my practice is OK."

Staff's employment was not confirmed until successful completion of an induction and probation period. Induction records were comprehensive and showed that staff had access to a wide range of information and training covering all key elements of their role. Expectations of staff were recorded including the requirement to complete activity records for people highlighting what had and had not been completed. This shows the service had considered clear guidelines for staff so they understood the remit and requirements of their role. All induction records we saw were signed and dated by the employee and trainer. We spoke with a new member of staff who confirmed they had completed their induction and initial training and felt prepared for their role as a result, and we also saw their completed records.

One staff member told us "I have supervision every three months and it is always face to face with my manager. It is a two-way conversation where we discuss my progress, any issues or complaints and how I am feeling." They continued "I have had a recent appraisal discussing what I have achieved and what further training or developmental needs I have." A different staff member also said "I am able to say anything and it's important to share concerns." We checked supervision records and saw that staff had received quarterly supervision and spot checks which were observations of their practice in the community. The latter considered the staff member's presentation, record keeping and actual practice with the person receiving the support and was an excellent source of evidence in proving competency.

Supervision sessions included discussions around recent policy changes, progress of people they were supporting and any identified learning needs which included a timescale for completion. Staff had also received appraisals which focused on a person's strengths and where staff wanted to progress the line manager had put a plan in place to consider how to move this forward.

We were also asked staff about training. One staff member said "My moving and handling training is up to date. We have a company trainer and the training was practical. I had to sit in the hoist to experience what it is like for people who need it." The service had linked training undertaken to the Care Certificate standards.

The Care Certificate is a set of minimum standards for all social care workers to adhere to and all new care workers should complete it. Each standard had a workbook which was completed and assessed by the trainer for accuracy. This included completion of a Medicine Administration record based on a case study thus ensuring staff were confident in this prior to visiting any people to support them.

Additional training outside of the Care Certificate was also offered to staff and included pressure ulcer prevention, managing people with more challenging behaviour and death and bereavement. This meant the service was keen to ensure staff had an in-depth knowledge and skills to support people effectively. Competency checks were completed for staff members in moving and handling and medication as well.

One relative told us "Staff always ask my relative what they need. They always follow their wishes." Another relative said "They always ask my relative what they would like for lunch or to wear that day, giving advice on the weather if necessary."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

One staff member said "We assume everyone has capacity unless their care plan says otherwise." Another said "If a person is able to then they make their own decisions. It would be recorded in their care plan if they were not able to. I am aware that having a urine infection or being dehydrated can affect a person's capacity so it is important to rule these out. All the people I am currently supporting have capacity." In the induction file it was stressed to staff that people were able to make unwise decisions even if that did not follow the care plan. It emphasised staff needed to report such concerns but they had no jurisdiction to force people to undertake particular tasks.

Staff were aware of the importance of regular pressure relief for people on bed rest. One told us "We support people with creams if prescribed and liaise with the district nurse if we spot any potential breakdown in skin." Another said "I would phone the district nurse if I had any concerns. We usually do a full body check at least monthly."

Staff were able to monitor people's weight and were aware of the importance of offering a healthy diet where possible. The service had a detailed nutritional risk assessment form which considered a person's appetite, whether they were missing meals, gradual or sudden change in eating habits, their weight and condition of teeth, alcoholic intake and whether they had an underlying health condition or recent infection which may impact on them. Each of these factors was considered and a rating attached to determine the level of risk. If the risk was high then a nutritional plan was created which reflected how to best support the person. All nutrition was recorded which meant the service was able to track what a person had eaten and monitor any trends or concerns. For one person we saw this had been completed in conjunction with the district nurse and the GP.

There was an agreed handover system where key information was shared on a need to know basis with colleagues, especially when reaching the end of a shift.

## Is the service caring?

### Our findings

One person using the service said "It's a lovely service. A few carers are young but they soon learn what I need. They listen and respond to what I tell them." Another person told us "The carers are fantastic. The company is good – it's the best one I've ever had. The carers are excellent. I'm treated as a person, not a commodity." A further person said "They are very friendly and we always have a bit of fun. I enjoy their visits" and "they are wonderful girls." One person was keen to stress how much they were 'fussed over' and this made them feel well looked after. Another person using the service told us staff were always courteous and pleasant.

"Some staff are very good at listening. We were involved in discussing the care plans" one relative told us. Another relative said "Staff are very respectful and treat my relative well. We discussed the care plan together." A further relative told us "The service was very accommodating when we first started with them. We kept altering the support but they were happy to amend until we were happy. All staff came out and introduced themselves before working with my relation."

One person told us "They always respect my privacy and let me take my time. They are all friendly. We enjoy a chat and I've built some good relationships." Another person receiving the service said "I can trust them. They do everything how I like it and spend time with me." A further person was keen to say how much staff helped keep them independent by letting them do as much as they could for themselves. This was really important for this person who had been reluctant to receive help initially but now saw the positive benefits.

One staff member told us they supported people with respect by "promoting people's independence wherever possible. I always shut people's curtains and doors if providing personal care support, and ensure towels are available to ensure someone's dignity. This makes a huge difference to people." Another staff member stressed the importance of 'never discussing service users outside of the work environment' as this was not keeping confidentiality. We saw in the induction module that staff were reminded their role was 'to support people and not de-skill them.' It was also recorded that staff were to check people's preferred name and not use terms of endearment, no matter how well meant.

One relative said "The carers are brilliant. They never rush my relative. They have all the time in the world for them." They continued to say how much they felt supported as much as the person receiving the care. They said "their attitude is brilliant. I would recommend them. They support my relative's choice. If they don't feel up to being hoisted they will use the slide sheet to provide care on the bed."

Staff told us that people's needs were recorded in their care plan which had often been discussed with family members where they were involved in supporting a person as well. One told us "It's important to incorporate any of their feedback as this helps build a positive relationship." Another staff member was able to explain how they had cared for a person from a different cultural background to their own demonstrating sensitivity and understanding about the importance of specific washing rituals.

## Is the service responsive?

### Our findings

One person said "Sometimes I need to remind carers what is in my care plan but they don't always get time to read it during the visit. I appreciate they can't remember everything. I have made the office aware and they promised to deal with the staff member." Another person told us "Care is always provided at my speed. I'm never rushed." A further person advised us "They are right helpful. They always do a bit more than needed to help me out."

One relative told us "The service communicates well. They do what my relation needs. They always listen to us if we have any concerns and respond well. It's a two way service." Another relative said "There is an out of hours number so there is always someone available." A further relative told us about an incident where there relative did not have any dinner and they were alerted immediately by the care staff. They said "they are very professional."

One relative told us "I've just been involved in a care plan review. This was a good opportunity to discuss what was going well." They also said some of their family occasionally stayed with the person receiving the service and so had first-hand experience of the care provided. They had never had any cause to complain.

Care records were detailed and person specific. All contained emergency contact numbers for the office and other key contacts. One staff member said "It's important to read the care plan at every visit, sign and date it after you have completed what you need to do. If you notice any changes then I would ring the office." A new staff member told us "I always read the care plan and history including any previous entries by other carers so I can see recent events. I always ask the person how they prefer things to be done on each visit." Staff had access to a glossary of acceptable terms for appropriate recording in care plans which reflected tasks undertaken.

In one record we saw evidence of an initial assessment which identified what the person was able to do for themselves. The breakdown of their care support was then completed with each element broken down into specific steps such as assisting the person to the bathroom and offering them their preference of a strip wash or a shower, then completing post wash carer such as applying cream. Where a person had a particular difficulty this was highlighted for staff to ensure this was not missed. This record demonstrated that the person had a tendency to say they needed no support so staff were prompted to encourage the person to receive assistance. Promotion of this person's independence was facilitated through comments such as 'if [name] is presented with a flannel they will wash themselves'.

Assessments included details of a person's sight, hearing, communication and mobility needs among others so that the service had a comprehensive picture of the person they were supporting. Daily records were completed showing all tasks undertaken and where concerns had been noted what action had been taken as a result. In one instance it recorded a district nurse had been requested to attend as they had not visited as expected. This shows that staff were mindful of other agencies input and that, as the main contact for that person, ensured their wellbeing was promoted.

Records contained details of other significant people in the person's life and their visiting patterns if these were regular. Likewise, records of a person's activities were recorded throughout the week to show their usual commitments which helped the service if they found any anomalies. All care records were reviewed on their return to the office and any issues identified followed up with staff.

One person using the service told us they had had reason to complain about a particular member of staff as they were not doing everything they should have been. However, upon making this complaint the office staff dealt with it promptly, the person received an apology and the staff member's conduct has improved considerably as they are still working with the person. This shows that the service was able to respond to complaints effectively and with a satisfactory outcome for all concerned.

One relative said "We made a complaint when we first started using the service but this was resolved promptly." Another told us "I've never had to make a complaint. I feel the staff in the office are very pleasant and do their best." The service had received four complaints in 2016 and each had the issue identified clearly with details of a subsequent investigation. The outcome of the investigation and the resolution was also recorded, and these had included visits to the person's home to have a face to face meeting. The registered manager advised us they now followed up all complaints two weeks after the initial resolution to ensure people were still happy and had no further issues.

The service had also received a number of compliments which were shared with staff. Comments included "[names of staff] are doing a brilliant job", "[name] is very good at their job and knows what needs doing without asking. They are very efficient" and "We couldn't ask for anyone better. My relative's face lights up when [name] walks through the door." Another staff member was thanked by family members as "[name] went above and beyond what was asked of you and we really appreciate everything you did." We also read a compliment from an occupational therapist who had observed moving and handling practice. They said "[name] and [name] hoisted the person perfectly and were doing everything correctly. I am very pleased and keep on doing a good job."

## Is the service well-led?

### Our findings

One person using the service told us "I've just filled in a questionnaire about the quality of the service. The service is very good – they always offer to post my letters, or pull my blinds back."

One relative said "It's a very good service. The staff are nice and I feel they know what they are doing." Another relative was keen to say "This service is absolutely fantastic. We have regular care staff and have built up an excellent rapport." A further relative said "I can't fault them. They are good with the support and their knowledge and have helped me understand more about my relative's condition."

One staff member said "If I had any issues I would report it to the office manager or the overall manager and it would get dealt with straightaway. They are all lovely." They told us "The service is well managed and there are good staff. Communication between staff is good. Managers are fair and approachable. I would feel able to discuss anything. I love working here." Another member of staff said "If I've got a problem it is dealt with straightaway. Managers are very friendly." They also emphasised that office staff went out and supported with care tasks showing they understood the nature of the role and supporting staff by helping out where needed. They felt "the manager's focus is on the service user."

Relatives told us that staff always answered the telephone in the office. One said "Once, my relation had fallen in the night and so we rang for help and got it straightaway." Staff also told us they had access to help out of hours if needed which was reassuring.

We asked staff what values the service was trying to promote. One told us "Independence and keeping people in their own home." They were also keen to stress how much the company promoted staff development. They said "I have just been on a two weeks' secondment to train new staff which has helped my confidence." Another told us "to ensure that people's needs are met as they want them to be. I need to help in any way I can and if I am concerned I have a responsibility to report this and request a review." The registered manager felt that the service was family-orientated and they made no apologies for focusing on quality care provision which they defined as 'when and how the person wishes to receive it.'

We asked staff if they felt there were any challenges. One staff member said "It would be nice to have more time allocated to visits." This was a reflection of the contracting arrangements the service had with the local authority but the staff member did stress that "If I feel more time is needed I report this to the office who go back to the social worker and ask for a review. I am aware I may be the only person that an individual sees that day so I feel it is important to make time for people." The registered manager acknowledged there had been staffing issues but they were currently fully staffed and were proud they had not had to use agency staff. The registered manager supported on care visits if necessary.

We asked staff how they knew they were providing good care. One staff member said "People tell me that we are delivering a quality service. I helped someone with a medical concern once and supported them through treatment. This was rewarding." Another said "I follow the care plan making sure I complete everything that is required for each specific call. I have the same service users for a number of years and so I

know them well. I love my job." The registered manager felt the service was managed well due to the number of compliments they received and the continuity of care support they provided for people.

The registered manager had a number of audit tools at their disposal, one of which was an analysis of missed calls. We saw this record and found that action had been taken in each instance and measures put in place to reduce the likelihood of re-occurrence where human error had been involved. The registered manager showed that as the number of missed calls was only seven this demonstrated that the service was performing well. People were asked their opinion of the service in a survey and we saw the results showed that most people rated the service as good, very good or excellent. However, in December 2015 (the date of the last survey) there had been an issue with punctuality but we saw from the data and comments received eight months on this had issue had been resolved for most people. The other area of concern noted by 10% of respondents was about information sharing and so the service had developed a newsletter which they were hoping to produce more frequently.

We saw evidence of staff meetings which were shared with all staff and contained clear evidence of discussion, guidelines and actions to be taken by staff where necessary.

The registered manager had a good grasp of their responsibilities including ensuring all staff were operating in line with current guidance and that the service conducted regular scrutiny checks of itself to ensure compliance. They were looking to expand their links in the local area with other registered managers and offer peer support as recommended by Skills for Care.