

Mr Matthew James Hill

Hills Angels Homecare

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

We inspected the service on 8 and 15 January 2018. Hills Angels Homecare 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 and younger disabled adults. Not everyone using this service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

This announced inspection was carried out by one inspector and an expert by experience. The expert by experience had knowledge of care services including domiciliary services.

There was a registered manager in 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.

At our previous inspection in January 2016 we rated the service as 'Requires Improvement' as information to ensure people received their medicines at the right time and for the right reason was not always available. Systems were not in place to ensure action was taken where records identified medicines may not have been given. Where risks to people's health and welfare had been identified, information to minimise these risks was not available. The registered manager assessed how well the service was running to identify if any improvements were needed, however these systems had not identified concerns with how medicines and risks were managed. On this inspection we found improvements had been made and the service was now rated as Good.

Risks to people's health and wellbeing were assessed and plans were in place to monitor how people were supported and to assist them in a safe manner. The staff understood how to protect people from harm and were confident that any concerns would be reported and investigated. Some people received assistance to take medicines and records were kept to ensure that this was done safely. There were safe recruitment procedures in place to ensure new staff were suitable to work with people.

Staff were trained to ensure that they had the skills to support people effectively. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. People were able to make decisions about how they wanted to receive support to ensure their health needs were met. When people required assistance to eat and drink, the registered manager ensured that this was planned to meet their preferences and assessed need.

People had a small team of staff who provided their support and had caring relationships with them. Care was planned and reviewed with people to ensure their choices were followed. People's privacy and dignity were respected and upheld by the staff.

People had care records that included information about how they wanted their care and this was reviewed to reflect any changing needs. There was a complaints procedure in place and any concern received were investigated and responded to in line with this policy.

People were asked for their feedback on the quality of the service and their contribution supported the development of the service. Quality assurance systems were in place to identify where improvements could be made and the registered manager worked with other organisations to share ideas and to develop the service. The manager promoted an open culture which put people at the heart 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.

Staffing was suitable to ensure that people received the support they needed at a time they needed it. Staff knew how to protect people from abuse and knew what to do if they suspected it had taken place. People received their medicines as prescribed and infection control standards were maintained. Recruitment systems were in place to ensure staff were suitable to work within the home.

Is the service effective?

Good ●

The service was effective.

People had capacity to make decisions about their care and staff sought people's consent when providing support. Staff knew people well and had completed training so they could provide the support people wanted. Where the agreed support included help at meal times, this was provided and food was prepared for people. People had responsibility for their health care and supported by staff where this was needed to attend appointments.

Is the service caring?

Good ●

The service was caring.

People felt well cared for, their privacy was respected, and they were treated with dignity and respect by kind and friendly staff. Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place to ensure people received care which was personalised to meet their needs. Where care needs changed, the support was reviewed to match what people wanted. Comments were monitored and complaints acted upon.

Is the service well-led?

The service was well-led.

Systems were in place to assess and monitor the quality of care and to identify where improvements could be made. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns. The quality of service people received was regularly monitored through feedback from people.

Good ●

Hills Angels Homecare

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 was an announced inspection and we gave the registered manager five days' notice of the inspection site visit. This was because the service is small and the manager is often out of the office supporting staff or providing care and we needed to be sure that they would be in. This announced inspection was carried out by one inspector and an expert by experience. The expert by experience had knowledge of care services including domiciliary services. The inspection site visit activity started on 8 January 2018 and ended on 15 January 2018. It included telephone calls to four people and their relatives. We also spoke with five staff members, and the registered manager. We visited the office location on 15 January 2018 to see the registered manager; and to review care records and policies and procedures.

We reviewed information the provider sent us in the Provider Information Return. 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.

We looked at four people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks and recruitment records. We reviewed statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

Is the service safe?

Our findings

On our last inspection we found information to ensure people received support to safely manage their medicines was not always completed. This resulted in a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found that improvements had been made.

The registered manager recognised errors and reflected on situations to make on-going improvements. Where people needed support to take their medicines, they were confident they received these as required. The care records now included information about what medicines people needed and when to administer these. Where people needed PRN medicines, there was a record that people were responsible for administering these themselves and staff knew when these were required. Where people were responsible for their own medicines, the care records included this information. Where staff identified that any medication had not been given, they reported this to the office to ensure prompt medical advice or attention could be given.

Staff knew the risks associated with people's care and provided support as they knew people well. People were able to speak with the staff about how they wanted to be supported. Where people used equipment, an assessment was carried out to ensure this was used correctly and was suitable for them. Staff explained that where new risks were identified, they received additional training to enable them to manage these. One member of staff said, "When [person who used the service] started using the service, they needed to use the hoist so the manager arranged for us all to come to the office and have some refresher training so we all knew what we were doing."

People felt there was enough staff to provide safe and effective care. People had a small group of regular staff who provided all their care and who they knew well and were comfortable with. One person told us, "It's lovely knowing all the staff. I generally know who will be visiting but it doesn't really matter as I know them all."

People were confident that staff knew how to protect them from harm. Staff had a good understanding and knowledge of safeguarding people and knew how to recognise possible abuse or neglect. The staff understood their responsibilities to report any concerns. One member of staff told us, "I am quite confident that I know how to recognise abuse and to look for signs that would show us if they were being harmed. If I had any worries I'd tell the manager. We have information about safeguarding in our folder so we have the number to call them directly if we were worried about anything." The registered manager had given people using the service a booklet explaining the different types of abuse and who they should contact if they had any concerns. One member of staff told us, "People know what to do and I know where they have had any worries about the service they receive from others, they have called the safeguarding team and let them know. It's good that they know this."

An environmental risk assessment was completed for hazards in the home and whether staff were able to use any of the facilities. An additional assessment had been completed over winter to ensure the registered

manager was aware of who provided the gas and electricity, in case they needed to be contacted. There were contingency plans in place such as having spare blankets and who to reach in the case of any emergency. Infection control had been considered including how staff were to reduce the risk of cross infection and to wear personal protective clothing. One member of staff told us, "We all have a stock of gloves and aprons and hand washing gel. We know we need to be careful and always use these. If we run out, then we just have to come to the office and we there's always more available here."

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the manager carried out checks to determine if staff were of good character. Criminal record checks were requested through the Disclosure and Barring Service as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA and whether applications had been made to the Court of Protection.

People who used the service had capacity to make decisions about their care and support. We saw people had signed their support plan and medicine consent form to demonstrate their agreement to this care. The registered manager and staff understood that where people were no longer able to make decisions for themselves, other people could help make the decisions in their best interests. Staff explained that where there were concerns that people were no longer able to make decisions for themselves, a best interest decision could be made to ensure they received the care they needed.

New staff completed an induction process when they started working at the service. Staff told us they felt the induction was effective as it allowed them to familiarise themselves with the organisations policies and procedures, and also provided them with the opportunity to establish the needs of people who used the service. The induction process included a period of time where new staff shadowed more experienced staff. One member of staff told us, "I shadowed someone for each visit so I got to know everyone. The manager was great and asked me if I needed more time, but after the induction and shadowing I felt ready to start working with people and I was fine."

People were supported by staff who received regular support from the registered manager through formal supervision sessions. These processes were in place to provide staff with an opportunity to discuss any support they required. One member of staff told us, "We can talk about any training we want or if we have any concerns with anybody or want some more support." In addition periodic visits were undertaken to people's homes to observe staff practice, this was known as 'spot checks'. This provided people with the opportunity to give feedback about the competency of staff. Staff were observed supporting people and checks were made to ensure staff had the necessary skills to provide effective care. One member of staff told us, "The senior checks we have turned up on time, have the right uniform and badge on and we are doing things right."

People were confident that staff knew how to support them and they received care from a small team of staff who they knew well. One person told us, "I have complete confidence in them." Staff were supported to complete nationally recognised vocational training and received training to enable them to meet the specific needs of people using the service. One member of staff told us, "Before people start receiving care, we have training for anything we don't understand. In the past we have had people with Parkinson's or who have a catheter. We aren't expected to do something we don't know about." They also told us, "We learnt about what to look for when someone has a catheter and the signs that they may have a urine infection and

how this may affect them. We want to do the best for people so need to know this."

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. People told us that staff recognised changes in their health and sought prompt care. One member of staff told us, "Most people will call the doctor or nurse themselves, but if we notice something is wrong we will let the manager know and get help. That's the good thing about being a small team; we know people really well so we can see the little changes that might mean they aren't well."

People had choice and flexibility about the meals they ate and were responsible for providing their own food for staff to prepare. People chose what they wanted to eat and staff helped to prepare this. One member of staff told us, "We write in the care notes what people have eaten or drunk but we also record what we have left for them for their tea or a snack. When we visit the next time we write down what they have actually eaten. As different people go and do the visits it's important we do this so we know what's actually been eaten and if we need to be worried."

Is the service caring?

Our findings

People were supported by staff that were kind and caring, knew their likes and dislikes and got to know them as a person. One person told us, "All the staff have got a caring attitude. They always help if I need something done." A relative told us, "The staff know them so well; they can change their mood by chatting to them." Another relative told us, "They only have a few staff who support them and they have got to know them and how they like things done." The staff spoke enthusiastically about supporting people. One member of staff told us, "People mean the world to us all and we really enjoy being with them. We pride ourselves on doing things that mean a lot to people. At Christmas we made sure everyone had a present and the manager cooked a Christmas meal for people who wouldn't have had one. These things count; it's not always about personal care."

People's privacy and dignity was respected. Where personal care was delivered, people told us the staff took time to ensure they were covered and people were enabled to have time alone. One member of staff told us, "We listen to what people tell us and always allow them some personal time".

People were happy with the staff that supported them and told us they treated them with respect and listened to what they had to say. People were encouraged and supported to be as independent as they wanted to be. One person told us, "I'm able to carry on by myself. The staff are there to help me but only do what they need to, they don't take over." Another person told us, "The staff help me to do the things I can't do myself." One member of staff told us, "It's really important that people keep their independence. We know what people can do and it's also in the care plan."

When organising support the registered manager took into account people's preferences. The registered manager had an equality policy and staff understood that people's support was based on their individual needs. Staff were aware of people's individual preferences and one member of staff told us, "We respect people's choices and lifestyle. It's all about culture and making sure we recognise people's individual differences, whatever these may be."

Information about people was kept securely in the office. The registered manager ensured that confidential paperwork was collected monthly from people's homes and stored securely at the registered office. The staff used their phones to access basic information about their rota, people's addresses and key safes. This information was password protected and one member of staff told us, "Everyone has an individual password so they can see this information and know where we are going. It's good because we also log in and out of each person's call on it so the manager knows where we are and can make sure people get the call they had planned to receive."

Is the service responsive?

Our findings

People had been involved with the initial assessment to enable them to discuss their care and support preferences. This included describing the support they needed and the amount and length of calls they required.

People received support at the time they wanted and staff arrived when expected. One person told us, "It's very good. If they are going to be late at all they will let me know." We saw the calls were the agreed length of time and there had been no missed calls. The registered manager told us, "We would consider it to be a missed call if staff were more than fifteen minutes late and we haven't had any of these. We aim to turn up at the time visits are booked and on time. This is something I'm really committed to achieving." The registered manager could respond flexibly to accommodate hospital appointments or social occasions which may mean the time of the call needed to be changed. One person told us, "The staff are very good. They will help out with anything I ask them to. The timekeeping's fine and they've accommodated changes I've asked for. I would definitely recommend them." We saw that communication systems were effective to ensure staff could attend to people's needs at short notice.

Staff were aware of people's needs before providing support for the first time. They told us the registered manager developed a support plan and where people had any specific or complex needs, a meeting was arranged to ensure all staff understood how to provide the support people needed. People had a copy of their support plan in their home and this included a photograph of each of the different members of staff who provided their support; this meant that staff could be visually identified by people.

People were confident their concerns would be responded to and knew how to raise a complaint if needed. People told us they had not needed to raise any concerns. People had a copy of the organisation's complaints procedure within the service guide which was available in different formats upon request. The registered manager told us the information was currently in a format that people could understand but it could be provided in large print if required. The service also had a website which provided people with an additional facility to contact the registered manager and raise any concerns or a compliment. There had been one complaint since our last inspection and we saw this had been investigated and the person informed of the outcome of the complaint.

The staff were knowledgeable about people's needs and preferences and reviews were carried out to ensure the records matched how people wanted to be supported. Information was available about what was important to each person, including family and pets and how they wanted their care provided. This included particular information about the cups people liked to drink from and which utensils to use and the container they wanted their medicines dispensed into. The staff completed records of each visit which provided a brief overview of the care provided and any changes in their wellbeing. This also included information about the food and drink people had since the last visit.

People were supported to pursue activities and interests that were important to them. Some people were helped with their cleaning or staff accompanied people when out; for example when shopping and going to

a local pub. During these support visits, personal care was not provided and therefore this support is not regulated by us.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

On our last inspection we identified that quality monitoring systems were in place but had not identified where improvements were needed. This resulted in a breach within our question is this service safe? On this inspection we found improvements had been made.

The registered manager was developing the quality of the service and recognising where improvements could be made. The organisation was only providing service for a small amount of people and we found they was in the process of developing further internal systems to monitor the quality of the service provided. The registered manager and staff were proud of the service they had developed and enjoyed working in the service. The registered manager had a clear vision for the service and was committed to continuing to provide this service to a small number of people. They told us, "We want to get everything right before we get any bigger. It's important to us that we do things the right way. We know everybody really well, what they want, their birthday and what's important to them. We don't want to lose this." The registered manager had liaised with commissioners of the service to ensure that people received the right care.

There was a process for auditing records which had been completed in from people's homes. Daily records, timesheets and medication records were reviewed to evidence these had been completed and recorded how people had received their agreed support. Where any issue was identified, for example, an omission on a medication record, this was addressed with staff to support their learning and development.

There was a registered manager in post. The staff felt part of a supportive team and told us the registered manager was approachable and listened to them. People knew who the registered manager was and felt the service was well led. One person told us, "We would recommend the service due to the quality of the care and the attention to detail."

The registered manager sought people's views on the quality of service provision during any review and annually using a satisfaction survey. We saw feedback was positive and the outcome of the survey had been provided to people within the last newsletter. The registered manager recognised that the results could be improved by receiving more comments from people and was reviewing how this could be conducted. A newsletter was also produced for staff and we saw the last one included promoting staff to log in an out of each call and the importance of this. It also included information about team building and social events.

Staff were encouraged to contribute to the development of the service through monthly staff meetings. They told us this meant they had up to date information that enabled them to provide care that met people's needs safely and effectively. One member of staff told us, "These let us share ideas and find out what's happening. We can share our own thoughts it's not just about what the manager has to tell us." Another member of staff told us, "Its lovely working here as the manager and other staff value what you have to say. It's lovely to be asked for your opinion and be listened to."

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It

is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on their web site where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this.