

Angels Home Care (Kent) Limited

Angels Home Care (Kent) Limited - 5 Premier Parade

Inspection report

5 Premier Parade
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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 this service on 13 July 2016. The inspection was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the locations office to see us.

Angels Home Care (Kent) Ltd is a small family run domiciliary care service which provides personal care and support for adults in their own homes. The agency provides care for people in the local Aylesford area together with Sevenoaks, Borough Green, West Malling, Snodland and surrounding areas. At the time of our inspection they were supporting approximately 100 people with personal care tasks.

There was a registered manager in place. 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 received a service that was safe. Staff and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. The safety of staff who were working out in the community had been assessed with systems put into place to reduce the risk to staff. Risks to people's safety had been assessed and recorded with measures put into place to manage any hazards identified.

People received support and assistance from enough staff to fulfil their expected care packages and meet their assessed needs. Staff had received the training they required to meet people's needs. Staff had a clear understanding of their roles and people's needs. Staff were supported in their role by the management team.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. However, some staff files did not contain information which confirmed their identity. We have made a recommendation about this.

Where staff were involved in assisting to managing people's medicines, they did so safely. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

People using the service were treated with kindness and compassion by staff who understood the importance of promoting peoples independence. People were treated with dignity and respect. Staff understood the principles of the Mental Capacity Act 2005 and people said they were always asked their consent before any care or support tasks were carried out.

People's needs had been assessed to identify the care and support they required. Care and support was

planned with people and reviewed to make sure people continued to have the support they needed. Detailed guidance was provided to staff within people's homes about how to provide all areas of the care and support people needed.

People were supported to remain as healthy as possible by staff who understood the importance of maintaining people's nutrition and hydration. Staff supported people to communicate with the relevant health care professionals.

Systems were in place for monitoring the quality and safety of the service and assessing people's experiences. These included spot checks, annual questionnaires and weekly visits from a member of the management team.

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 protected from the risk of harm. People felt safe when receiving support. Staff understood the importance of protecting people from abuse and the action to take if they suspected abuse.

Risks to the safety of people and staff were appropriately assessed and managed.

Safe recruitment procedures were in place to protect people from being supported by staff who were unsuitable.

People received their medicines as prescribed by their GP.

Is the service effective?

Good ●

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act and used these in their everyday practice. Staff understood the importance of gaining consent from people before they delivered any care.

Staff were trained and supported to have the knowledge and skills to meet people's assessed needs.

People made their own choices and decisions about how their needs would be met.

People were supported to remain as healthy as possible.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring. People's privacy and dignity were maintained whilst promoting people's independence.

People were involved in the development of their care plans.

People's personal preferences were recorded.

Staff had access to people's likes, dislikes and personal histories.

Information was available to people using the service.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed recorded and reviewed.

Systems were in place to ensure staff were responding to people's needs.

People were included in decisions about their care.

A complaints policy and procedure was in place and available to people.

Is the service well-led?

Good ●

The service was well-led.

There were effective systems for assessing, monitoring and developing the quality of the service being provided to people.

Records were maintained appropriately and were up to date.

The registered manager and the management team understood their role and responsibility to provide quality care and support to people.

People's views were sought to develop and improve the service people received.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 13 July 2016 and was announced. The inspection team consisted of one inspector and an expert by experience that made phone calls to people using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The provider was given 48 hours' notice because the service provides a domiciliary care service; we needed to be sure that the registered manager was available and someone would be in.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the agency does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We sent people using the service and their representatives a questionnaire about their experiences. We received 12 responses from people and four responses from representatives, which were either a family member or a friend.

We spoke with 15 people or their representatives about their experience of the service. We spoke with two care staff, a senior member of the care team and the registered manager to gain their views. We asked three healthcare professionals for their views and experience of the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at four people's care files, four staff

record files, the staff training programme, the staff rota and monthly memo.

A previous inspection took place on 14 November 2014; the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People we spoke with told us they felt safe and secure with the staff that supported them. One person said, "I feel very safe with them. They make sure I'm safe and not at risk of falling over." Another said, "I feel very safe having them visit." A third said, "I definitely feel safe, they are very reassuring." Feedback from the questionnaires showed that 100% of people and their representatives felt safe with the staff that supported them or their loved one.

People were protected from the potential risk of abuse. There was a safeguarding policy in place, staff were aware of how to protect people and the action to take if they suspected abuse. Staff received annual training in safeguarding adults. Staff described the potential signs of abuse and what action they would take if they had any concerns including reporting it to the registered office, social services and the adult protection team. Staff said they were confident that any concerns they raised would be taken seriously by the registered manager. The registered manager and staff knew their responsibilities in relation to protecting vulnerable people in the community.

Potential risks to people and staff had been assessed and recorded. The risk assessment covered any risks which were involved in providing people with the support they required within their home. Environmental risks involved within peoples internal and external environment of their home, risks relating to manual handling, appliances and fire safety. The risk assessment included tick boxes to state if certain aspects were applicable to the person. This then included any action that was required to be taken by staff to reduce the risk, for example, specific training or the use of certain equipment. Staff had up to date information to be able to support people to minimise the risks that had been identified.

The safety of staff that were lone working in the community had been assessed and recorded. A policy regarding personal safety and lone working was in place which was followed by all staff. Staff were required to send a message to the senior manager who was available through the out of hours/on call system to inform them they had arrived home safely. The on call manager would contact the member of staff to check they were safe if they had not received a message. A business continuity plan was in place for the event of an emergency within the registered office such as a fire. A procedure was in place in the event of extreme weather, staff had access to the use of company vehicles to ensure people would still receive the care they required. The safety of people and staff had been considered and processes were put into place to ensure everyone's safety.

A process was in place to monitor any incident or accidents involving people. The registered manager told us there had not been any accidents since the last inspection. A record was kept within peoples care plans of any equipment that was used to support meet their needs. This included the date equipment was serviced and the date the next service was due. The staff within the registered office used a system to alert them when any items of equipment were due to be serviced. These processes ensured the safety of staff and people whilst using any equipment such as a mobile hoist to move people.

There were enough trained staff employed to meet people's needs. The registered manager said there was a

continuous recruitment process in place and they had a waiting list for people in all areas. The registered manager told us that as a provider they would not take on a package of support unless they were able to fulfil it with staff. This ensured people would receive the care and support they required at the right time.

Recruitment files kept at the registered office did not contain the information required under schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Two of the four files we checked did not contain any documents which confirmed their identity. Initial checks were carried out to make sure staff were suitable to work with people who needed care and support. These included obtaining suitable references, recording any gaps in employment and completing a Disclose and Baring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service. However some of these checks were completed eight years ago when staff first started with the agency. The registered manager told us they were planning to complete a new DBS check with all staff who had worked at the agency for a number of years.

We recommend that the provider carries out checks to confirm staff's identity in line with schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were managed safely. The majority of people told us they managed their medicines themselves. However some people said staff supported them to take the medicines out of the packaging they were in. One person said, "They [staff] get the tablets out and make sure that I get them." Staff were trained in the administration of medicines which was then followed by a competency assessment with a supervisor. Staff were observed supporting people with their medicines before they were deemed competent by a supervisor.

Is the service effective?

Our findings

People we spoke with told us they felt the staff were well trained and knew how to meet their needs. Feedback from the questionnaires showed that 100% of people using the service and their representatives felt staff at the agency had the right skills and knowledge to meet people's needs. A relative we spoke with commented that they felt the staff were knowledgeable regarding the use of equipment. They said, "They [staff] use a slide sheet with [family member], they consistently say what they are doing and check with them that they are comfortable."

People and their relatives said that staff would always ask for consent before completing any tasks. One relative commented, "The carers always ask my relative for consent, nothing is imposed." The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Staff had been trained to understand these and use them in their everyday practise. Staff spoke about how they offered people choices for example, a choice of what to wear or whether people would prefer a bath or shower. Staff explained how they encouraged people to make choices and understood that people had the right to make what others may feel was an unwise choice. People could be assured that their consent to care and treatment would be sought in line with legislation.

The agency employed a full time trainer to complete the continuous training programme for staff. Staff told us they received the training they required to fulfil their role to provide support to people. One member of staff said, "I receive the training needed. Angels are very good." Staff said that they were trained to meet people's specialist needs, for example, PEG feeding (percutaneous endoscopic gastrostomy); this is when a person is unable to swallow food or fluid. There was an ongoing programme of training, this included training in topics such as safeguarding adults, health and safety, Mental Capacity Act (2005), first aid, manual handling people, food safety and dementia. Staff received refresher training in a number of subjects to keep their knowledge up to date and current. New staff completed an induction with a senior member of staff which included working alongside existing staff to shadow them and meet the people they would be supporting.

Staff told us they felt supported in their role by their line manager. One member of staff said, "They are very supportive. The office staff are very helpful." Staff received regular supervision meetings with their line manager. These meetings involved observational assessments within people's houses and at the registered office. These meetings provided opportunities for staff to discuss their performance, development, any concerns they had and to receive direct feedback from the observation. Staff received an annual appraisal with their line manager which gave them an opportunity to reflect on their practice and performance, and, then receive feedback from their line manager. Targets and goals were then set for the next year which included and training needs or areas for development.

People were supported to maintain their nutrition and hydration if this was part of their package of care. The registered manager told us and people confirmed that meals were usually always prepared in advance which required staff to reheat their meals. People told us that staff always presented the meals nicely and if required staff would cut up parts of the meal that people found difficult. One person told us they were

encouraged by the staff to help in the preparation of their meal. They said, "I like to prepare the sauce and the carer cooks the pasta." Another person said, "If I can I like to chop up the salad." Staff were recently concerned about a person's nutritional needs. Staff supported them to contact the district nurse who requested that a food and fluid monitoring chart was put into place. This was completed by the staff and monitored by the district nursing team. People's nutrition and hydration needs had been considered and met by staff who had the knowledge and skills.

People were supported to remain as healthy as possible. People and their relatives told us that staff would inform them if they were concerned and advised them to contact the relevant health care professional. One person told us that the doctor had recently changed their medicine, staff had noticed that they were not their usual self and advised the person's relative to contact the doctor. Staff worked with other health and social care professionals to ensure people remained as healthy as possible. One relative said, "I'm very impressed with the communication, staff keep me informed of any issues with her health." Any changes to people's health were acted on quickly by staff who ensured the relevant people were informed.

Is the service caring?

Our findings

People told us that the staff were kind, compassionate and treated them with respect. One person said, "The staff are kind and respectful and show an interest in me as a person. They always ask how are you feeling, how did you sleep and what have you done." A relative said, "Attitude to patient care is excellent, cannot fault them." Another said, "They treat mum almost like a family member. They respect her like a family elder." Feedback from the questionnaire showed that 100% of people using the service felt they received consistent care from staff who were kind and caring, which they were happy with.

People were encouraged to maintain as much independence as possible. Feedback from the questionnaires showed that 100% of people felt that staff supported them to be as independent as they were able to be. One person said, "They go out of their way to make sure I am comfortable. They allow me to keep my independence when I am able to do things for myself." Another person said, "After they help me into the shower, they let me wash most of myself and stand behind the shower curtain." Peoples care plans contained information for staff to follow to promote peoples independence. For example, details regarding what people were able to do for themselves. People could be assured that their independence would be encouraged and promoted.

People told us they were introduced to staff before they started working with them. Many of the staff had been working with the agency for a number of years and knew people well. Information that people wanted to share had been included in their care plans. For example, information about their personal history. People said they made their own decisions about the care and support they required with the involvement of their relatives in some cases. Some people had specific preferences which were recorded within their care plans. For example, a female member of staff to support them.

People told us they were involved in the planning and delivery of the service they received. People had a care plan in place which had been developed with them, their relatives and a senior member of staff. These recorded the exact support needs people had for each of their calls, what they were able to do for themselves and what they required staff support with. People's care plans also contained information about their mobility and any assistance or equipment that was required from the staff. People's views were listened to and acted upon by the staff who supported them.

People told us that staff respected their privacy and made them feel comfortable whilst they were receiving support. One person said, "They always give me privacy. I can ask for help if I need it." Another person said, "They are very good, quite discreet and always put a towel over my lower half." Staff gave examples of how they protected people's privacy and dignity as much as possible. For example, supporting people with their personal care in private, covering people up and encouraging people to do things for themselves.

The provider who was also the registered manager had produced a comprehensive 'service user guide' which was given to people prior to them receiving a service. This document had been regularly reviewed to make sure it had up to date information. The document included the aims and objectives of the agency, details about the services the agency provided and information about what people should expect from the

service. The terms and conditions were recorded as well as the fees and charges to people. People were given the information they needed about what to expect from the provider and the service they were receiving.

Is the service responsive?

Our findings

People told us they receive the support they needed when they wanted it from staff. One person said, "I am able to stay in my own home. I wouldn't be able to if the carers didn't come." Feedback from the questionnaires showed that 100% of people had been involved with any decisions about the care and support they received.

An initial assessment was completed with people and a supervisor before the service could commence. Referrals were made directly from the local authority but people could also make direct contact with the service themselves. The assessment detailed the specific support which was required from staff, the frequency of visits and the duration. A record of people's emergency contact details and medical history was recorded which included any aids the person used such as a walking frame or a hoist. The assessment process supported staff to find out people's expectations of the service and provided staff with clear information about the type of care and support that had been requested.

Information from the initial assessment was used to develop a care plan with people and/or their relatives. Staff took direction from people to ensure they were receiving the care and support they required. One person told us that their care plan detailed how to support them with a shower but they did not feel up to this one day. They said that the staff respected their decision and "The carer took direction from me. They have a good understanding of my needs." People were involved in the development of their care plan by advising staff how and when they would like the service provided. Records showed and people confirmed that they had been involved in the development of their care plan.

Systems were in place to ensure people's care plans were reviewed with them on a regular basis. The registered manager had a database in place which alerted a member of the management team when a review was due. The reviews were completed on a rolling programme which included a six monthly care plan review or more frequently if people's needs changed. Records showed people had been involved in the development and review of their care plans.

A policy and procedure was in place to monitor any missed, short or late calls. Feedback from the questionnaire showed that 83% of people said their care staff arrived on time. People we spoke with said if their care staff were running late they would always receive a call from them or the office. One person said, "Generally they are here on time. If they are running late we get a call." Another said, "The carer or office will always call if they are running late." People told us they had regular care staff who they knew well. Systems were in place to cover annual leave and sickness to ensure continuity for people who were receiving a service. The registered manager told us that supervisors delivered care to people once a week. This enabled the management team to meet with people on a weekly basis and receive feedback regarding the service they received.

People had a record which was kept within their home recording the exact support they had received during their visit. The record also recorded staff members arrival and departure times. These records were monitored by a supervisor or the registered manager when they came into the office. Information was

available to ensure staff were responsive to people's care and support needs.

A complaints policy and procedure was in place which included the process that would be followed in the event of a complaint. Information regarding how to make a complaint or compliment about the service people received was recorded within the 'service user guide'. People told us they were aware of how to make a complaint if they needed to and were confident any concerns they had would be acted on. One person said that staff had previously arrived later than they wanted, they said, "I telephoned the office they listened and the problem has been solved." A relative said "We were told to ring the office straight away if we ever had an issue. They are very amenable and approachable." There had not been any formal complaints raised in the past 12 months prior to our inspection.

The registered manager kept a record of compliments the agency had received about the service they provided to people. These were in the form of cards and letters from people who had used the agency or a relative of someone who had used the agency. One card from a relative read, 'The dignity and respect which was shown was truly remarkable.' Another read, 'Thank you for all the care help and kindness that you gave.' A third read, 'Thank you for the loyalty and care you have shown my mother over the years. I know she would not have been able to stay in her own home for as long as she did without your support.'

Is the service well-led?

Our findings

People we spoke with told us they knew who the manager was and felt the service was well managed. One person said, "I would say it is well managed. Everyone's attitude is good. You can tell a happy ship." Another person said, "The manager is very accommodating she thinks about her clients' needs." A third told us there was only one word to describe the service they received "Excellent. I often wonder how they can be so kind." People were able to approach the registered manager or any of the management team when they saw them whilst completing care calls or within the registered office. During our inspection we observed a supervisor on the phone to a person who was upset and worried about something they had lost. The supervisor was calm and offered reassurance to the person which helped to relieve their worry.

The service had a registered manager in post who was also the provider and had worked as the registered manager for a number of years. The registered manager was supported by an assistant manager and two supervisors who managed the care staff. Staff we spoke with understood the management structure, who they were accountable to, and their role and responsibility in providing care for people.

The registered manager had a good understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had had an accident. There had not been any notifiable incidents since the last inspection. Staff told us that the management team were visible, friendly and approachable. One member of staff said, "The door is always open, they are very fair. The management are loyal to their staff and the other way round."

People and their representatives were involved in the development of the service being provided. Systems were in place to regularly monitor the quality of the service that was provided. People and their representative's views about the service were sought through annual questionnaires. The results were collated into a newsletter which was sent out to people which included any action that had been taken as a result of the feedback. For example, one person had requested a later call which was accommodated. Comments from the 2015 survey included, 'I am very happy with the care I'm receiving at present.' Another read, 'We are 100% satisfied.' A third read, 'Care staff are extremely polite and courteous.' People and those acting on their behalf had their comments and complaints listened to and acted on.

The provider had an audit schedule in place which included formal spot checks by the supervisors to monitor and observe staff whilst working. The management team spent one day a week out in the community supporting people. These gave people opportunities to discuss their experience of using the service. When shortfalls were identified either through the spot checks or questionnaires these were used to address with staff and take action.

Team meetings were held with the staff to keep them updated with the business and their job role. These meetings gave staff the opportunity to discuss any suggestions or concerns they had about the agency. A monthly memo was sent out to staff which included information about job roles, rota's, training and any feedback that had been received from people using the service. The registered manager used the meetings

and the monthly memo to ensure staff working within the community were regularly updated about the service they gave to people. The meetings gave staff the opportunity to keep up to date with any changes or request further support from the registered manager.