Care by Angels Limited

Care by Angels

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 19 December 2017 and the 9 January 2018 and was announced. This was the first inspection of the service since it was registered with the Care Quality Commission.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. Five people were using the service at the time of inspection.

The service had 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.

During this inspection we found two breaches of regulations. The service did not have sufficiently robust staff recruitment procedures in place and quality assurance and monitoring systems were not always effective. You can see what action we have asked the provider to take at the end of the full version of this report.

Appropriate safeguarding procedures were in place and people told us they felt safe using the service. Risk assessments provided information about how to support people in a safe manner. Staff had a good understanding about infection control issues and used protective clothing to help prevent the spread of infection. Lessons were learnt when accidents or incidents occurred to help improve the service.

People's needs were assessed before they began using the service. Staff received training and supervision to support them, in their role. Where the service supported people with meal preparation they were able to choose what they ate and drank. People were supported to access relevant health care professionals. People were able to make choices for themselves where they had the capacity to do so and the service operated in line the Mental Capacity Act 2005.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place which set out how to meet people's individual needs and these were subject to review. The service had a complaints procedure in place and people knew how to make a complaint. The service worked with other agencies to support people with end of life care.

Staff and people spoke positively about the registered manager. The service had systems in place for seeking the views of people on the running 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?

Requires Improvement

The service was not always safe. The service was not able to demonstrate that all required checks had been carried out on staff.

Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

Systems were in place to reduce the risk of the spread of infection.

Where accidents and incidents occurred these were reviewed so lessons could be learnt to help prevent further such incidents.

The service did not provide support to people with their medicines, but appropriate medicines policies were in place.

Is the service effective?

Good

The service was effective. People's needs were assessed prior to the provision of care to determine if the service was able to meet the person's needs.

Staff undertook regular training to support them in their role and undertook an induction programme on commencing working at the service.

People were able to choose what they ate and drank.

People were supported to access relevant health care professionals as required and the service worked with other agencies to promote people's health and wellbeing.

People were able to make choices about their care and the service operated in line with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

Is the service responsive?

Good

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner. Care plans were subject to regular review.

The service had a complaints procedure in place and people knew how to make a complaint.

The service worked with other agencies to provide end of life care to people.

Is the service well-led?

Requires Improvement

The service was not always well-led. Although quality assurance and monitoring systems were in place, these were not always effective.

The service had a registered manager in place. People and staff spoke positively about the senior staff at the service.

The service sought people's views on the running of the service.

Care by Angels

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 the 19 December 2017 and the 9 January 2018 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 inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration and notifications of significant events they had sent us. Prior to 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. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the visit to the office we spoke with the nominated individual and the registered manager. After the visit we spoke by telephone with two care assistants. We also spoke with one person that used the service and two relatives by telephone. We examined various records during the inspection. This included three sets of care plans and risk assessments, staff recruitment and training records, quality assurance and monitoring records and various policies and procedures.

Requires Improvement

Our findings

Staff told us the service carried out checks on them before they commenced working. One member of staff said, "I had an interview with [nominated individual]. They did a DBS, references, all of that." DBS stands for Disclosure and Baring Service and is a check to see if staff have any criminal convictions or are on any list that bars them from working with vulnerable adults.

The service had a staff recruitment policy in place. This stated, about people applying to work for the organisation, "If successful the applicant must then complete a CRB disclosure form." CRB stands for Criminal Records Bureau and its functions have been taken over by the Disclosure and barring Service. The nominated individual told us at the time of inspection the service employed seven people who worked as care staff. We checked their recruitment documents for all seven care staff and found that they had supplied proof of identification, references and a record of their previous employment history. The registered manager told us the service carried out DBS checks on all staff. However, no records could be found of a DBS check for two staff. For a third staff member there was a DBS check in place from a previous employer. This was a 'Standard' check rather than an 'Enhanced' check. We discussed this with the nominated individual who explained this was an oversight on their behalf. This meant it did not check if the person was on any list that barred them from working with vulnerable adults. This meant that the service had not carried out sufficient background checks of members of staff to ensure that they were of good character and suitable to perform their roles. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People told us staff were generally punctual and that they stayed for the full amount of time required. One person said, "I find them perfect, I have never been let down. I've always had someone come when they should." The nominated individual said, "We rarely have incidents of lateness." Care staff told us they had enough time to get between clients and if they were running late they would phone the person to inform them of this. Staff also said they were never expected to do a call which required two staff members on their own. One member of staff said, "I would contact the office [if the second staff member had not arrived]. I would not do it on my own." The nominated individual told us since the service first became operational there had been three instances of missed calls, but these were all because the hospital had failed to inform the service that the person was being discharged. People we spoke with said there had not been any missed calls. Staff timesheets were kept so the service was able to monitor that staff had attended people as required.

People intimated the care they received was safe. One person said, "I am happy with my care. Some of the

tales they tell me [at a club the person attended] about their care, I think thank goodness I don't get anything like that." A relative said, "100% safe, I've got no worries at all." Another relative said, "Oh definitely [their relative was safe]."

The service had a safeguarding adult's policy in place. This made clear their responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission (CQC). There was also a whistle blowing policy in place which said staff had the right to whistle blow to outside agencies such as CQC if appropriate. Staff were aware of their responsibility for reporting allegations of abuse. One member of staff said, "We would have to report it to the office." Another staff member said, "If somebody is been abused I have to report it to the office and follow it up to see what they do. If they have not done anything I have to report it to social services." The nominated individual told us there had not been any safeguarding allegations since the service became operational and we saw no evidence to contradict this.

The nominated individual told us the service did not spend any money on behalf of people at the time of our inspection. There was a policy in place on handling people's money which made clear if this was done then records and receipts would need to be maintained. There was a further policy which said staff should not receive gifts from people or be involved in making a will for people. This meant the risk of financial abuse was reduced.

Risk assessments were in place which included information about the risks people faced and how to mitigate those risks. They covered risks associated with moving and handling, medicines and the physical environment. For example, if there were any issues relating to poor lighting in a person's home or any trip hazards.

The nominated individual told us the service did not use any form of physical restraint when working with people and staff corroborated this. Staff told us if they worked with a person who was anxious or upset they gave them time and space to calm down. One staff member said, "I leave it for a moment, maybe ask if they want a cup of tea, you have to be patient and try to calm them down."

The nominated individual told us they did not currently provide support to people with their medicines. They said where people took medicines this was managed by themselves or family members and where people were receiving end of life care nursing staff supported them with medicines. The service had a medicines policy in place which covered the administration and recording of medicines and made clear that staff had to undertake training before they were able to support people with medicines.

Staff told us they always wore protective clothing when supporting people with personal care. One member of staff said, "I have never run out [of protective clothing]." Another staff member said, "If I'm doing personal care I change the gloves I've used to wash the top half to wash the bottom half, then before I do anything else I change the gloves again because cross contamination is not good." Protective clothing such as gloves and aprons were stored at the office and we noted there was a good supply in stock at the time of our inspection.

The nominated individual told us there had not been any significant accidents of incidents since the service became operational, telling us, "We have been fortunate enough not to have had any near misses or accidents and incidents. We only have a small number of clients."

The service did have an accident and incident policy in place which made clear any such occurrences had to be recorded, reported and investigated. It went on to state, "The results and recommendations from investigations are to be fully implemented to prevent any re-occurrence of such incidents."

Good

Our findings

People told us the service provided a good standard of care. A relative said, "The standard of care is absolutely excellent, I can't fault it at all. All of the carers have been so good, it's been such a relief." A relative said, "[Family member] is happy and well looked after." Another relative told us, "I think they are fantastic, I can't fault any of them. I couldn't be happier."

The service provided care to people requiring end of life care and those requiring long term care. The nominated individual told us when they got a referral for end of life care, the commissioning body required the care package to be commenced almost immediately. This meant the service was unable to carry out an assessment of the person's needs prior to the commencement of care. Instead, the nominated individual told us they were able to look at care plans already in existence that had been produced by a hospital or local authority so they had some idea of what was required. They said the service would carry out its own assessment within the first 48 hours of care provision. This involved speaking with family members to get a full picture of what support was required.

Where people required care on a long term basis a member of senior staff met with the person and their relatives before the provision of care. People confirmed this was the case. A relative said "We had a big meeting at my [relatives] house. We went through what was expected, what [relatives] needs were, all the timings, dietary requirements." The purpose of the assessments was to determine what the person's needs were and if the service was able to meet those needs. The nominated individual told us that on occasions the service had not been able to offer support because they could not meet a person's needs, for example if they required nursing care from the service. Records showed the initial assessment covered needs such as mobility, communication, personal care and equality and diversity issues including a person's language, ethnicity and religion. Assessments did not include information relating to people's sexuality including if people identified as Lesbian, Gay, Bisexual or Transgender (LGBT). The nominated individual said the service did not discriminate against a person based on their sexuality, saying, "That would not come in to it."

Staff undertook an induction on commencing work at the service. The nominated individual told us, "To begin with, staff shadow senior carers for two weeks." Staff confirmed they undertook shadowing. One staff member said "I shadowed two senior carers." The same staff member said of their induction, "We went off for training. They gave us a booklet and we went through all of that." The registered manager told us, "Once we employ staff we have three days classroom induction. This consists of personal care, code of conduct, cultural awareness, safeguarding and health and safety." Records showed new staff also completed the Care Certificate as part of their induction. This is a training programme designed specifically for staff that are new

to working in the care sector.

Staff told us they had access to training to help develop their skills and knowledge. One member of staff said, "I did moving and handling, I was trained on how to use a hoist. We learnt about the law and care, the different acts that refer to us. We did health and safety, food hygiene, safeguarding." Another staff member said, "I have had moving and handling training. A couple of months ago I went and did the refresher course, care for the clients, privacy and everything." Records confirmed regular staff training took place and that it was up to date.

Staff told us they had one to one supervision with a senior member of staff. One staff member said, "We have one to one with [nominated individual], we talk about how the work is going, how do I find the clients, especially if there is a new client." However, the registered manager told us they did not keep records of supervision meetings with staff.

People told us they were offered a choice if the service supported them with meal preparation. One person said, "I have Wiltshire Farm Foods, they put it in the microwave. I always tell them what I want." Staff told us they offered people a choice of food where they prepared meals. One member of staff said, "I always ask them what they fancy and then I prepare it. Those who are not able to tell us their family will tell us what they like." Care plans indicated people were to be offered choices about what they ate. For example, the care plan for one person stated, "Assist to give breakfast and drinks of their choice."

The nominated individual told us they worked with other agencies to promote people's health and wellbeing. For example, they said they worked with the NHS to acquire a hospital style bed for one person and they had made a referral to the occupational therapy service where there were concerns about a person's mobility. The nominated individual told us this was largely done by telephone and they did not keep records of dealings with other agencies. There was a record of communication with the local authority advising that a person required a different hoist as their needs had changed.

Staff knew what to do in an emergency situation. They told us if a person was not well they would call an ambulance or the person's GP and inform their next of kin. We saw GP and next of kin contact details were included in care plans. One staff member said, "If they had a fall I would phone for an ambulance."

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.

The service had a policy in place on consent to care. This stated that people had the right to consent to their care and also to withdraw that consent. It also said staff should seek people's consent before providing care. The nominated individual told us the service did not carry out mental capacity assessments. They said where people were receiving end of life care and lacked capacity, assessments had been carried out in the hospital before the service commenced providing care.

Care plans indicated people were able to make choices over their daily lives. For example, the care plan for one person stated, "Ensure person has their own choice of clothes, but suitable for the season." People told us they were able to make choices about their care. One person said, "[Staff member] gets my clothes, but I tell them what to get."

Staff told us they sought people's consent and supported them to make choices were they had capacity to do so. One member of staff said, "I always get their consent. I say 'Is it ok if I give you a shower, it is ok if I touch you?" Another member of staff said, "Take [person], they can let you know if they want to eat something from their body language. From talking to their daughter you know what they prefer to eat. They will point to which clothes they want to wear if you hold up options." Another staff member said, "I say to her 'what are you having on today [to wear]' and she will tell me." Where people lacked capacity family members were involved in making decisions. Relatives we spoke with confirmed this. One relative said, "They ask me about that [their relatives preferences over things]."

Good

Our findings

People told us staff were kind and caring and treated them in a respectful way. One person said, "I've never had a carer who was not caring. I've got no complaints." The same person added, "Oh heavens yes [staff were caring], there is not one I would complain about their attitude. I like chatting with them. [Staff member] usually comes and sits beside me and has a natter." A relative told us, "They are all really good, all of the carers. They treat her like their own mother." The same relative also said, "It's what you hope carers will be like, I can't tell you how happy I am. They are all lovely, kind and caring." Another relative said, "I've never found them anything else but kind."

People told us they had regular care staff who supported them. One person said, "Mostly I have the same carer and she is lovely." The same person also said they were informed in advance if there was a change of care staff, saying, "If regular staff doesn't come [nominated individual] always lets me know who is coming." Another relative said, "The last nine months we have had the same two and they have been fantastic." The nominated individual told us they kept the same people working with the same staff as much as possible to promote continuity of care and this helped staff to build good relations with people and enabled people to get to know and trust staff. Where there was a change of care staff the nominated individual told us, "We always inform them beforehand if there is a change of carer." They added, "All my carers know all my clients, except for the male carers who do not work with female clients." The nominated individual told us they sought to match staff with people they were most suitable to work with. They said they matched staff, "Based on the carer's skills, for example, one staff had done live-in care before so they do live-in care now."

Staff told us they sought to build up good relations with people. One staff member said, "I talk to them. I ask them about their kids, one person takes out their iPad and shows me pics of their grandchildren." Another member of staff said, "I make sure they are comfortable. I speak with them a lot, we have a conversation to make sure they are relaxed. I talk about the weather, some of them like a sing-song."

Care plans included information about what people preferred to be called. They also included some information about people's communication needs. For example, the care plan for one person stated, "Carer to remind person to wear hearing aids in both ears." The nominated individual told us all of the current people using the service spoke English. They said in the past they had non-English speakers but had staff who spoke a shared language with them which meant the service was able to meet needs around communication. The service also matched staff with people who understood their religious needs. The nominated individual said one person wanted, "Someone who could read (specified religious text) with them." and this was arranged.

Care plans indicated that people were supported to retain their independence. For example, the care plan for one person stated, "Assist with full body wash ensuring that person completes as much for themselves as possible." Staff told us how they supported people to maintain their independence. One member of staff said, "We support people to do what they can themselves. With [person] we give them the cloth and they can wash themselves. The only things they can't do are their legs and back so we do that." Another staff member said, "One of my service users is quite mobile, she will do the bits she can do, wash her face, under her armpits. She likes doing that herself."

Staff were provided with a copy of the 'Care Workers handbook'. This included information about people's rights and how to promote those rights. For example, rights relating to privacy, dignity, independence and choice. Staff we spoke with had a good understanding of how to promote these rights for people. One member of staff said, "When I give someone a bed bath I make sure I cover up the part I'm not washing, just expose the part you have to do. I like to use separate towels to dry their top and bottom half." The same staff member said, "Make sure that the doors are closed. With one client their family like to come in so I had to say to them let me have 20 minutes to give some privacy while I give personal care." Another member of staff said, "We cover them, we have two towels, a big one that covers their intimate areas. We work from the top and cover the bottom half, then cover the top half so they are never fully nude." Another member of staff told us, "People's privacy is very important, I always make sure the door is closed when washing them."

Good

Our findings

People told us staff were responsive to their needs. One person said, "I've only got to ask her to do something for me and she will." A relative said, "Yes, 100% they look after [family members] every need as it should be. She is always clean and she is given sips all day so she keeps her fluids up."

Care plans were in place for people. These were task orientated and lacked details about the personalised care to be provided to individuals. Care plans included a list of tasks to be completed and the times this was to be done. For example, the care plan for one person listed various tasks to be completed including body wash, dressing/undressing, changing the person's pad and doing laundry. However, care plans contained very little information about how tasks were to be done. For example, the care plan for one person included the following statements, "Encourage/assist with oral hygiene." "Assist to dress and apply clean pad." "Assist with toileting." "Assist with personal care." The care plan for another person included these statements, "Assist to dress and apply clean pad." "Encourage/assist with oral hygiene." "Assist with toileting." The care plan for a third person including the following information about supporting them, "Support to get out of bed and dressed/undressed etc."

We discussed care plans with the nominated individual and registered manager who said they would update care plans to make them more personalised. After the inspection the registered manager sent us copies of revised and updated care plans which were of a satisfactory standard and contained personalised information about how to meet the individual needs of people.

Care plans were reviewed annually or more frequently if required. The nominated individual told us, "If they deteriorate I will give the next of kin a call and do a re-assessment (of their needs)." Daily logs were maintained which meant it was possible to monitor the care provided on an on-going basis.

People told us they knew how to make a complaint, although they added they had not had occasion to do so. One person said, "I would phone the office." People were provided with details of how to make a complaint in the Service User Guide which they were given when they commenced using the service. The service had a complaints procedure in place. This included timescales for responding to complaints received. It also made clear people had the right to complain to outside agencies if they were not satisfied with the response from the service. However, it did not provide details of who people could complain to. We discussed this with the nominated individual who told us they would amend the policy to include this formation.

The nominated individual told us there had been one complaint made since the service first became operational. Records showed this was dealt with in line with the complaints procedure. A person had complained that staff arrived either too early or too late. The nominated individual met with the person and the relevant staff and the issue was resolved.

The service had received compliments from people and relatives and kept records of those. For example, one person wrote, "I am writing to say I am grateful for the care the girls [staff] are giving me, even visiting me in hospital. All the visits made me very happy." A relative wrote, "Thanks for all your wonderful care of my [relative], you are very much appreciated."

The service supported people with end of life care. This was restricted to support with personal care. The service worked with other agencies who met people's medical and nursing needs at this time. Family members of people who received end of life care told us they were very happy with the service and staff supported people in a sensitive manner. Staff had undertaken training about end life care.

Requires Improvement

Our findings

Although the service had systems in place for monitoring the quality of support provided these were not always effective or robust. For example, meetings were held with staff as a group and with individual staff. One staff member said, "We do [have staff meetings]. We talk about the clients and if we have any issues with the carers [staff.]." Another staff member said, "Yeah, we do [have staff meetings]. We go there [the office] and talk about any problems with work and we discuss how best we can go about it." However, the registered manager told us they did not keep records of these meetings. This meant there was no record of what had been discussed or any decisions that had been made at the meetings. The nominated individual also told us they did not keep a written record of all dealings they had with other agencies when working together to support people.

Further, the service did not have effective auditing systems in place. There was an audit system that consisted of a check list to make sure all required checks had been completed on prospective staff. This included a check that a DBS check was in place. However, these audits had not always been completed and failed to identify that some staff were without DBS checks. Care plans were subject to regular review and all had been reviewed within the past 12 months. However, although these reviews had identified where there were changes to a person's support needs, the reviews had failed to identify that care plans were not sufficiently personalised around the needs of individuals. The lack of effective auditing and monitoring systems was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service had systems in place for seeking the views of people that used the service. A survey was issued to people and relatives which asked about how well staff understood people's care needs, if staff were friendly and polite and if they were punctual. Records showed the service also carried out phone monitoring with people and people we spoke with confirmed this. One person said, "They give me a ring now and then and ask if I'm satisfied." A relative told us, "They phone up and ask how she is."

Senior staff carried out spot checks at people's homes. These involved monitoring staff to ensure they were punctual, they understood the support needs of people and they treated people in a respectful way. Records confirmed these sport check's took place. Phone monitoring, surveys and spot checks were used to identify areas for improvement. or example, one person had said that they were not satisfied with their care staff and as a result they were provided with a different member of staff

The registered manager told us they did not have links with external agencies other than where required for supporting individuals. They said, "We don't have any external agencies we work with because we don't

have many clients." The service worked with local authorities and the NHS who both commissioned care with the service and with other agencies such as occupational therapy services. However, as previously noted, records were not always maintained of work with these agencies.

The service was jointly managed by the nominated individual (who was the owner of the service) and the registered manager. Staff spoke positively about the senior staff. One staff member said of their line manager, "I think [nominated individual] is a good manager. I have no complaints." The same staff member told us there was good teamwork at the service. They said "Everyone gets on. When we go training we all bounce off each other and it shows it's a good team." Another member of staff said, "[Nominated individual] is a very good manager. Anything we tell her she takes action. Now and then she comes to our place of work to see how we are doing." People and staff told us there was an open and inclusive culture at the service and that senior staff were approachable.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not established and operated effectively to assess, monitor and improve the quality and safety of the service provided or to record a comprehensive record of care provided to service user. Regulation 17 (1) (2) (a) (c)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated effectively to ensure persons were employed were of good character. The service was unable to demonstrate that it had undertaken enhanced Disclosure and Barring Service checks for all staff that worked with service users. Regulation 19 (1) (a) (2) (a) (3) (a)