

Angels Care Solutions Limited

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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

This announced inspection took place on 5 and 7 September 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. This was the first inspection since the service 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 is registered to provide care and support to older people including those living with the experience of dementia, to younger adults and to people with a physical disability and/or learning disabilities. At the time of our inspection the service was providing personal care to three people.

The service is required to have a registered manager, and the registered manager had been in post since the service was registered. 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.

Policies and procedures for safeguarding people at risk of abuse were in place and staff knew to report any concerns. Risk assessments had been carried out to identify individual risks and any environmental risks so they could be addressed. People and relatives said the staff kept people safe when providing care and support.

Prior to staff being employed by the service, required recruitment checks were carried out to confirm they were suitable to work with people. There were enough staff to meet people's needs and people had the same care workers to provide continuity of care.

Policies and procedures for medicines management were in place and staff received medicines training prior to supporting people with medicines. Staff understood infection control procedures and followed them to protect people from the risk of infection.

Prior to receiving care people had been assessed so they could receive person-centred care to meet their needs and wishes. Staff received training and support to provide them with the skills and knowledge to understand and care effectively for people's individual needs.

Staff assisted people with simple meal preparation if required. Staff knew the process to follow if someone became unwell including summoning the emergency services if necessary.

Staff received training around mental capacity and knew to report any concerns regarding the deterioration in a person's mental ability to make decisions for themselves. People using the service could make decisions for themselves and confirmed staff respected their right to do so.

People and relatives said the staff were kind and caring, maintained people's dignity and treated them with respect. Staff supported people's right to make choices about their lives and supported them to maintain as much independence as they could.

Care records included the care and support people required and, where relevant, information about their lifestyles and interests and hobbies, so staff could speak with people about their interests.

There was a complaints procedure in place and people and relatives said they were confident to raise any concerns with the provider and that any issues they had raised had been addressed promptly.

People and relatives had confidence in the provider and were happy with the care and support people received and the way the service was being run. Staff felt well supported by the provider and enjoyed working for the service.

Processes were being put in place for monitoring aspects of the service and this was work in progress. People's care and support was periodically reviewed and people were asked their opinions about the service they received and given the opportunity to provide feedback.

Policies and procedures were in place and referenced current legislation and good practice guidance. The provider recognised the importance of working in collaboration with health and social care professionals to ensure all people's needs were being met.

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 and relatives said the staff kept people safe when providing care and support. Policies and procedures for safeguarding people at risk of abuse were in place and staff knew to report any concerns.

Risk assessments had been carried out to identify individual risks and any environmental risks so they could be addressed.

Prior to staff being employed by the service, required recruitment checks were carried out to confirm they were suitable to work with people. There were enough staff to meet people's needs and people had the same care workers to provide continuity of care.

Policies and procedures for medicines management were in place and staff received medicines training prior to supporting people with medicines. Staff understood infection control procedures and followed them to protect people from the risk of infection.

Is the service effective?

Good 

The service was effective.

Prior to receiving care people had been assessed so they could receive person-centred care to meet their needs and wishes. Staff received training and support to provide them with the skills and knowledge to understand and care effectively for people's individual needs.

Staff assisted people with simple meal preparation if required. Staff knew the process to follow if someone became unwell including summoning the emergency services if necessary.

Staff received training around mental capacity and knew to report any concerns regarding the deterioration in a person's mental ability to make decisions for themselves. People using the service could make decisions for themselves and confirmed staff respected their right to do so.

Is the service caring?

Good ●

The service was caring.

People and relatives said the staff were kind and caring, maintained people's dignity and treated them with respect.

Staff supported people's right to make choices about their lives and supported them to maintain as much independence as they could.

Is the service responsive?

Good ●

The service was responsive.

Care records included the care and support people required and, where relevant, information about their lifestyles and interests and hobbies, so staff could speak with people about their interests.

There was a complaints procedure in place and people and relatives said they were confident to raise any concerns with the provider and that any issues they had raised had been addressed promptly.

Is the service well-led?

Good ●

The service was well led.

People and relatives had confidence in the provider and were happy with the care and support people received and the way the service was being run. Staff felt well supported by the provider and enjoyed working for the service.

Processes were being put in place for monitoring aspects of the service and this was work in progress. People's care and support was periodically reviewed and people were asked their opinions about the service they received and given the opportunity to provide feedback.

Policies and procedures were in place and referenced current legislation and good practice guidance. The provider recognised the importance of working in collaboration with health and social care professionals to ensure all people's needs were being met.

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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 announced inspection took place on 5 and 7 September 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be available to speak with us. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information the provider had given us.

We visited the office location on 5 and 7 September 2018 and gained telephone feedback from people, relatives, a social worker and a sub-contract provider on 6 September 2018.

During the inspection we viewed a variety of records including two people's care records and risk assessments, recruitment and training details for three care workers, policies and procedures, monitoring records and other records relevant to running a care service. We spoke with the registered manager, one of the company directors, the quality and compliance manager and two care workers. We have referred to the registered manager and the company director as 'the provider' in this report. We gained feedback from two people using the service, one relative, a care provider who sub-contracted some work with Angel Care Solutions and a local authority social worker.

Is the service safe?

Our findings

People confirmed they felt safe with the care workers who provided care and support to them. One person said, "Yes, I do feel safe [with the staff], I have no worries." The registered manager said it was important to "meet the needs of the service users and ensure they are safe in their environment."

Procedures for safeguarding and whistleblowing were available and staff said they would report any concerns to the registered manager and contact the emergency services if urgent assistance was required. They said that if no action was taken they knew the other agencies they could contact including CQC and the local authority. We saw the paperwork for the reporting and recording of any such incidents was in place. There had not been any safeguarding incidents since the provider had been registered with CQC.

Risks were assessed so these could be identified and action put in place to minimise them. People confirmed that the provider had carried out an assessment of their homes. A relative told us, "Angels Care did an assessment and checked the risks inside and outside." We saw the assessments were recorded, including information about utilities, for example, where the mains water could be turned off in case of an emergency. Risk assessments for individual moving and handling needs were in place and identified any equipment to be used. Staff confirmed that if a hoist was used to transport people from, for example, their bed to a chair, then two staff were always in attendance. Staff said they were shown how to use any equipment in people's homes, so they could use it safely.

Recruitment procedures were in place and being followed. Staff confirmed pre-employment checks had been carried out as part of the recruitment process. Staff files had completed application forms and included an employment history. Information regarding gaps in employment was missing for one care worker and this information was obtained during the inspection. Two references had been taken up for each member of staff and these included the last employer. Disclosure and Barring Service (DBS) checks had been done, health questionnaires were completed and proof of identity documents including proof of address and the person's right to work in the UK were available and each file had a recent photograph of the member of staff. Staff were issued with identity (ID) badges to wear when attending people's homes so people knew who they were and to verify they were from the service. People confirmed staff wore the badges and that they wore uniforms with the company name on, so both identified where the care worker came from.

There were enough staff to meet the needs of the people using the service and to provide cover if a member of staff was absent for any reason. The provider said they would only take on new care packages if they had appropriate staff available to meet the person's assessed needs. People and relatives said that the care workers were usually on time and that they were kept informed if the care worker was going to be late for any reason. We saw that timesheets were completed with precise times of arrival and departure so there was a record of the actual time staff spent with each person using the service.

The provider said they were not supporting anyone with their medicines at the time of our inspection. For one person who had a moisturising cream applied the care workers said they assisted with this. We

discussed with the provider the need to ensure that any prescribed creams were identified and signed for by the care workers. We saw that some staff had completed medicines training and staff confirmed they would not be involved with supporting people with their medicines unless they had completed this training. We saw that at staff meetings, medicines and the use of MARs was discussed, so staff had a basic knowledge of medicines even if they were not yet supporting people with these. Policies and procedures for medicines administration were in place.

Infection control procedures were in place and staff followed these. People confirmed that staff used personal protective equipment (PPE) including disposable gloves and aprons when supporting them with personal care. Staff said they were provided with PPE and explained how and when they used it, to minimise the risk of infection. Where people had clinical waste collections, this information was included in their care plan so staff knew to ensure any clinical waste was put out for disposal.

There had not been any serious events since the service had been registered. The provider gave an example of an incident when daily records had been returned to the office without the person's name on them and action had been taken to discuss this topic with the staff, to remind them to include each person's name on their records and so minimise the risk of recurrence. The provider said that should any significant events occur, they would record and report them and take action to learn from them to improve practice.

Is the service effective?

Our findings

People confirmed that an assessment of their needs had been carried out before they started using the service. One person said, "Two people came from the agency and we had a good chat. They also looked at the premises." They confirmed that the provider had listened to what they wanted and ensured the care workers also understood this so they could provide the care and support the person required. We saw that assessments had been carried out and care plans drawn up to identify the care and support people needed.

People and relatives said they felt the staff had been trained to provide them with the skills and knowledge to care for them effectively. A relative said, "The way they have been trained and told by the management how [person] is, I've been really impressed. Management have explained the care needs and the carers have understood." One person told us, "They always ask me how I want my care, then do this and ensure safety. They are knowledgeable." The provider said all staff had completed the Care Certificate and care workers confirmed they had done so. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. New staff shadowed members of the management team or experienced care workers so they could learn about the care and support each person required. One person said, "They have introduced two or three carers along with the regular one. They shadow her and are shown what to do."

People said the care workers helped them with simple meal preparation. One person told us, "They give me my tea before they go. I can tell them where it is and they prepare it." Staff confirmed they provided this support and said if they identified that someone was not eating or drinking sufficiently they would speak to the person and also report this to the provider so that the person could be reassessed and medical help sought if necessary.

People or their relatives could access medical help if they required it. The provider had a note of each person's GP contact details so they could contact them if the need arose. Staff were clear about the action to take if someone was unwell, including summoning an ambulance if necessary.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this for people living in their own homes are through the Court of Protection. We checked whether the service was working within the principles of the MCA.

At the time of our inspection all the people using the service had capacity to make decisions for themselves. Policies were in place for mental capacity and staff understood people's right to make decisions for themselves and said they respected this. One care worker told us, "You treat people as equals and make them feel comfortable. Talk to them nicely – just because they don't have capacity doesn't mean they are

any different. You don't force people to do anything." Staff said if they had any concerns that a person's ability to make choices for themselves was deteriorating then they would inform the provider. The provider said they would review the person and inform the GP and the social worker so that if necessary action could be taken to formally assess the person's capacity.

Is the service caring?

Our findings

People and relatives said that the staff treated people in a caring and friendly way. One person said, "It [the care] is good. They are lovely people. They are very gentle and very smiley. They always ask me what needs to be done. They are caring, passionate and doing the job for the sake of making you feel better." A care worker said, "It is important to think about who I'm here for and maybe I can change their day for the better."

People and relatives said they were involved in making decisions about their care so that the staff could understand how they wanted their care to be provided. They told us the provider had taken the time to listen to and understand each person's wishes and mentored each care worker so they also had a good understanding of these. One person said, "They make you feel important and more independent, which is good."

Staff treated people with respect. One person told us, "All the carers are friendly and approachable. They show respect, treat me with dignity and they are not invading the personal space." A relative said, "They [care workers] talk to [Person] with the utmost respect. They are quiet and there is laughter. [Person] and the whole family feels respected." People's religious and cultural needs were identified in the care records. The provider explained that they would work with people to provide staff to meet their needs, for example, if someone whose first language was not English needed a care worker who could communicate with them easily.

The service had a policy entitled 'Dignity in care' and staff were clear about the way people should always be treated. One told us, "We are all people, we are all the same, you don't discriminate against people and everybody has choice." All staff had completed training in equality, diversity and human rights. Where people wanted a same sex care worker for specific elements of their care, this was identified so it could be respected. The provider gave examples of how this could be met, for example, by having a same sex care worker to attend the gym with someone so they could provide any assistance the person required.

Is the service responsive?

Our findings

Care plans were in place and identified people's individual needs and how these were to be met. People confirmed that they had been involved with and had signed their care plans to agree to them. A relative said, "The care plan was written up and signed, one copy in the home and one in the office. Risk assessments also. The plans are clear, accurate and understandable." Where there had been changes in people's care, this was identified and people confirmed the staff listened to them so that any changes were made. Each person had a communication book and we saw an example. The entries were thorough and covered the care and support people received at each visit. There were also daily log sheets that were completed. People and relatives confirmed the staff wrote after each visit to record the care and support they had given.

Where care workers were working on a sub-contracted package of care they had the information from the primary provider for the individual and staff confirmed this was also in the person's home, so they had care records to follow. The person was able to tell them about any care and support they would like.

Information about people's interests was included in the care records and this provided staff with some background information about the person so they had topics for conversation to discuss. People said the staff were friendly and provided company for them, respecting their wishes for example, if they wanted to read or sit quietly, or discussing current affairs and other topics they were interested in. One person said, "I've been very happy and they [staff] do understand that I like sitting and thinking." Staff said that they were 'prepared well before going to a client so they understood their needs and moods.'

The provider had a complaints procedure and people knew how to raise any concerns. One person had raised concerns about timekeeping and we saw that this had been discussed with the care worker and addressed. People and relatives felt confident that they could raise any issues and these would be addressed. One person told us that if they raised any issues "they respond well, both carers and management, and deal with it there and then." A relative said, "You can tell them something if you are not happy and they deal with it and keep you informed."

The service was not providing end of life care at the time of our inspection. The provider said they had contact with people's GPs and were aware of input people received from the community nurses and would report any concerns if someone's health deteriorated.

Is the service well-led?

Our findings

People and relatives felt the service was being well managed. One person said, "By far I've found this agency to be the best. You can always talk to someone. The carers are very friendly and support you." We asked people, relatives and staff if they would recommend the service to others and all those we asked said that they would. A relative told us, "I have told them how impressed I am. They know what [person] does and doesn't like."

The provider carried out spot checks to monitor the care and support staff were providing and to give people the opportunity to provide feedback about the service they received. They also conducted telephone surveys for feedback from people. One relative said, "[Provider] rings to ask if everything is fine. They give the opportunity to ask for any changes. They are the top of my list of any agencies." The provider said they would also send out satisfaction surveys periodically but had not commenced this yet.

Staff said they felt supported by the provider. Their comments included, "They [management] are all nice people. They are very approachable and supportive, they are there for you and let you know you can do this [job]" and "They are very open, if you make a complaint they take action immediately. They are very straightforward."

The registered manager told us they had many years of experience in health and social care and had completed a level five higher national diploma in health and social care. They had completed two Degrees in topics relevant to their role and were undertaking a Master's Degree in social work. They told us they kept up to date via health and social care publications and also by online research. We discussed the events that are required to be notified to CQC and the registered manager demonstrated their understanding of these. To date there had not been any notifiable incidents to report.

The provider had recently appointed a quality and compliance manager who was experienced in home care management and quality assurance. They had set up some auditing processes and had reviewed staff records and people's care records to ensure they were complete and up to date and this work was ongoing. The provider told us they had plans to introduce more use of information technology as the service grew and had researched computer programmes available to improve the recording and monitoring of the service provision.

Staff said they had regular spot checks and staff meetings took place. We saw the minutes from three staff meetings and these covered a variety of topics relevant to their work. The provider was introducing individual staff supervisions and showed us the template for this which was thorough and covered each aspect of work, training and development and information sharing.

The service had policies and procedures on many topics available and these referenced relevant legislation and good practice guidance. The provider said they reviewed the documents annually and when there were changes in legislation or guidance. The provider had a contingency plan for emergency situations and this included those that could occur on the premises such as loss of information technology services, staff issues

such as sickness and environmental issues such as severe weather conditions and travel disruption. This included the action to be taken in each scenario to prioritise the continuity of care of people using the service.

The provider understood the importance of working with health and social care professionals to meet people's care and support needs. The service carried out some work in conjunction with another care provider and the manager of that service told us, "I have found them very diligent. If there is a query they have contacted me in a timely way and it has been very smooth and open. It has been a good experience." A social care professional told us, "I found them prompt and professional." Where care workers could assist people with the care recommended by healthcare professionals then the provider said they would work with them to ensure staff understood how to provide the specific care the person required, for example, exercise recommended by the physiotherapist.