

Angel's & Saint's Homecare Services Limited

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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

About the service

Angel's & Saint's Homecare Services Limited provide personal care to people living in their own homes. There were 12 people using the service at the time of our inspection.

People's experience of using this service and what we found

The systems in place to monitor the service and the care people received were not always sufficient. When audits had been completed it was not clear if the actions identified had been completed. However, the registered manager offered us assurances that they had.

Although people, relatives and staff were able to offer us assurance, there were no records of staff meetings taking place, medicines always being monitored effectively, care plan and care needs being reviewed or that infection prevention and control procedures were in place. While people and relatives felt involved with care planning initially, they did not always feel involved with the review of care, and records supported this.

Staff felt supported and listened to by the registered manager. People and relatives spoke positively about the service.

There were safeguarding procedures in place to identify when people may be at risk of harm. Individual risks to people were considered and reviewed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service support this practice. People had access to health professionals when needed. People had their dietary requirements assessed.

People were treated in a kind and caring way and they were happy with the support they received from the staff. People's privacy and dignity was considered and maintained. They were encouraged to make choices and remain independent.

People's preferences including their likes and dislikes, were considered, and they received support based on these needs. People's communication was considered. There was a complaint policy in the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10/03/2018 and this is the first inspection.

Why we inspected

This was a planned fully comprehensive inspection.

We have identified breaches in relation to the systems that are in place to monitor the care people receive at this inspection. Please see the action we have told the provider to take at the end of this report.

Enforcement

We have identified breaches in relation to the systems that are in place to monitor the care people receive at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Angel's & Saint's Homecare Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the service registered with us. This included gathering feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

What we did during the inspection

We spoke with two people who used the service and seven relatives about their experience of the care provided. We spoke with four members of staff including the registered manager.

We reviewed a range of records. This included people's care records. We also looked at records relating to the management of the service, including procedures and governance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The systems in place were not always sufficient to ensure medicines were managed in a safe way. Not all Medicines Administration Records (MAR) had been reviewed as they were unavailable in the office.
- Staff we spoke with were confident they administered medicines in a safe way. People and relatives raised no concerns with how medicines were administered. The MAR charts we reviewed, showed us people had received their medicines as prescribed.

Staffing and recruitment

- We received mixed views regarding the calls people received. One person said, "I've seen a few different faces, but things are settling down a bit this week. They are always a bit rushed. They [staff] come all the way from Birmingham, so not always reliable. No, they don't let me know if they are running late." A relative said, "Timewise they are ok, not too bad. They don't let you know if they are going to be late. Yesterday it was 10:45" (The call was meant to be at 10:00). Another relative said, "They are reliable. They always turn up pretty much on time and they will text me if they are running late."
- There was no clear system in place to ensure there were enough staff to support people's needs. The registered manager told us they used an app to determine where staff worked. We saw this offered a schedule of calls for staff to complete. Despite this people and relatives confirmed they had never had a call missed.
- The schedules that we reviewed did not always allow staff adequate time to travel in between calls. However, despite this staff we spoke with raised no concerns.
- There was no system in place to monitor the time staff arrived and left people's houses, to ensure staff were on time and people received the correct amount of time allocated. People and relatives were overall happy with the amount of time the calls lasted.
- Staff told us, and we saw they had received the relevant pre-employment checks before they could start working in people's homes.

Preventing and controlling infection

- There were no written infection prevention and control procedures in place, including COVID-19 risk assessments, however staff and the registered manager offered us verbal reassurances of how this was implemented in people's homes.
- People and relatives raised no concerns about the practice of staff. One relative told us, "They [staff] always wear PPE – I wouldn't let them in otherwise."

Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to ensure people were protected from potential harm. The records we reviewed demonstrated no recent incidents had occurred.
- Staff had received up to date training in this area. However, improvements were needed to ensure staff fully understood what safeguarding was and when concerns should be raised. Staff explained they would share their concerns with the registered manager if needed and were confident action would be taken.

Assessing risk, safety monitoring and management

- People and relatives raised no concerns over safety. One person told us, "Yes I think I feel safe, nothing untoward has happened." A relative confirmed, "I feel [person] is safe in their care. However, I am always around when they come so I can see what they are doing."
- Risks to people's individual needs including their health were assessed. These were reviewed regularly. When changes had occurred, these plans were reviewed to ensure they reflected people's most current needs.
- When people needed equipment to transfer or mobilise, we saw care plans and risk assessments were in place. Staff told us and records confirmed staff had received training to use the equipment. The records we reviewed confirmed this had been tested to ensure it was safe to use.

Learning lessons when things go wrong

- There were some examples in place of when things went wrong how lessons were learnt.
- We saw an external action plan had been completed that identified MAR charts were showing that people used a blister pack and not naming the individual medicines. MAR charts had now been updated to ensure the individual medicine for people were now recorded.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-assessments were carried out, to ensure people's needs could be met before a service was provided.
- People's gender, culture and religion were considered as part of the assessment process.
- People's physical, mental and social needs were assessed and considered.

Staff support: induction, training, skills and experience

- Staff received training and an induction that helped them support people. Staff confirmed they had the opportunity to shadow more experienced staff members when they started working for the company.
- People and relatives felt staff had the skills and knowledge to support them. A relative told us, "I think they have the necessary skills to support." Another relative said, "I think they are well trained although I have nothing to compare them with. They explain things if I don't understand why they are doing something."

Supporting people to eat and drink enough to maintain a balanced diet

- When needed staff supported people at mealtimes and with drinks.
- People and relatives were happy with the support they received.
- People's dietary needs had been assessed and, where needed, care plans and risks assessments were in place.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff and the registered manager worked with other services and professionals to ensure people received care which was appropriate for their needs.
- Although the provider was not responsible for people's health. Staff gave us examples of when they had contacted health professionals on behalf of people, such as supporting to make GP appointments.
- People's oral health care was assessed to ensure people received the support they needed.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We found when needed, mental capacity assessments were in place for people and decisions had been made in people's best interests.
- Staff understood about people's capacity and the importance of gaining consent from people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were happy with the staff that supported them and were treated in a kind and caring way. One person told us, "Staff are pleasant and kind. It is a matter of getting used to each other." A relative said, "Yes they are very caring."
- Staff knew about people and were able to give detailed accounts of them, including their likes and dislikes.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make choices about their day, including what they liked to wear, what time they got up and what they wanted to do.
- The care plans we looked at considered peoples' choices and preferences and how people made these.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was encouraged and promoted. One relative told us, "They show [person] respect and dignity."
- Staff gave examples of how they would support people with this. Including knocking on people's doors before entering, keeping the curtains closed during personal care and ensuring other relatives were not around when offering support.
- Staff told us they encourage people to be as independent as possible and complete as many tasks as they could for themselves.
- Records we reviewed reflected the levels of support people needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- The care plans we reviewed were detailed and had considered people's individual preferences including likes and dislikes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the Accessible Information Standard. We were told information would be available for people and families in different formats should they need it.
- People's communication had been considered. When people used adaptations and aids this had been reflected in people's pre-assessments and individual care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to participate in pastimes they enjoyed.
- Staff told us, and people confirmed they always ensured people were comfortable before they left them.

Improving care quality in response to complaints or concerns

- People and relatives felt able to complain and felt the registered manager and staff team were approachable.
- There was a complaints policy in place. No complaints had been made for us to review.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvements.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The systems in place were not always effective in identifying areas of improvements.
- There was no clear system in place to monitor medicines.
- We were unable to review any medicines administration records (MAR) since September 2021; this was because these remained in people's homes and had not been brought to the office for review.
- There was no clear audit in place to monitor medicines. The last audit of medicines that we saw was completed in April 2021 and only related to one person. This had only looked at the MAR charts and had not considered other key areas, for example stock levels or storage.
- When action had been identified through previous audits, there was no action plan in place and no evidence if action had been taken. We spoke with the registered manager who assured us action had been taken.
- Although we were told staff competency in relation to medicines was checked we were not provided with documentation to support this. We reviewed the spot checks and carers assessments provided however medicines were not covered as part of this process.
- There were no systems in place to ensure there were enough staff available to support people. There were no monitoring of call times taking place to ensure people received the correct amount of time allocated.
- There were no written infection prevention and control procedures or COVID-19 risk assessment in place. However, staff and the registered manager were able to reassure us procedures were in place. People and relatives raised no concerns.
- Although no incident or accidents had occurred there were no systems in place to review care records to ensure people received the care needed.
- There was no written documentation to ensure staff competency and knowledge was checked in key areas such as safeguarding and administration of medicines. There were some inconsistencies in staffs understanding, however this had not impacted on the care people received.
- Staff felt supported by the registered manager. However, there were no records that team meetings were taking place and staff supervisions were inconsistent. Staff told us they would raise concerns with the registered manager when needed and action would be taken.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a

breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they would raise concerns with the registered manager when needed and action would be taken.

- Staff understood their roles and responsibilities and there were clear lines of delegation.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Some feedback was sought from people who used the service, however there was no system in place to ensure this information was collated and reviewed. The feedback that we reviewed from people was positive.
- Although people and relatives felt involved with their care initially, some people and relatives felt they had not been involved with the care planning or reviews. One relative said, "I have never seen a care plan. I was involved in the initial planning by phone. I went to Age UK initially for advice and phoned the company from there." Another relative told us, "I have never seen [person's] care plan, but I was involved at the beginning."
- Staff and the registered manager confirmed copies of people's care plans were stored in their homes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People, relatives and staff spoke positively about the management team and the support they received. One relative told us, "The registered manager is lovely. I can't fault [them]. [They] always smile when [they] come to support [person]. [Manager] takes [their] time and knows what [they are] doing. We have [manager] occasionally when he is filling in for other staff. [Manager] seems a caring person who looks after [their] staff, drives them around to and from appointments."
- The service worked closely with other agencies to ensure people received the care they needed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour requirements were understood and met by the registered manager.

This section is primarily information for the provider

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 The systems in place were not always effective.