Home Angels Healthcare Services Ltd

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 29 November and was announced.

Home Angels Healthcare Ltd is a care agency which provides staff to support people in their own homes. People with various care needs can use this service including people with physical disabilities and older people. At the time of this inspection 39 people received care from this service.

The service had a registered manager. 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 and their relatives told us that they felt safe with staff and would be confident to raise any concerns they had. The provider's recruitment procedures were thorough and medicines were managed safely. There were sufficient staff to provide safe, effective care at the times agreed by the people who were using the service.

There were procedures in place to manage risks to people and staff. Staff were aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly through processes that they understood well.

Staff received an induction and spent time working with experienced members of staff before working alone with people. Staff were supported to receive the training and development they needed to care for and support people's individual needs.

People and their families were mostly complementary of the services provided. An improvement in the timings of calls was reported by people and their relatives. The comments we received demonstrated that the majority of people felt valued and listened to. People were treated with kindness and respect whilst their independence was promoted within their homes and the community. People received care and support from familiar and regular staff most of the time and some would recommend the service to other people.

People's needs were reviewed and their care and support plans promoted person-centred care. Up to date information was communicated to the majority staff to ensure they could provide the appropriate care and support for each individual. Staff knew how to contact healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

The provider had a system to regularly assess and monitor the quality of service that people received and identified areas for improvement.

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.

Staff knew how to protect people from abuse.

People felt they were safe when receiving care and support from staff.

The provider had emergency plans that staff understood and could put into practice.

There were sufficient staff with relevant skills and experience to keep people safe.

Is the service effective?

Good

The service was effective.

People were involved in their care and their consent was sought before care was provided. They were asked about their preferences and their choices were respected.

The organisation of care calls had improved over time.

People were supported by staff who had received relevant training and who felt supported by the registered manager.

Staff sought advice with regard to people's health, personal care and support in a timely way.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect. Their privacy and dignity was protected.

People were encouraged and supported to maintain their independence.

People were involved in and supported to make decisions about their care.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and responded to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Requires Improvement

The service was mostly well-led.

The office organisation did not always support efficient access to information and staff directives were not always as clear as they could be.

There was an open culture in the service. People and staff found the registered manager approachable, open and transparent.

People were asked for their views on the service. Staff had opportunities to say how the service could be improved and raise concerns.

The quality of the service was monitored through discussions and action was taken when issues were identified.

Home Angels Healthcare Services Ltd

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 29 November 2016. It was carried out by one inspector.

We gave the service 48 hours' notice of the inspection because it is office based and we needed to be sure that relevant staff would be available.

Before the inspection the registered manager 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 looked at the PIR and at all the information we had collected about the service. This included information received from health and social care professionals. We also looked at notifications the service had sent us. A notification is information about important events, which the service is required to tell us about by law. Whilst undertaking the visit to the service we were advised of safeguarding referrals which had been made to the local authority but had not been notified to the Care Quality Commission.

We spoke with the registered manager and the assistant manager. We spoke on the telephone with twelve people and\or their relatives about the quality of care they received. We requested feedback from a range of professionals who had contact with the service and received responses from a commissioner and a quality and contracts officer from the local authority. We requested information via email from every staff member employed by the service and received six written replies.

We looked at four people's records and documentation that was used by the service to monitor their care. In

addition we looked at four staff recruitment files of the most recently appointed staff. We also looked at staff training and other records used to measure the quality of the services.

Good

Is the service safe?

Our findings

People were safe when receiving care from Home Angels Healthcare Limited. One person said, "I have no complaints. The carers work hard and I feel safe in their hands". One relative told us, "The staff are efficient and pleasant. Mum knows most of the carers and she has confidence in them". One staff member commented, "Yes, I am confident that all the clients are safe at Home Angels". Another staff member told us, "I am very confident that the people we support are safe." Not one person or any of their relatives provided feedback to suggest the service was unsafe.

People were protected against the risks of potential abuse. They informed us that they felt safe from abuse and/or harm from their carers (staff). The service had reported incidents of alleged or potential abuse to the local authority safeguarding team since the date of registration in September 2014. Whilst at least ten of the safeguarding alerts had not been notified to us we saw that they were incidents or complaints which did not meet the safeguarding threshold of the local authority. The registered manager undertook to clarify with the safeguarding authority when there was doubt as to whether an incident met the threshold prior to raising a formal alert for all future situations.

We were assured that staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. The information we received confirmed that they knew what to do if they suspected people they supported were at risk of abuse. Staff were provided with details of the company's whistle blowing procedure and had the training and knowledge to identify and report safeguarding concerns to keep people safe.

Any identified risks to people were included in their care plan together with guidance for staff on how to manage and/or minimise the risks. Routine risks included manual handling, medicines, functional capabilities, dietary needs and any likes/dislikes or allergies. All risk assessments we saw were reviewed a minimum of annually and included guidance for staff on what to do to minimise any identified risk, such as environmental risks within people's homes. However, we saw a mock inspection report dated 22 November 2016 which was undertaken by the manager from the sister office. This report identified that of four client files reviewed, one could not be located and three were overdue for review despite all the packages of care having started within the previous 12 months. The registered manager explained that they were in constant contact with clients and adjusted the care plan as and when required. She undertook to clarify the provider's requirements in relation to documenting reviews of care. There were on call numbers and guidance available for staff should there be an emergency.

People we spoke with told us that all staff wore uniforms and aprons and gloves when required. There had been a previous incident where a complaint was made about a carer's inappropriate dress. We saw that action to address this had been taken by the registered manager. One person told us that one of the office staff who periodically covered shortfalls often turned up without wearing a uniform. The registered manager was informed of this and undertook to follow this up with immediate effect. The staff training records indicated that some staff had attended health and safety training that included infection control, moving and handling and fire awareness. However, the training matrix provided after the inspection visit indicated

that there were a considerable number of gaps in the staff training overall. The registered manager provided an updated version following the visit which confirmed that all staff had either received relevant training (sometime from previous employment) or were booked onto refresher courses.

Some staff had received training in the safe management of medicines and only those who had undertaken the training were able to manage medicines for people. A medicine risk assessment, where applicable, identified possible risks, support required and outcomes agreed for the person. Where the service supported people with medicines this was set out in their care plans, which detailed whether staff needed to prompt or administer the medicines. There had been a low number of incidents of missed medicines over the previous year which had not caused any harm to anyone and had been appropriately dealt with.

The provider's recruitment procedures were detailed in a policy document. The procedure was robust and included completion of Disclosure and Barring Service (DBS) checks. A DBS check allows an employer to check if an applicant has any criminal convictions which would prevent them from working with vulnerable people. References were taken up from past employers to assess an applicant's previous performance and behaviour in their employment. We found that a full employment history was not evident in one of the staff files we reviewed and some supporting documentation such as a recruitment checklist was not completed for another. The registered manager provided the complete history following the inspection visit. The registered manager undertook to ensure that any omissions in work history were clarified and recorded in the future. This had not adversely impacted on people using the service.

There were enough staff employed by the agency to safely meet peoples' needs within the timeframes of their care packages. There were 28 staff employed to meet the needs of the people who were currently using the service. Not all of the staff were actively working for the agency due to a range of reasons such as family caring commitments. The registered manager had responded to staff conduct issues appropriately by following the provider's disciplinary procedures. From the point of registration this had resulted in three dismissals and the issuing of two warning letters. From records we reviewed all incidents including accidents had been reported and appropriate action had been taken.

Good

Is the service effective?

Our findings

People informed us that they received care and support from friendly, familiar, well trained and consistent staff. One relative said, "The service we have received is excellent, all the staff are courteous and respectful. We would recommend this service provider to anyone." The registered manager told us that they would not consider calls that were insufficient in time to allow carers to undertake their duties to a good standard. Several people or their relatives were complementary about individual carers.

Staff were rostered to cover calls to each person's home at variable times of the day according to the needs and preferences of the individual. An electronic rostering system had been introduced in the previous year which had improved the timings of calls and reduced the number of missed visits. Each staff member had a timetable of calls to people they supported regularly. Although it was reported by people and/or their relatives that this could be subject to change at short notice due to staff absence. The timetable was designed to provide support and / or personal care by consistent staff. A person's relative said, "The carers usually arrive at the time agreed unless they are held up and then they usually let me know." Some people and relatives told us that the organisation of the calls could be better. Apparently each person supported received a schedule at the beginning of each week which detailed which carers would be covering the calls. Three people told us that this was rarely adhered to with different carers from those stated on the schedule turning up. One person told us that they didn't mind this too much providing the carers were familiar to them. Overall there was a consistent view that this was an area of the service which had been improving over time but for some this could still be more efficiently organised.

Changes in people's health and or well-being prompted a referral by the service to the appropriate health or social care professional and examples were evident from discussion with staff and relatives of people. The majority of staff told us that they were kept informed of changes with one commenting, "Yes, all the time I am kept informed." People who required support with their meals received assistance from staff within an agreed and appropriate timescale to promote their nutritional needs. Staff were prompted within care plans to obtain consent from people before any task or activities were commenced with them.

A person's relative said that staff had the skills and knowledge to give the cared for person the care and support they needed. Information was provided within a staff handbook which was made available to all staff. We saw from records that staff received an induction that enabled them to support people confidently. The training record provided did not give an accurate picture of all training undertaken by staff. However, the registered manager provided additional information which indicated that all staff were either up to date with training or were booked on to refresher courses. Staff confirmed that they received regular training with comments including, "Yes, I am supported and I feel I am up to date with my training. When my training expires, the office book me on the next training available." "Yes I am supported and I am up to date with the training. I have just finished my NVQ 2," and, "Training is up to date and they have supported me to do my NVQ 2 training."

The policy of the provider was that all staff should receive supervision every two months. This did not incorporate spot checks which included an element of staff supervision and practice monitoring. There were

separate spread sheets for supervision and spot checks from which it was difficult to obtain an overview of the support and supervision provided to individual staff. However, of the six written responses from staff five indicated that they were supported by the agency and received supervision and regular spot checks. However, one staff member told us that there were regular staff meetings but that formal supervision and spot checks had not been regular for them.

Staff meetings were held monthly. We saw examples of staff meeting minutes. The discussions and information were not organised under topic headings. This made important information particularly staff directives difficult to identify and understand. One example of this was where staff were directed to the correct procedure when communicating any unforeseen changes to the rota. The lengthy paragraph detailing the requirement contained no separate sentences and included at least three elements. This made the directive difficult to understand and could potentially impact on the effective communication of future changes because staff might not fully understand their responsibilities.

The registered manager stated that as part of staff's initial induction they did not work unsupervised until they were confident within their role to support individual people. The registered manager confirmed that the staff induction was aligned to the care certificate. The care certificate is a set of standards that health and social care workers need to complete during their induction period and adhere to in their daily working life. The registered manager provided training in some topics through electronic learning, but core areas such as moving and handling and first aid were provided by an external trainer. The registered manager told us that they would always try to provide specific training opportunities to improve staff competence and to promote further learning and development.

The majority of people and their relatives described communication as good. In response to questions about effective communication we were told that the office based staff were mostly available and relevant information was passed on. However, one person told us that information was frequently not passed on by office staff to relevant care staff. Of the six staff that provided feedback five indicated that changes were communicated appropriately.

People's legal rights to make their own decisions were upheld and understood by staff who had a clear understanding of the Mental Capacity Act (2005) (MCA). The 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. Applications to deprive people of their liberty must be made to the Court of Protection.

The registered manager and at least nine care staff had received mental capacity training. Information was provided for staff through staff meetings and a summary leaflet provided for each carer. At the time of our visit, no one was being deprived of their liberty or lacked capacity.

Good

Is the service caring?

Our findings

The service was caring. People were treated with care and kindness. Staff were knowledgeable about the people they cared for, their needs and what they liked to do. One relative told us, "I would just like to say how much I appreciate the service provided. It feels like a lifeline and the difference in my mother is remarkable". Another person said, "The carers are lovely, some of them are real characters."

People's diverse needs and how to meet them were contained in people's individual care plans. We saw they included cultural and spiritual needs, where they had been identified. People's relatives said they had been involved in planning and reviewing their care. Care plans included an area for people to sign to confirm they had been involved in care planning where appropriate. The recording of people's preferences, likes and dislikes was an area that was being further developed. The registered manager and care staff kept in regular contact with the person's relatives by phone and in person where appropriate. The electronic scheduling tool was designed to include notes of all communications undertaken by the relevant staff. It was not entirely clear whether this was being used fully as intended or whether paper records were being used as well.

The registered manager told us she frequently worked alongside care workers and also carried out regular spot checks of care practices. We were confident from what we were told and from the records we saw that care staff were committed to maintaining people's well-being and were alert to people's changing needs. Records seen confirmed that unannounced spot checks were periodically undertaken whilst they were working with individuals in their homes. However, it was not entirely clear whether there was a systematic approach to spot checks dependent on the complexity of the care package provided as there was no overarching record of spot checks for people receiving a service.

Information was provided for people and their carers through a service user guide. This gave guidance about what to expect from the service and included contact details should they need to speak with someone either during or out of office hours.

People's care records were kept secure in locked cabinets in the office. The registered manager told us staff were fully aware of their responsibility not to disclose people's personal information to anyone, and not to refer to other clients or their carers when in a person's home. People told us they had no concerns about confidentiality and said their care workers were always discrete. A relative commented, "I have no worries about confidentiality." We asked people if their workers protected their privacy and dignity. They told us they did, one person commenting, "I have no issues about my privacy. All care staff treat me with respect".

Good

Is the service responsive?

Our findings

The service was responsive. People had individual care plans developed from an assessment carried out prior to them using the service. Wherever possible prospective care staff were introduced to people before the service commenced. However, it was not clear how often this occurred. Care plans were sufficiently detailed and contained information with regard to people's individual wishes about how they were supported. They gave guidance to staff with regard to supporting people in aspects of the care the service was responsible for. They also helped to ensure people remained in control of their lives and retained as much independence wherever they were able and when appropriate. Reviews of people's care plans were undertaken annually as a minimum or whenever people's needs changed. There was a periodic review of daily care notes, usually undertaken during spot checks, which were also used to improve record keeping overall. People told us there had been spot checks and they were involved in the reviews and had the opportunity to discuss their care and request changes.

Staff provided some feedback about how they responded to people or their carers changing needs. This was generally confirmed through feedback from people and their relatives. One relative told us, "The care is reviewed regularly and the carers are working with the physiotherapists to get her out and about." Staff wrote any concerns in the daily notes and informed the office immediately. We were told that office staff would then inform the next care staff member due to visit the person and/or inform the relative where appropriate. They would also take action if a more in depth review of the care was needed. Daily notes were of a reasonable quality. They described people's health and well-being as well as the tasks completed. Daily records were audited by the registered manager or the deputy on a periodic basis dependent on the level of care provided.

People and their families told us they had the information they needed to know what to do and who to go to if they had a concern or a complaint. The service had received six complaints from people or their relatives since the beginning of 2016. We saw from records that these had been responded to appropriately and action had been taken to minimise the risk of reoccurrence. An overarching record of complaints would make review of concerns more efficient and easier to evaluate. The complaint procedure detailed that complaints and concerns would be taken seriously and used as an opportunity to improve the service.

Requires Improvement

Is the service well-led?

Our findings

The service was generally well led. The majority of people and their families were complementary of the services provided by the service. They told us that the agency usually listened to what they had to say and acted on this to promote person centred care and improve services. There was an overwhelming view from people and their relatives that the organisation of the service had improved over time whilst for some there was still room for things to get better. Generally areas which could be better for some people or their relatives was in the timings of calls, although the majority of people indicated they understood the particular challenges of heavy traffic in the area. Adherence to the weekly schedules was another area which for some could be improved.

Comments from staff about the service included, "The manager is always available if the on call person is busy." "I think the agency is good and is improving all the time." The feedback we received from people, their families and staff identified a generally positive culture, which was person centred and demonstrated a good understanding of equality and respect.

People benefitted from a staff team who were supported in their work. There was confidence that any concerns could be taken to the management and they would be taken seriously and the registered manager would take action where appropriate. Staff members told us the office based management team was accessible and approachable and dealt effectively with any concerns they raised. The registered manager was open with them and always communicated what was happening at the service and with the people they support.

The service had quality assurance processes which were designed to measure the quality of the service and to act on areas that needed improvement. Quality assurance systems that were currently in place included telephone calls to people by the registered manager and the deputy manager. These calls were to discuss the quality of the service and to check if there were any concerns which needed to be addressed. Also all care staff were encouraged to communicate with the office based staff on a regular basis to discuss their role, advise them on any issues they may have and to communicate relevant information regarding the people they support. Periodic unannounced spot checks were undertaken to observe the care practices of staff and to gain people's views. The service kept people and their relatives informed on what was happening with the service. Care plans, daily records and risk assessments were reviewed on an on-going basis and any changes were recorded on the care plan and in daily records. Staff training was monitored and reviewed regularly by the use of a training matrix and supporting documentation.

The service was a member of a local care services association. This provided access to advice, support and workshops which were designed to support services to enhance the functioning and quality of the care provided. The registered manager had attended various workshops and meetings run by two local authorities in the area which covered a range of topics. All of the service's registration requirements were met. However, the registered manager was not always aware of incidents that needed to be notified to us. For example, once a safeguarding alert is raised by or about a service a statutory notification must be sent to the Care Quality Commission (CQC). This is whether the incident meets the local authority safeguarding

threshold or not. It is the fact that the local authority requires the incident to be raised as a safeguarding alert which determines that it must be formally notified. The registered manager undertook to review this practice and notify CQC accordingly in the future.

Records were not always up to date or fully completed. Important dates such as birth dates were incorrect on two staff files we reviewed and we saw that the year on a warning letter sent to a member of staff was inaccurate. The visit report from another registered manager employed by the provider identified that there was no proper overarching structure in place with regard to undertaking staff supervisions, spot checks and care reviews. A new team leader had been appointed (the day before the inspection) and it was envisaged that this additional office role would result in improvements to frequency of all checks, supervisions and appraisals. There had been a data breach in January 2016 when a care staff member had mistakenly taken confidential records from the office thinking they were for disposal. The records had been left for routine rubbish collection whereupon collections staff had informed the police. All confidential records were now kept in locked cabinets when the office was unattended. The office was secured when empty.