

Angila Care Ltd

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Angila Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to younger and older adults. CQC only inspects the service being received by people provided with 'personal care.' At the time of the inspection the service was providing 22 people with personal care.

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

Some people had experienced unsafe medicine management practices putting them at risk of harm. Staff understood how to keep people safe, however, some further work needed to be completed around risk assessments for specific medical conditions. There were enough staff to provide people with care and support, but some improvements needed to be made to the recruitment process.

Staff received training and received support from one of the managers. Staff provided people with support to meet their nutrition, hydration and health care needs. 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 supported this practice.

People received support from staff who were kind and caring. People were involved in making decisions about their care and were treated with dignity and respect. People were encouraged to be independent and their equality and diversity needs were respected.

A complaints procedure was in place and people said they would speak to the manager if they had any concerns. Concerns were not always being logged so there was no analysis of any emerging themes. This needed to be done so the registered manager could take any necessary action to resolve specific issues. People had their own individualised care plan which set out how they wanted staff to support them. More work needed to be completed in relation to how people wished to be cared for at the end of their life.

The provider did not have effective governance or auditing systems in place to ensure that people received safe care and treatment. This meant the provider was not identifying and rectifying short falls in the service. People were positive about the registered manager and the improvements they had made. The provider and registered manager were aware further improvements to the service needed to be made and were committed to providing a high-quality service.

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

Why we inspected

At the last inspection we were unable to give the service a quality rating. This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the safe management of medicines and lack of effective audits.

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 for 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Angila Care Ltd

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.

Service and service type

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

The service had a registered manager who was 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 June 2019 and ended on 11 July 2019. We visited the office location on 25 June 2019 and 11 July 2019.

What we did before the inspection

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the provider, feedback from the local authority safeguarding team and commissioners. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). 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.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with three care workers, the registered manager, the quality manager and provider. At the office base we spent time looking at the people's care plans, we also looked at staff records and various documents relating to the service's quality assurance systems.

Is the service safe?

Our findings

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

At the last inspection we were unable to give this key question a quality rating. At this inspection this key question was rated as 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

- People did not always receive their medicines as prescribed. Some medicines had been given without leaving the recommended four-hour gap between doses. The correct dose of medicines had not always been given with only one tablet being given instead of two.
- Some medicines had been given more frequently than prescribed and some medicines had been given less frequently than prescribed.
- Medicine records had not always been completed correctly to show medicines had been given or a reason entered if they had not been given.
- The dose of Paracetamol had been changed from two tablets to one tablet on one medicine record. No details had been recorded about who had requested and authorised the change.
- Care staff confirmed no medicines care plans were in place to inform staff what medicines were for or guidance about when any 'as required' medicines may need to be given.

This demonstrated the service was in breach of Regulation 12, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some people had experienced unsafe medicine management practices putting them at risk of harm. The registered manager took immediately action following the first day of inspection to address the issues we identified with medicines management.

- Staff had received training in medicines management and had their competency to give medicines assessed.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from abuse and improper treatment. Staff had completed safeguarding training and understood how to keep people safe.
- Staff told us they would report any concerns to the registered manager.
- The registered manager was aware of the safeguarding reporting procedures but had not needed to use them.

Assessing risk, safety monitoring and management

- There were systems in place to identify any potential risks to people. Environmental and health and safety risk assessments were undertaken.
- Staff were given clear information about where to park safely and how to access people's homes.
- There were risk assessments in place for people. These covered, for example, what mobility aids they

used, together with any specific safety equipment they had to reduce the risk of falls.

- Risk assessments were not always in place where people had specific health conditions such as diabetes. We discussed this with the registered manager who agreed these needed to be in place so staff had the relevant guidance should an emergency arise.

Staffing and recruitment

- Staff recruitment procedures were in place and checks were made before care workers started working for the service. However, these were not as robust as they needed to be. For example, when prospective staff had given details of someone who could give them a character reference, the services standard reference request was not appropriate as it required information only an employer could give.

- Application forms had not always been fully completed with the full dates of the persons previous employment.

We would recommend the recruitment documentation is reviewed to strengthen the recruitment process.

- There were enough staff employed to provide people with care and support.
- The registered manager would not offer a new service to people unless they had the staff available to cover the calls.
- People we spoke with told us care workers did not always arrive at the time they expected. The registered manager told us they had recently reviewed staff rota's and travelling time to improve the timings of calls.
- There were on call arrangements in place for outside office hours should people using the service or staff need advice or support.

Preventing and controlling infection

- People who used the service were protected from the risk and spread of infection.
- The service had an infection prevention policy and staff had received relevant training. Stocks of disposable gloves and aprons were available for staff to use.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which helped to prevent a reoccurrence.

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.

At the last inspection we were unable to give this key question a quality rating. At this inspection this key question has been rated as 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

- The registered manager or quality manager assessed people's care and support needs before a service was offered. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

Staff support: induction, training, skills and experience

- Care workers told us they received training to ensure that they had the skills to meet people's needs. Training included areas such as first aid, dementia and moving and handling.
- New staff received an induction which included shadowing an experienced colleague.
- Staff had supervision meetings with a manager. This allowed staff time to express their views and reflect on their practice
- Spot checks were undertaken on a regular basis. This is where a senior member of staff calls at the person's home just before or during a visit by a member of care staff, so they can observe them going about their duties and check that they are working to the required standard.

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

- People were supported to eat and drink and maintain a balanced diet as outlined in their care plan. Some people had food reheated, but for others it was prepared from fresh ingredients.

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

- People told us they were supported to maintain their wellbeing and had access to health care professionals if this was needed.
- Staff told us that if they were concerned about a person's health they would relay these concerns to the office or speak with health professionals directly to ensure that the person received the care they needed.
- Staff liaised with a range of health professionals such as district nurses, GPs and occupational therapists.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff helped people to make choices in a variety of ways. Care plans set out how they should support people, how people made their views known and any preferences they had.
- Where people lacked the mental capacity to make specific decisions staff liaised with others to make sure decisions made were in the persons best interests.
- The registered manager and quality manager were unsure if any relatives or representatives had Lasting Power of Attorney (LPA) for property and finance or health and welfare. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf if you're no longer able to. The registered manager told us they would take action to establish what LPAs were in place. This will ensure there is clear information about which relatives or representatives have the legal authority to make decisions.

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.

At the last inspection we were unable to give this key question a quality rating. At this inspection this key question has been rated as 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's views about the staff were positive. Comments included, "[Name of carer] is very good on one visit they thought [Name] was having a heart attack and called for assistance. They stayed until [Name] was taken away by ambulance. They made sure [Name] had their keys and money and made sure their property was secure" and "One carer has personal experience of people living with dementia and has built good relationship with my relative."
- Equality was promoted within the service and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds.
- Care records were written in a respectful way.

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

- Staff knew people's daily routines and could tell us about them.
- People were consulted and asked for their opinions in several ways including care plan reviews and surveys. These were undertaken at regular intervals.
- People told us they were supported and involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People had made the following comments when the service had completed recent telephone surveys, "Staff helpful and kind, will do anything we need them to do." "All carers are respectful and do their jobs to top standards."
- One person said they had regained their independence since receiving support from the service, to the point they no longer needed a domiciliary care service.
- Care plans gave information about encouraging people to be independent.

Is the service responsive?

Our findings

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

At the last inspection we were unable to give this key question a quality rating. At this inspection this key question has been rated as requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and people were given information about how to complain when their service started.
- People told us they would speak to the registered manager if they had a complaint or a member of their family, who would contact the office.
- One relative told us they had complained twice about the service to the local council. The registered manager had no details of these complaints and no complaints had been logged at the office.
- Concerns people were raising were not being routinely logged or responded to. For example, one person told us, "If they [staff] don't come we have to phone the office to find out where they [staff] are. I think they should phone us if they are going to be late."

We recommend all concerns and comments are logged so they can be analysed for any emerging themes or trends.

End of life care and support

- There were no end of life care plans in place or any evidence of people's preferences and choices in relation to end of life care had been explored with them.
- Care staff told us no end of life care plans were available and should someone's health decline rapidly information about their wishes would not be available to them. We discussed this with the registered manager who agreed this was an area which needed to be addressed.
- At the time of the inspection no one was receiving end of life care.
- One person the service had been supporting had died recently. The registered manager explained the family had requested specific carers for the last few days of their life and this had been accommodated. The service had received a thank you letter from family for all the kindness and care they had shown.

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

- Care plans were reviewed every three months, or sooner if people's needs had changed. People and their relatives were involved in these reviews.
- The registered manager had put new care plans in place. These were generally detailed and contained information about what care and support people wanted and their preferences.
- Care workers knew people well and how they liked their care and support to be delivered. This level of detail had not always been recorded in their care plan. The registered manager was aware of this and was working on making care plans more detailed.

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 providers' 'customer handbook/guide' informs people they can provide any information in a format of their choice.
- One relative told us they thought the service could have done more to meet their relative's communication needs. This was discussed with the registered manager who agreed they could have put additional measures in place to help communication.

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.

At the last inspection we were unable to give this key question a quality rating. At this inspection this key question has been rated as requires improvement. 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

- When we inspected the service in November 2018 we found the provider was not completing any of their own audits. They told us a representative from the franchisor had been to audit the service. Franchising is based on a marketing concept. A franchisor licenses its know-how, procedures, use of its business model, brand, and rights to sell its branded products and services to a franchisee; together with the continuing support needed to set up and operate a new business.
- The franchisor had not provided the service with any auditing tools. The registered manager and provider said representatives from the franchisor had visited recently but had made no recommendations and had not produced a report.
- As there were no robust auditing systems in place the provider was not identifying and rectifying short falls in the service.
- Some audits had been introduced by the registered manager, however, these had not identified issues identified during this inspection. For example, poor medicines management.

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.

- People were positive about the registered manager and about the improvements they had made. For example, the new care plan documentation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider were committed to providing a high-quality service.
- The new care plans which had been put in place were person centred and included people's views.

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

- The provider and registered manager understood the duty of candour and were open and honest about the challenges they faced and where they needed to improve service.

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

- People's views were sought through annual surveys and quality telephone questionnaires. The registered manager read all of the responses and took any action necessary to resolve any specific issues. The registered manager agreed they needed to collate the results to see if there were any common themes or trends.
- Staff meetings were held and minutes circulated about the discussions.

Continuous learning and improving care

- The registered manager used CQC's and The Social Care Institute for Excellence (SCIE) web sites to keep themselves informed about best practice.
- The registered manager and provider were also looking at the long term training needs for staff and who the best provider of training may be.

Working in partnership with others

- The registered manager had been working in partnership with North Yorkshire Council's contracts team to make improvements to the service. The registered manager was aware they needed to extend their partnership working.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. 12 (1) (2) (g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance arrangements were not sufficiently robust to identify shortfalls in regulatory compliance. 17 (1) 2 (a)