

Mr Matthew James Hill

Hills Angels Homecare

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

We inspected this service on 3 February 2016. This was an announced inspection and we notified the provider two days before our inspection in order to arrange to meet with people who used the service. This was the first inspection of this service.

Hills Angels Care provides domiciliary care for people who live in their own home in Tamworth. At the time of our inspection, thirteen people were receiving personal care support from the provider.

There was a registered manager in the service. 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.

The provider had systems in place to assess and monitor the quality of care. Quality audits within the registered office had not been carried out to ensure the premises was safe. Staff carried out regular checks of key aspects of the service to monitor and assess standards. They took appropriate action to make changes and improvements when this was needed.

People told us they felt safe when being supported by staff and that staff knew how to protect people if they suspected they were at risk of abuse or harm. Staff understood how to recognise potential harm and protect people from abuse and knew how to report concerns. Recruitment checks were made to confirm staff were of good character to work with people and sufficient staff were available to meet people's support needs.

Risks to people had been identified and staff understood how to support people to reduce risk and protect them from potential harm and without restricting their rights. People had support plans which reflected their specific needs and preferences for how they wished to be cared for. People were supported in such a way as to retain as much control and independence over their lives as they wanted. There was a small team of staff who had the skills to meet people's needs. The support was flexible and responsive to changes.

People had capacity to make decisions about their own care and their consent was sought before staff provided any care and support. People received their care at a time they wanted it and were happy with how the staff supported and helped them to take their medicine as prescribed.

People were positive about the way staff treated them and said staff were kind and compassionate.

People felt comfortable raising any issues or concerns and there were arrangements in place to deal with people's complaints.

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 felt safe when they received care. Risks to people had been assessed and there was information about action to be taken to minimise the chance of harm occurring to people and staff. There were sufficient staff available and recruitment procedures were in place to ensure people were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

Staff sought people's consent when providing support and people were able to make decisions about their care. Staff knew people well and had completed training so they could provide the support people wanted. Where the agreed support included help at meal times, this was provided and food was prepared for people.

Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the way staff provided their care and support. The staff were kind and compassionate and provided support in a respectful and dignified way.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the review of their care and decided how they wanted to be supported. People felt able to raise any concerns and staff responded to this to improve the support people received.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Systems were in place to assess and monitor the quality of care to bring about improvements but the provider had not identified where they needed to carry out audits within the office environment as required. People were happy with the support they received and had been asked how they could improve the support and service. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns.

Hills Angels Homecare

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 checked 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 visit took place on 3 February 2016 and was announced and carried out by one inspector. The provider was given two days' notice because the location provides a domiciliary care service and we wanted to make sure we had an opportunity to speak with people and staff. This was the first inspection of this service since they registered with us.

On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

We used a range of different methods to help us understand people's experience including visiting three people in their home, speaking with three staff and the registered manager.

We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

We saw risks to people's safety had been assessed and staff knew how to provide support to reduce the risk of harm to people. People told us that before any support was provided, the registered manager visited them and asked what support they wanted. One person told us, "They wanted to know what it was we wanted. We talked about the time we wanted staff to come here and what our expectations were." Staff were introduced to people and people told us that they knew who was providing the support. One person told us, "If it's any different, the manager always gives us a call and lets us so we know who will be visiting us. Once we had to have someone new but the manager came with them so they knew what they were doing." The care records included a photograph of the staff who supported them and a profile of them with details of their qualifications and experience in care. One person told us, "It's nice to know about the staff, it makes them feel less like strangers when they first come here."

People told us they felt safe when they received care. One person told us, "It was lovely to meet all the staff before they started coming here. If I didn't like any of them I would certainly tell the manager. You have to feel safe with people and I have to say I like all the staff who come here they are lovely." Some people had an entry code so staff could have access a key to enter their home. Systems were in place to protect this confidential information so that people remained safe in their home.

Staff had a good knowledge of each person's identified risks and worked in ways that ensured that people were cared for safely. One member of staff told us, "We are introduced to people and we go through how they want to be supported so we know we are doing everything in the best way. If there's any equipment to use, we have been training so we know how to use it." A relative told us, "The staff are really very careful and they listen. They know what to do and I've also shown them how [person who used the service] likes things done. When we first started using this provider I helped at first or stayed around and checked they were doing things right but now I leave them as I trust them."

People were protected from the risks of abuse because staff knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the registered manager and knew how to report concerns independently. There had been no safeguarding incidents within this service and one member of staff told us, "We need to make sure people are safe. For some people this could be self neglect or there could be financial abuse. If I saw anything of concern I would just report it." A copy of the policy and procedure was available for staff to refer to in the office when needed.

When new staff started working in the service recruitment checks were completed to ensure new staff were suitable to work with people. Staff told us they attended an interview before checks were carried out and they started working with people. One member of staff told us, "I had the interview and had references and checks done. I didn't start working here until everything was in place though." We saw this included police checks, requesting references of the staffs' characters and their suitability to work with the people who used the service.

People we visited did not need support to take their medicines. One person told us, "I have everything near me and the staff don't need to get involved as I do it myself." Other people were supported by family members and one relative told us, "I make sure [person who used the service] has everything and I am responsible. We were asked if we wanted help with this but we didn't and they don't interfere."

We saw where people were prompted to take medicines the staff completed a medication administration record after medicines had been given and recorded any concerns in the daily notes. One member of staff told us, "If we saw that medicines hadn't been signed for we'd check with the manager and contact the doctor. It's not up to us to tell if it's important or not so we need to check." We saw information about the support people needed with medicines was recorded in people's care records and matched what staff had told us.

There were sufficient staff to provide people with the agreed level of support. The registered manager was clear about the future of the service and how care should be provided. They told us, "I don't take on any support unless I know we can provide the care properly. We discuss people's expectations and if we can't meet these, we are very open and tell them. I only accept new care packages where we can provide the support." All the visits were covered by the existing team of staff. One member of staff told us, "All the calls are covered but if they need any extra calls then it's arranged fairly."

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and knew how people liked things done. People were confident that new staff supported them in a safe way. One person told us, "I every confidence in the staff. They know what they are doing and I can see they do it really well." When new staff started to support people they were introduced to people so they had a choice about who supported them. One person told us, "When the staff started, the manager brought them to the house and introduced them to me. It was nice because I got to meet them and to see if we could get on."

New staff received an induction into the service and this included training for the skills they would need. They were working towards completion of the Care Certificate. The Care Certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "I've really enjoyed going through everything. Most of us have done training before but things change and the manager is very clear about how they want things done here, so it is better for people."

People benefitted from staff who were well supervised. Staff were observed carrying out care and support in people's home as part of the supervision and appraisal system. Senior care staff carried out the observations of care staff supporting people. Care practices were discussed during their individual supervision. One member of staff told us, "We talk about how everything is and what training we need. If we've had an observation we talk about that too and if we could do anything better. We all want to get better at everything and do things right for people." Another member of staff told us, "I have feedback on how I'm performing during supervision and can talk about my ambitions. It's really useful to talk about what I'm doing and where I'm going."

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 in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The staff understood MCA and told us that all the people who used the service had capacity to make decisions about their daily care and support and were not subject to any restrictions. One member of staff told us, "It's about people making decisions. People have the same opportunities and make choices. They are always at the forefront of their care." The support plan recorded that people formally gave their consent to their planned care and support. Staff demonstrated a good understanding of the importance of gaining people's consent to the support they received and what they should do if they had any concerns about people's capacity to do so.

People told us they had choice and flexibility about the meals they ate and where requested, support was given to prepare meals. People retained responsibility for their personal shopping. There were no people who received a service where concerns had been identified with how they managed their eating and drinking. One relative told us, "The staff help with breakfast in the morning. They ask what they want and get everything ready for when they want it. It really helps us out."

People retained responsibility for managing their own health care and continued to be registered with their GP. One person told us, "It's nice that staff notice how well I am but if I want anything I just call my doctor." Staff told us that if they had any concerns about people's welfare they would support them to access health care services. One member of staff told us, "Because we are such a small team we notice things. If anything was wrong we would make sure people got the help they needed."

Is the service caring?

Our findings

People were happy with the staff that supported them and told us staff treated them with respect and listened to what they had to say. One person said, "Since I've been using this service, It's like a weight has been lifted off my shoulders. We have decent people coming here and they are absolutely smashing." Relatives we spoke with said staff were caring towards the people using the service and one relative told us, "I didn't think I'd like people coming into my home, but it's been good for us. We have a chat and its lovely. They really make it easy for us and they are wonderful."

Staff ensured people's right to privacy and dignity was respected. People told us the staff were respectful when they provided support and one relative told us, "They do everything at [person who used the service]'s pace. They talk to them. They don't ignore [person who used the service] or talk about their private life, they are very respectful."

People were encouraged and supported to be as independent as they wanted to be. People's support plans guided staff on how to ensure people were encouraged to do as much as they wanted so that they retained control. One relative told us, "The staff always come on time and if anything stay longer than they should, they never rush off if there's something to do. It would be easier for them if they took over but they don't. They take their time and do things properly and let [person who used the service] do what they can."

People told us the staff were friendly and one person told us, "I have a laugh with the girls; we get on really well and can have a laugh together." Another person told us, "The manager is really caring. Nothing is too much trouble and if we need anything then we just have to call."

People told us staff knew them well, including their preferences and wishes for how they wanted to be cared for and supported. The staff demonstrated a good understanding and knowledge of people's life histories, the things that were important to them and how they wanted to be supported. One member of staff told us, "It's often the little things that make a difference and because we support the same few people, we get to know and understand. We also work with the family to make sure people are happy." People's care records contained information about their preferences for how they wished to be support and information about their choices and decisions.

People had a copy of their records in their home and a copy was retained in the office. People told us they looked through the records and were happy with how the information was recorded. One relative told us, "I always sign the records after each visit so I can see what they have written. I have no problems with the care or what they write." The provider ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely so that personal information about people was protected.

People said they were given choices in the support they had and staff always asked them what they needed. People told us they were involved in discussions about all aspects of the support they received and their choices and decisions about this were reflected in their support plans. One person told us, "Everything is

written down but they still ask me what I want to do first. They always ask."

Is the service responsive?

Our findings

People were involved in the planning and delivery of their care and told us their views about this were listened to. Before starting to receive a service, the support requested and the times of the support visits was agreed with people. One relative told us, "We talked about what we wanted and when we wanted staff to visit. If there was something they couldn't do then they told us. We are very happy with the staff and when they come here." Another relative told us, "The manager is very good. Sometimes we go out so we need the visit at a different time. We only have to call him and he sorts everything out."

People's needs were reviewed to identify any changes that may be needed to the care and support they received. People received support that was individualised to their personal preferences and needs. The service was flexible and the provider was responsive to changes in people's needs. We saw the registered manager reviewed the care for one person after a hospital visit. The level of care, the support and frequency was reviewed to ensure the person could remain safe within their home. We saw where risks to people had changed, a review was carried out and the care records were updated. Where changes were made staff were alerted that changes had been made and to review the support plan. Staff signed any new support plan to demonstrate they had read and understood this.

People received a copy of their care rota each week which included information about the staff who would be providing their care. One person told us, "Its always the same staff that come here." People knew how long the agreed visit should be and told us that staff provided them with the support they wanted. One person told us, "They always stay for the right amount of time. They use the phone to call in an out so everybody can see how long they have spent here." Another person told us, "I never feel rushed. They often stay afterwards chatting."

People were supported to pursue activities and interests that were important to them. The provider arranged services for people to be supported with their interests or staff spent time with people in their home. During these support visits, personal care was not provided and therefore this support is not regulated by us.

People were able to raise concerns or make a complaint if something was not right and they were confident their concerns would be taken seriously. Where the provider had received any complaint, we saw this had been discussed with the person and a record had been maintained of the investigation and outcome. During the review of people's care, people were asked whether they had any concerns and whether they knew how to raise these. The registered manager told us, "We want to hear if anybody is unhappy so we can make sure we are doing things right."

Is the service well-led?

Our findings

The provider carried out quality checks on how the service was managed. However, quality audits had not been carried out to ensure the registered office was safe, electrical equipment and fire checks had not been completed and the provider had not identified this. The registered manager acknowledged this and made arrangements for these to be completed to ensure the premises were safe to use.

Each month, care records were reviewed to ensure people received the agreed support and care. There was an expectation that where possible, people signed each care record entry to demonstrate that this was an accurate account of the care they had received. We saw some records had not been signed and some medication administration records were incomplete. The registered manager had identified these concerns and to ensure staff understood the importance of these documents further training and support had been organised. They told us, "We must all get this right. We identified that some records weren't being completed properly but we decided that it would be good for everyone to have more training so we get it right."

Senior staff completed reviews of the support plans and reviewed the quality of the service with people. One person told us, "The staff come and ask me how things are and how we are getting on. If I want to change anything I just tell them." During the review of care, people were asked about their views on the quality of the service. One person told us, "The staff ask us about how everything has been this month and whether we are happy and had everything done as it should be. I've been really happy with the service so there have been no complaints from me." Observations of staff practices had been carried out monthly and included whether they arrived to provide the support on time, whether they were appropriately dressed, and to check how they supported people. One member of staff told us, "It's about making sure we all do our job right and are respectful. It doesn't matter what position you have, we all have these checks done to make sure the quality is there." A member of staff told us, "If there are any concerns then they are addressed in formal supervision to make sure things improve and are done in the right way." The service had only been in operation for six months and the provider was planning to complete an annual quality review and seek people's view on the service with an aim to make further improvements. We will inspect this during our next visit.

An electronic system was used to evaluate and monitor how care was delivered and ensure people received the support that expected. Staff recorded their arrival and departure time by sending a text and this information was monitored through this system. One person who used the service told us, "We have really bad phone reception here so they can't use their phone for us but they have never been more than five minutes late and I don't think that's bad is it?" The provider was confident that people received their agreed visit on time and there had been no missed calls.

People told us they were supported by a staff team that were happy in their work and enjoyed working for the service. The staff were confident they could take any concerns to the registered manager and would be taken seriously and that action would be taken where appropriate. One member of staff told us, "If we had to share a concern then I would. I do my job well and I expect everyone to do it well too." Staff members told

us the manager was accessible and approachable and dealt effectively with any concerns they raised.