

# Angels Care Management Services Limited

# Angels Care Management Services Ltd

## Inspection report

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22 March 2019

04 April 2019

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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:

Angels Care Management Ltd provides personal care to people living in their own homes in the community. At the time of the inspection the service was supporting 108 people.

People's experience of using this service:

People's care plans were not always up to date regarding their individual needs and preferences. Care records were not clear, contained contradictions and mistakes. We saw improvements during this inspection.

Quality monitoring systems included audits, observation of staff practice and contact with people either face to face, through questionnaires or phone calls to check they were happy with the service provided. However, audits were not in place to identify the areas of concern we raised on inspection. People, their relatives and care staff said staff, the provider, registered manager and officer staff were approachable, organised, and ran the service well. We have made a recommendation around auditing and quality monitoring of the service.

People were supported by staff that were caring, compassionate and treated them with dignity and respect. People received support based on their individual needs and preferences. Staff knew what was important to people and people said they had a good rapport with staff, who listened to them and respected their wishes.

Staff had the skills and knowledge necessary to meet people's needs. Staff felt confident in their role and they said they were supported by the management team. Staff were observant noticing and responding to changes in people's health and well-being. They liaised appropriately with health professionals and followed their advice.

Staff were professional and competent; people and relatives said the service was safe. Staff demonstrated a good awareness of each person's safety and how to minimise risks for them. Staffing arrangements were consistent and reliable.

People, relatives and staff gave us positive feedback about the quality of people's care. They described the service as well managed and were confident if they had a complaint it would be acted upon.

Rating at last inspection: Good. Last report published 26 July 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection, the service was rated Requires Improvement overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-led findings below.

# Angels Care Management Services 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: An inspector visited the service and made phone calls and home visits with people using the service and their relatives.

Service and service type: Angels Care Management Services Ltd provides personal care to people living in their own homes in the community. The provider is registered with the Care Quality Commission. This means that they 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 visit because the provider may not have been available. We needed to be sure that they would be in. Inspection activity started on 20 March 2019 and ended on 04 April 2019. We visited the office location on 20 March 2019 and 04 April 2019 to meet the provider; and to review care records and policies and procedures. We made phone calls and home visits to people on 22 March 2019.

What we did: Before the inspection, the provider sent us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the home, such as details about incidents the provider must notify CQC about, for example incidents of abuse.

During the inspection: We spoke with seven people and three relatives to ask about their experience of the

care provided. We looked at seven people's care records and medicine records. We spoke with the provider and seven staff for their views on how they were supported. We looked at seven staff files around staff recruitment, supervision and appraisal and at staff training records. We also looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports. We sought feedback from commissioners and the local authority safeguarding department who worked with the service and received responses from them.

# Is the service safe?

## Our findings

### Our Findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management.

- People's assessments recognised risks to their health and safety including their mobility.
- Senior staff had completed assessments of specific risks within people's homes and staff were provided with guidance on how to manage these risks. However, we found some risk assessments were not completed in full and contradicted support plans. We have spoken about this further in the well-led section of the report.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse.

- Staff had been recruited safely, which included criminal record checks. People said the staff were well chosen and they felt safe with them; one person said, "I like them all, I feel very safe with them."
- We found criminal record checks had not been completed after employment. This meant some staff had worked for nine years without an additional security check increasing risk to people's safety. The provider agreed to make regular checks in the future.
- People were positive about the quality of the care staff and their professional attitude. "They are reliable and help me with everything." Staff said this was one of the strengths of the service as they provided a consistent group of staff to each person.
- Staff were reliable. Rotas showed people were supported by a group of care workers; people said they had built a good rapport with staff. One person said, "They usually send the same people, so I get to know them." Staff completed extra shifts to cover any sickness or leave so people were supported by staff they knew.
- Staff stayed the time allocated to them. People said they were not rushed, and staff would check if they needed additional tasks within the time allocated. Staff confirmed they had enough time allocated to them.
- People were protected from abuse because the management team demonstrated they understood their safeguarding responsibilities. They shared examples with us which demonstrated they knew when to make referrals to the local safeguarding department if they had concerns about people's safety.
- Staff knew to report concerns and had completed safeguarding training.

Using medicines safely.

- Most people said they managed their own medicines or had help from their family. Where people required support with their medicines this was provided safely and documented.
- Staff were trained, and their practice monitored to ensure it was safe. Competency checks of medicine administration practice happened and was documented. Medicine administration records were also audited to check staff worked in a safe way.

Preventing and controlling infection.

- People confirmed staff regularly used protective equipment during personal care to help prevent the spread of healthcare related infections. The service had stocks of equipment for staff to use.
- Staff were reminded to undertake good infection control measures and staff said they had access to equipment and training in this area of care.

Learning lessons when things go wrong.

- Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager discussed accidents/incidents with staff as a learning opportunity. We saw records for one person indicated a different sling setting for hoisting following discomfort for the person.



# Is the service effective?

## Our findings

### 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.

Good: People's outcomes were consistently good, and people's feedback confirmed this. Legal requirements were met.

### 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Assessments of people's needs were completed, expected outcomes were not always documented and their individual care and support needs were reviewed. Improvements were made during the inspection. Some information on capacity and consent was difficult to locate due to the lack of information in support plans. We reported on this further in the well-led section of this report.
- People said staff checked with them before they completed day to day tasks and gained their permission before providing personal care. One person said, "They do what I ask."
- People described how they had been involved in making decisions around their care and care records demonstrated people choices had been respected.
- The provider had made changes to the pre-admission assessment process to ensure details on any lasting powers of attorney were checked and recorded.

### Staff support, induction, training, skills and experience.

- People benefited from a skilled staff group who undertook regular training.
- Staff told us they felt supported and the office staff were always around to listen. However, supervisions were not always documented or completed regularly. The registered manager kept a file of informal conversations.
- People were reassured by new staff being accompanied by more experienced staff as part of their induction. Staff confirmed this arrangement and the measures put in place to assess the competency and confidence of new staff.
- Training was organised and valued by staff and the provider. Spot checks completed by senior staff ensured this knowledge was translated into their day to day practice.
- Positive feedback from people demonstrated how staff applied their learning effectively which had led to

good outcomes and supported their quality of life.

- Several relatives commented on the skills of staff who supported people. For example, "They could not do much without them, the staff have been brilliant."

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

- People were satisfied with how they were supported with their meals. For example, "Everyday they get me something to eat, they always ask me what I want." Staff recognised the importance of keeping accurate records of food and fluid intake if people were at risk of malnutrition.
- People appreciated staff being flexible and ensuring they had food available to them.

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

- The service enabled people to remain as independent as possible by liaising with health professionals to ensure they had the equipment they needed.
- People received ongoing health care support. Referrals were appropriately made to health care services when people's needs changed. People said care staff contacted health professionals with their permission when people's health had declined. People said care staff supported them to make calls to health professionals.
- Records showed staff worked with a range of community professionals to maintain and promote people's health.

# Is the service caring?

## Our findings

### Our findings

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported; equality and diversity; Respecting and promoting people's privacy, dignity and independence.

- People praised the caring nature of the staff who supported them in their own home. A relative said, "They look forward to the staff coming. They also arrive happy and chirpy. It's nice to see them all chatting."
- People commented on how staff treated them with respect. They told us, "They always take their time, it's not rushed. They treat my home with respect."
- People using the service and their relatives were happy with the care and support they received. A relative said, "We are both very happy with the staff. I would not change anything."
- Care staff recognised the importance of spending time with people who no longer had the company of others and who relied heavily on them for companionship.
- People told us they were treated with dignity and had their privacy respected.
- Relatives gave us examples of how staff encouraged their family members to improve their independence.

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

- People had good relationships with staff and said they were treated with respect. The provider spoke respectfully about the people they supported and written records were completed in a professional and caring manner.
- Staff understood the need to respect people's confidentiality and to develop trusting relationships.
- The service supported people to express their views and involved them in making decisions about their care. People said staff did not rush them and listened to them.
- Relatives said they had a good relationship with staff, who they said recognised when they needed support.

# Is the service responsive?

## Our findings

### Our findings

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

Requires Improvement: ☐ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Support plans for people were not always completed in full. Paperwork had gaps when directing staff what to do.

- Support plans did not always reflect people's current needs or held contradictory information. For example, one person's care records stated they required support with medicines three times a day. Another section of the care record documented their family administered all medicines.

- People had an 'About Me' document in place. This listed key information about people and their needs, likes and dislikes. However, on the first day of inspection these documents were all in capitals and contained lots of punctuation and grammatical errors making it difficult to read. We spoke with the director who agreed further work was needed to complete people's plans in full. By the second day of the office-based inspection, improvements had been made to five people's support plans.

- Staff confirmed they had a good knowledge about the people they supported in regard to their preferences, daily routines and their likes and dislikes. They confirmed there was always a care plan to refer to and they would seek the views, opinions and wishes of people they cared for daily.

- People were involved with informal reviews of their support plans to ensure their wishes and preferred routines were included as part of the detail of the plan. For example, one person told us, "We talk to the staff if anything changes, they do their best to work around and give me what I need."

- People felt involved in their care. Some said they were regularly consulted to check their support met their care needs. Records showed there were systems in place for staff to review people's support with them, both face to face and on the phone.

- The service was responsive to people's changing needs. People said staff were observant and helped them recognise when changes needed to be made to their level of support.

- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a framework put in place from August 2016 which made it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We discussed with the provider how they made information accessible to people. They stated continuity of care staff helped ensure they had built a good knowledge of people's needs to help them recognise when people needed information in an alternative format.

- People were treated equally, and their diversity valued. Staff gave us examples of how the service had varied its practices in response to people's individual needs and preferences.

- People appreciated how care staff reduced their social isolation. For example, one person said, "You can have a laugh with them all. It breaks up the day."

Improving care quality in response to complaints or concerns.

- Clear written information was provided to people using the service as to how to make a complaint. There were systems in place for receiving and investigating complaints.
- People were confident any concerns would be dealt with appropriately.
- The provider had responded quickly and professionally to complaints and put systems in place to monitor if resulting action had been successful.

End of life care and support.

- The provider described how, where possible, staff supported people in their homes with end of life care. They worked in partnership with community nurses to deliver compassionate end of life care.
- Staff with experience in this type of care supported and worked with less experienced staff to build their confidence and competence. Care staff were regularly thanked for the support they had provided at the end of peoples' lives and were described as, "Patient and caring."

# Is the service well-led?

## Our findings

### 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.

Requires Improvement - Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- ☐ Quality assurance systems were not always effective in recognising and addressing areas for improvement. During the first day of the inspection there was no specific care plan or risk assessment audits. On the second day of inspection the registered manager showed us the audit tool they would be using going forward.
- ☐ People said their care was personalised and met their individual needs, which they said was linked to a stable staff group who they knew well.
- ☐ There were many examples of the provider and staff supporting people's dignity and well-being.
- ☐ There were effective systems to ensure there was good communication between staff. Staff told us they knew about changes and improvements in the service due to close communication with the office.

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

- ☐ Staff had not always received regular supervisions. We spoke with the provider who told us staff had received supervisions but could not find some of the documentation.
- ☐ Staff felt supported with good access to training. They said it was a good and understanding working environment with, "Our own training room and support if we need." Another staff member said the best thing about the service was, "Consistency of care workers so we know people well."
- ☐ Written feedback was also sought from people to help improve the service and action was taken to respond to feedback.

We recommend the provider monitor the use of the new audit tool to identify any issues with care records, risk assessments and supervisions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- ☐ People using the service and their relatives were complimentary about the caring nature and professionalism of staff.
- ☐ People trusted the provider and senior staff because they responded quickly if they contacted them. They described the service as well managed and very organised.
- ☐ Senior staff, who also provided hands-on care, spoke with people on a regular basis and therefore gained

feedback informally.

Continuous learning and improving care; Working in partnership with others.

- ☐ The provider, built relationships with the local authority and healthcare professionals to improve the service provided.
- ☐ Staff showed a willingness to improve the service when we raised concerns on the days of inspection. Action was taken immediately to understand why mistakes had happened and how to resolve the problems.
- ☐ The service had taken action following reports and feedback from stakeholders where improvements could be made.