

Archangel Enterprises Limited

Angel Home Care

Inspection report

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Date of inspection visit:
07 March 2017
08 March 2017

Date of publication:
11 April 2017

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?

Good ●

Summary of findings

Overall summary

Angel Home Care provides personal care and support to people, with learning and physical disabilities, living in their own homes within supported living schemes. The service currently provides care and support to five people.

At the last inspection, the service was rated 'Good'.

At this inspection, we found the service remained 'Good'.

People were kept safe because staff had a good knowledge of current, good safeguarding practices and how to apply this when supporting people. People received safe care because risks had been identified and were managed to minimise the risk to people. Sufficient numbers of staff were available to ensure people received support as they wanted. People were supported to receive their medicine safely.

People were assisted by suitably trained and supported staff that had the knowledge and skills they needed to do their job effectively. People felt staff had a good knowledge of their support needs.

People were supported to have maximum choice and control of their lives as much as practicably possible and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were complimentary about the quality of food staff prepared for them and told us they were supported in their choice of meal. Health care professionals were involved in supporting people to maintain their health and wellbeing.

People were supported by caring and kind staff who demonstrated a positive regard for the people they were supporting. People had been encouraged to be as independent as possible in all aspects of their lives. Care was planned with each person and people were able to say what activities or support they wanted. Care was reviewed with the person and their relatives to ensure the care provided continued to meet people's needs.

People and their relatives were aware of how to raise concerns or make complaints and happy with how the service was managed. There were systems in place to monitor the quality of the service which included seeking feedback from the people who used the service and their relatives.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Angel Home Care

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 comprehensive inspection took place over two days on 07 and 08 March 2017 and was announced. The first day was spent with the registered manager at the provider's office and the second day was spent visiting people in their homes. The provider was given 48 hours' notice because the service provides a personal care and support service to people living in their own homes and who are often out during the day; we needed to be sure that someone would be in. The inspection team comprised of one inspector.

As part of the inspection process we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us, to plan the areas we wanted to focus on during our inspection. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people.

We spoke with two people, two relatives, the registered manager and three support staff. We looked at records in relation to three people's care and five medication records to see how their care and treatment was planned and delivered. Other records we looked at included three staff recruitment and training files. This was to check that suitable staff were safely recruited, trained and supported to deliver care to meet people's individual needs. We also looked at records relating to the management of the service and a selection of the provider's policies and procedures, to ensure people received a quality service.

Is the service safe?

Our findings

People who used the service confirmed they felt safe with the staff that supported them. One person told us, "The staff keep me safe." A relative said, "I'm 100% positive that [person's name] is safe." Staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. Staff that we spoke with knew the provider's procedures for reporting concerns and were clear about what action they would take if they were concerned about people's safety. This included notifying external agencies if they had any concerns if the registered manager or provider had not taken appropriate action. For example, one staff member explained they would report their concerns to the local authority, police or Care Quality Commission.

We saw people were involved in planning their care and support, along with their relative(s) and this included any risks associated with their care and support. Care records we looked at and staff confirmed that risks to people had been identified and measures were put in place to reduce the risk for the person. Risks were reviewed regularly with input from the person and their key worker. One person told us how they were 'travel trained' so they could travel on public transport on their own. A staff member explained, "[Person's name] only travels on the bus to places they are familiar with, if they wanted to go somewhere else, we would have to go with them to keep them safe until they had completed the travel training." All staff spoken with and records we looked at showed that risk assessments were in place to support staff to manage risks to people's care and support. Staff spoken with explained the procedures for handling emergencies, such as fire and medical emergencies indicating they knew how to keep people safe in emergencies.

Everyone spoken with said and we saw that there were enough staff to meet people's needs. One person told us, "I can get to do what I want when I want so I think there is enough staff here." A relative told us, "There are enough staff and they cover for each other which is good because it keeps that continuity for [person's name]." All staff we spoke with said there were enough staff to provide support and care safely. One member of staff told us, "Generally, I think we have enough staff although sometimes we can be busier if people are ill but we can always call on [registered manager's name] and she will always step in and help."

People received their medicines as prescribed. We were notified of one medicine error and found corrective action had been taken promptly and staff received additional training to develop their understanding of safe working procedures for medicine administration. Procedures were in place to ensure medicines were ordered, received, stored and administered safely.

Is the service effective?

Our findings

People spoken with told us and we saw people were happy with the staff and felt staff had the skills and knowledge needed to support them. One person said, "They [staff] look after me really well." A relative said, "The girls are absolutely marvellous, everything they [staff] do is geared towards the people they are supporting, they [staff] are excellent." The staff we spoke with confirmed they received the necessary training to support them in carrying out their roles. One staff member told us, "The training is good, I feel I have the training I need to do my job properly." We saw training for staff was reviewed and refresher training planned for the year.

Staff we spoke with told us they had received supervision. One staff member said, "We have supervision and spot checks regularly." We saw from the staff records we looked at that supervisions had taken place along with observed practices (spot checks). An observed practice is when a staff member is observed by a senior staff member to ensure the delivery of care and support is effectively practised. This ensured staff put their training and knowledge into practice to meet people's needs.

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 people lack mental capacity to make particular decisions, any made on the person's behalf must be in their best interests and as least restrictive as possible. Staff we spoke with gave us examples of how they would obtain people's consent before supporting them. One staff member said, "You talk to people, ask them what they want, give them a choice." This ensured that people were supported in the least restrictive way and their rights were being protected.

One person told us, "I make my own breakfast and drinks but the staff help with dinner, they [staff] do lovely dinners especially [staff name]." People were encouraged to do their food shopping with staff and would select which food they wanted. One person said, "I try to be healthy and eat lots of fruit and have chocolate as a treat at the weekend." Staff consulted with people on what type of food they preferred and ensured foods were available to meet peoples' needs. The provider had assessment tools in place that monitored food and drink intake to ensure people received enough nutrients in the day. We found that some people required soft diets because they had difficulty swallowing and where appropriate, referrals were made to health care professionals for assessment and guidance.

People were supported by health care professionals to assess and review their care and support needs. One person said, "I see the nurse and doctor a lot because of my illness they have to keep a very close eye on me." Staff spoken with were knowledgeable about peoples' care and support needs and how people preferred to be supported. A relative said, "[Person's name] was very unwell recently and the staff were very quick to get the doctor in." We saw from the care records we looked at that people were effectively supported to maintain their health and wellbeing with additional input from health and social care professionals as required.

Is the service caring?

Our findings

People said the staff were caring and friendly towards them. One person told us, "The staff are great." A relative said, "They [staff] go above and beyond, I can't sing their praises enough." We saw that staff interacted with people in a kind and caring way. Staff were pleasant and spoke to people in a kind and caring manner demonstrating that people were treated with kindness. Staff spoke with enthusiasm and demonstrated good knowledge of the people they were supporting and described in detail things that were important to the person.

People and their relatives told us staff involved them in decisions about people's care and staff knew the importance of people being involved in these decisions. One person said, "Staff talk to me about how I like things done." A relative we spoke with said, "[Person's name] knows who she likes and is quite capable of telling staff what she does and does not like so they [staff] do involve her in the day to day decisions giving her choices." Care plans detailed people's cultural needs, how the person communicated and specific information that staff needed to know to support effective communication with the person. A staff member explained how one person, with a hearing impairment had 'their own way of communicating' but as staff had supported the person for a number of years they [staff] knew exactly what the person was asking for. There was information available about people's life histories which detailed the people that were important to the person receiving support. People were supported to maintain relationships with people that were important to them. For example, one relative explained how staff had supported the person to visit them when they were unable to visit.

Peoples' privacy and dignity was respected by staff. One person told us, "The staff do respect my dignity and privacy." People had keys to their bedroom doors and could lock them if they wished. People were supported to maintain their personal appearance as they wanted. One person told us how much they enjoyed getting their hair done

People were supported to be independent as much as practicably possible. One person explained to us how they managed their washing and changed the linen on their bed. A relative told us, "Since moving here [to the supported living scheme] [person's name] has come on in leaps and bounds, it's marvellous." Staff gave us examples of how they supported people to remain independent with their daily living. A member of staff said, "We ensure that people do as much as they can for themselves and support them when necessary." This showed that people were encouraged to be as independent as possible.

Information was available to people in accessible formats to help them understand the care and support available to them. There was also information available about independent advocacy services. Advocates are people who are independent and support people to make and communicate their views and wishes. The registered manager explained they had supported people to access advocacy, when required, to ensure people could fully express their views.

Is the service responsive?

Our findings

People we spoke with and their relatives told us people received their care and support in the way they preferred which met their individual needs. Our discussions with people confirmed they had been involved in discussing the planning of their care and they had contributed to their care plans. One person told us, "I have regular meetings with staff." We saw individual care plans were in place which reflected people's support needs and detailed people's medical conditions. The plans were all in an easy read pictorial format that ensured people could be consulted and staff made aware of people's individual care needs and how to support them.

People and their relatives told us the service was responsive to people's needs and were quick to take action when people's needs changed. A relative said, "Any changes in [person's name] no matter how small [registered manager's name] is on the phone with an update." Staff we spoke with explained to us in detail how they provided support in line with people's wishes and how the support was adjusted to ensure the person's individual needs continued to be met. Staff confirmed that they were given information about people's needs at the start of their shift so that they were made aware of any changes in people's needs. Staff continued to tell us about people's likes and dislikes and they were able to explain the risks and specific health needs of people and how these were managed. For example, one staff member explained how they ensured meals for people with swallowing difficulties were made to a soft consistency to avoid choking.

People were able to participate in social activities or pursue things that were of interest to them. We saw two people regularly attended a local day centre. One person enthusiastically explained to us about volunteering at two shops every week. They continued to tell us about courses they had completed at college and how much they had enjoyed the experience. A relative explained how staff would regularly take people out to the local pub for dinner, "[Person's name] loves going to the pub." A staff member explained how people would be asked each week what they wanted to do, so the week could be planned ahead to accommodate people's wishes.

People we spoke with told us they had no complaints but if they did, they would speak with staff. One person told us, "If I'm upset or someone has upset me I tell them[staff] and I've told [registered manager name] about things before." We saw that no complaints had been made since our last inspection and this was confirmed with conversations we had with people and their relatives. We saw the provider had a complaints policy that contained contact details of relevant external agencies for example, the local authority and CQC. A relative told us, "I have no complaints, the service is excellent what can I say?" People and their relatives had confidence in the provider that if they had any concerns or complaints, they would be listened to and any issues dealt with quickly.

Is the service well-led?

Our findings

People and their relatives were very complimentary with how the service was managed and knew who the registered manager was. One person told us, "I'm very happy with my support and I have no complaints." The registered manager told us that people would speak with them about any queries or concerns when she visited their homes on a monthly basis. All the staff we spoke with felt valued and supported in their role. One staff member said, "[Registered manager's name] is a brilliant manager, she's approachable if you have a problem, you can go to her at any time because she makes herself available." Another staff member told us, "I love working here, I'm enjoying working with [person's name] we get on well as a team, it's good." Staff told us and records we looked at showed that staff meetings occurred quarterly and staff said they were able to contact the registered manager or provider when they needed to.

The service had a registered manager in post which meant the conditions of registration were met. 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 registered manager was aware of their responsibilities to inform the Care Quality Commission (CQC) of specific events that occurred at the service. We saw where accidents and injuries had occurred appropriate treatment and actions had been put in place to ensure the person's safety and no long term injuries had been sustained. We found that, where appropriate, investigations into any safeguardings had been conducted in partnership with the local authorities to reach a satisfactory outcome. The registered manager told us they also received good support from the provider.

Staff told us they would have no concerns about whistleblowing and felt confident to approach the provider, and if it became necessary to contact CQC or the police. The provider had a whistleblowing policy that gave the contact details for the relevant external organisations. Whistleblowing is the term used when an employee passes on information concerning poor practice.

There were systems in place to monitor the quality of the service. Evidence was available that spot checks of the service people received had been completed. People and relatives were given opportunities to feedback on the quality of the service received. One person explained how the registered manager would visit people every month and ask them if they were happy with the support they received from staff. We saw the registered manager would complete a pictorial feedback questionnaire each month with people who used the service. This information alerted the registered manager to any part of the service that people were unhappy with and allowed the issues to be addressed quickly.

Quality audits were carried out around key aspects of the service and we saw evidence that action plans were put in place to remedy any concerns raised. For example, we noticed there were some gaps on medication administration records (MAR) that we looked at, but on completing medicine audits we found people had received their medicine as prescribed. We mentioned the gaps we found to the supervisor and registered manager and saw that where similar issues had been identified during routine quality audits, they had been addressed with the relevant member of staff. The registered manager had a system in place to

track when people's support plans were due for review and this helped to make sure people's needs were met by the service. This ensured that the provider could be confident that the quality of the service was meeting people's expectations.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the registered manager had been open and honest in their approach to the inspection and co-operated throughout the day.