

Angels Care Agency

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Inspection report

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

Angels Care Agency is located in Romsey and is a domiciliary care service providing live in care and support to people in their own homes. At the time of our inspection care was provided to five people living in the community.

Each person was supported by a 'live in' carer who provided care and support throughout the day and when necessary the night.

The inspection took place on the 28 and 29 November 2016 and was announced.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People being supported by Angels Care Agency were living with dementia and were unable to communicate effectively with us.

Relatives of people told us the service was safe and they were confident in the staff that provided care and support to people.

People were safe because staff understood their role and responsibilities to keep them safe from harm.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

Recruitment processes were robust to make sure people were cared for by suitable staff.

People were supported by staff who received regular training, support and supervision to help them provide effective care.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

People and relatives had good relationships with the staff and were treated with dignity and respect.

There were systems in place to monitor the care provided and people's views and opinions were sought regularly.

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.

There were systems in place to ensure the safety of people. Staff were aware of their responsibilities should they suspect abuse was taking place.

The provider had a system of checks to recruit only safe and suitable staff.

Risk assessments had been carried to minimise the risk to people receiving care and the staff supporting them.

Is the service effective?

Good ●

The service was Effective.

People were supported by competent staff who understood their needs.

Staff had access to the training and support they needed.

People were supported by staff who understood the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was Caring.

Staff were kind and caring and had developed positive relationships with the people they supported.

Staff understood people's needs and how they liked things to be done.

Staff respected people's choices and provided their care in a way that maintained their dignity.

Is the service responsive?

Good ●

The service was Responsive.

Care plans reflected people's individual needs and preferences.

Care plans were regularly reviewed to ensure that they continued to meet people's needs.

The provider had a complaints policy which set out the process and timescales for dealing with complaints.

Is the service well-led?

Good ●

The service was Well Led.

The provider sought people's views about their care and support to evaluate and monitor the service.

Staff felt supported by the provider and registered manager.

Records relating to people's care were accurate, up to date and stored appropriately

Angels Care Agency

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 took place on the 28 and 29 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the people we needed to talk to were available.

The inspection was carried out by one adult social care inspector.

Before our inspection we contacted one health and social care professional in relation to the care provided by Angels Care Agency. During our inspection we spoke with the provider / owner, registered manager and three members of staff. We visited and spoke with three people including one relative in their own homes. Following our inspection we spoke with two relatives by telephone.

We looked at the provider's records. These included four people's care records, four staff files, a sample of audits, satisfaction surveys and policies and procedures.

We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We last inspected this service in January 2014 where no concerns were identified.

Is the service safe?

Our findings

Relatives of people told us they felt the care and support provided was safe and staff understood their relative's needs. One relative told us, "I feel very assured that mum is very safe with her carer. I can sleep soundly at night knowing mum is in safe hands". Another relative told us, "The carers are very safety conscious. I have seen them at work and safety is always paramount. I have no worries or concerns whatsoever".

Staff demonstrated a good understanding of people's needs and the support required to promote their safety and wellbeing. They were able to tell us about risks individual people faced and spoke confidently about how they maintained their safety. Staff told us the one to one care they provided enabled them to develop a greater understanding of the person and so they were able to quickly identify any concerns.

The provider had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and signs which might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse.

Staff were able to raise concerns. We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager or provider. They also said they would feel comfortable raising concerns with outside agencies such as CQC, local authority or Police if they felt their concerns had been ignored.

The provider had a 'financial protection policy' in place to provide staff with guidance on handling people's money and to reduce the risk of financial abuse occurring. Each person had a 'financial transaction record' in their care plan for staff to record any shopping or paying of household bills staff had undertaken on behalf of the person. At the time of our inspection relatives were undertaking this task.

Assessments were undertaken to assess risks to people and to the staff supporting them. The provider had carried out comprehensive environmental, health and safety and home working' risk assessments which included information about action to be taken in order to minimise the risk of harm occurring. For example, one person liked to access their garden but an open garden pond meant the risk to the person was high. The provider, in conjunction with the family worked together to ensure the pond was covered to minimise the risk, allowing the person to access their garden with support. We also saw a moving and handling risk assessment which had been recently updated in response to a person's changed needs. This included training and input from an occupational therapist to ensure staff were fully aware of how to support the person safely. Risk assessments considered any equipment used in the delivery of care and the environment in which the care was to be provided. Staff were required to report any safety issues within the home as they occurred and also submitted a monthly report on the environment in which they worked and lived.

Staff demonstrated a good understanding of people's needs and the support required to promote their

safety and wellbeing. Staff were able to discuss risks individual people faced and spoke confidently about how they maintained their safety. They emphasised the level of training they had to support people safely, including regularly refreshed moving and handling training.

We saw in the accident and incident log that staff followed the reporting process for any accidents or incidents which occurred when they were providing care. All accidents / incidents had been fully recorded, investigated and where appropriate action plans put in place to mitigate future risk occurring.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

People received care and support from familiar and consistent staff. Staff told us they knew the people they supported and were allocated to work with them on a regular basis so that they were able to provide a consistent service. This was confirmed by the people we spoke with. One relative said "There is no chopping and changing of carers, Mum has a regular carer and they know her well".

Some people's care involved support with medicines. Relatives of people who received this support told us that staff helped them to take their medicines safely. All staff responsible for administering medicines had been trained and their competency had been assessed by the registered manager. Each person whose care involved the administration of medicines had a medicines administration record (MAR) and the provider or registered manager carried out regular audits to ensure that people were receiving their medicines correctly. MAR's also included a brief explanation of what the medication was prescribed for.

There were arrangements in place to ensure that staff had access to management support out of office hours. The registered manager told us either they or the provider were always available outside these hours should staff or people need advice or support. Staff and relatives of people confirmed they could contact management at any time, night or day, for advice, guidance and support.

Is the service effective?

Our findings

Relatives told us their loved ones were supported by staff who understood their needs. They told us staff always followed the instructions in care plans and recorded the care they had provided in their care log. People were supported by staff on a one to one basis by regular staff, which was important to them. One relative said, "I'm very happy with the young lady who supports mum. She is very pleasant and brightens her day". Another relative told us, "We have an excellent carer living with us and supporting (person). I know that her needs are tended to with compassion and understanding. It's also lovely for me to have this very close relationship with (persons) carer.

Staff understood the importance of notifying the office or health care professional's if people's needs changed or if they appeared unwell. We saw that staff had accompanied people to hospital and appointments with their GPs and worked closely with other health care professionals. For example, Occupational therapists and Community nurses. One person's care plan recorded that recently they became unwell and whilst waiting for a doctor to attend their condition worsened. The member of staff called for an ambulance and the person was conveyed to hospital where it was diagnosed that the person had suffered a Myocardial infarction (heart attack). The person's relative told us, "But for the actions of the carer she wouldn't probably be here today. It is very reassuring to know that the training the carer had meant that she was able to assess and deal with the situation in a very calm way".

People's dietary and hydration needs were an important focus during assessment and care planning. People's likes, dislikes and preferences with regard to food and drink had been recorded in their care plan. The guidance given was personalised and reflected people's individual choices. A relative of one person who had their meals prepared by staff told us they were always asked what they wanted to eat and staff knew their dietary requirements. People were supported by staff to access food and drink of their choice. Relatives told us staff always asked people what they wanted to eat. Staff fully understood the need for people to eat well and to have good hydration to maintain their wellbeing. The registered manager told us if people were not eating or drinking adequate amounts, staff would report it and this would be passed on to their GP or family.

The provider's induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All new staff employed by the agency would undergo an induction which included the standards set out in the Care Certificate. There was an on-going programme of development to make sure that all staff were up to date with required training subjects. Training undertaken included for example, moving and handling, safeguarding, medicines management, dementia awareness and dignity and respect. Staff told us that they had received additional training. For example, the safe use of hoists, shower chairs and catheter care.

Support for staff was achieved through individual supervision sessions and an annual appraisal. These are processes which offer support, assurances and learning to help staff development. Staff told us they felt supported in their role, and were provided with regular one to one supervision meetings and working

supervisions. This was confirmed in records which showed they were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. One member of staff told us, "It's great that we have these meetings and checks. I feel that I could talk to my manager about anything and I know she will support me".

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. Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005. They explained how people had the right to make decisions in their lives. They also knew that mental capacity must be assumed unless someone was assessed otherwise.

The provider encouraged people to make decisions about how their care was provided and respected their choices. Where appropriate their family members were encouraged to be involved in this process. People were asked to record their consent to their care and we saw signed consent forms in people's care records. One relative told us, "[person] can't make decisions about their care so I do it with them because I have Lasting Power of Attorney (LPA). The agency asked me for a copy of this before they started to provide care. The manager and staff involve me in all aspects of my relatives care". An LPA is a written document that gives someone else legal authority to make decisions on another person's behalf. Copies of those documents where relevant were kept securely in the providers office. The registered manager told us she would work with family members and other healthcare professionals if they had any concerns about a person's ability to make a decision to ensure that care and support was provided in their best interest.

Relatives told us staff always sought consent before they carried out any care or support for people although due to people's condition this was sometime difficult. One relative told us, "It isn't always easy to get mum to agree to have her hair washed for example, but her carer will let her make that choice and may ask again at some other time during the day. If mum is adamant the carer may ask me to get involved but it isn't the norm".

Is the service caring?

Our findings

Relatives told us staff were kind and caring. One relative told us, "Staff are wonderful and kind". Another relative said, "The carers are polite and do things with a smile". A further relative told us, "Mum lived in a care home for a while but she was not happy with unfamiliar surroundings and wanted to come home. Mum is much happier now and so are we, knowing she has good one to one care. She actually has found a new lease of life".

Records showed staff supported people to complete some tasks in line with the help they needed. Staff recognised people's strengths and supported them according to their health conditions. People with physical disabilities received appropriate support to use their mobility aids.

People's independence was promoted. Staff encouraged, where possible, people to do things for themselves. People and their relatives had been involved in developing individual care plans and identified what support they required from the service and how this was to be delivered. Care plans we looked at showed that people and where appropriate their relatives had been involved in planning their own care. One relative told us, "The care they give is excellent. They are polite and courteous and totally respectful and always make sure that (person) does as much as possible for themselves". Another relative told us, "They (staff) help mum to make choices about what to wear and what to eat. Staff help her with tasks she can't do on her own like washing her hair".

People received support from staff who knew them well and understood their needs. One relative told us, "Staff take their time and do not rush her". Another relative said, "Staff know her routine and will ask if there is anything else they can do to help her". A further relative told us, "Staff keep us informed of any changes they notice in mum's wellbeing". Staff knew people's preferences. For example, a person's records showed they preferred to have a shower and have their breakfast in the lounge. Records showed staff had supported the person as they wished.

There were policies, procedures and training in place to give staff guidance with regard to treating people with dignity and respect. Relatives told us staff treated people with respect and provided care in a way that maintained their dignity. Relatives said that staff provided their family members' care in private and ensured their dignity was upheld when receiving personal care. One relative told us, "The carer certainly treats (person) with respect, I have no concerns about that, and she always provides her care in private". Another relative told us, "They are very respectful and they know how to help (person), yes I'm very happy". Staff explained to us how they made sure people received support with their personal care in a way which promoted their dignity and privacy by closing doors and covering people whilst providing personal care.

Staff spoke about the importance of developing a good relationship with the people they supported and their families. They spoke about people respectfully and described the importance of valuing people, respecting their rights to make decisions about the care they received and respecting people's diverse needs. One member of staff told us, "I live and work with the person I support and I feel very much part of the family. It's important I have a good relationship not only with the person I care for but also the family".

People and their relatives were encouraged to contribute to their care plans. People had access to information about their care and the provider had produced information about the service which included a statement of terms and conditions which set out their rights and what they could expect from the provider.

Is the service responsive?

Our findings

Relatives were complimentary about the service and told us that the care provided was responsive to their needs. One relative told us, "They're very good they do everything we ask of them". Another relative told us, "Having someone with mum 24/7 means that I can still be a daughter to her but I can also do the things daily I need to do. Knowing mum is being well cared for has a positive impact on her life and mine". Care plans were completed with the person or their relative, to ensure the provider understood each individual's own needs and how they wanted their care delivered. Relatives told us people's wishes and views were respected by the staff.

People's needs had been assessed before they received any care and support. Assessments were undertaken by the registered manager or provider to identify people's support needs and the information obtained was used to develop a plan of care that outlined how those needs were to be met. Assessments identified any needs people had in relation to mobility, communication, medical conditions, nutrition and hydration, medicines and personal care.

There was a continuous assessment process carried out by staff and this was reflected in people's care plans. Staff completed a monthly 'client's progress report' which included for example, current condition, any moving and handling concerns, and client's wants and wishes. In addition staff could report any new concerns to the registered manager at any time who responded by visiting to reassess the person. This showed the provider fully understood and responded to people's needs.

Care plans were easy to read and contained detailed information to inform staff of each person's individual needs and wishes. People's preferences, wishes and choices had been taken into account in the planning of their care and treatment, and the care plans we looked at confirmed this. Care had been taken to ensure staff understood the importance of personalised care and to respond to changing needs.

Care plans kept in people's own homes included the initial needs assessment, a daily log, risk assessments, personal history and what they required assistance with. Some people required full assistance with personal care such as bathing and dressing, some required prompting and support with taking medicines. Staff were clear about people's individual needs and the level of support they needed. People's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. Care records were fundamental to providing person-centred care. They were thorough and provided detailed information to guide staff and ensured consistent delivery of care.

Relatives told us and records confirmed that the provider reviewed care plans regularly to ensure that they continued to meet people's individual needs.

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. The provider had received one formal complaint since our last inspection. The registered manager was able to show us how they had responded

to the complaint and how they had communicated their outcomes to the complainants. Relatives told us they were confident that if they needed to make a complaint the agency would take this seriously. Relatives told us they had been able to contact the office when they needed to and had been happy with the response they received. One relative told us, "If there's ever been a problem, I've called them up and they've sorted it out straightaway".

Is the service well-led?

Our findings

Staff and relatives told us they felt the service was well led and spoke positively about the management. One relative told us, "Yes I think it's well run. I've certainly had no issues". Another relative told us, "I find the manager and owner to be very approachable. They always return my calls and if I have a problem she comes to visit me and we sort it out". A member of staff said, "I feel very happy working here. The registered manager and owner are very supportive and always at the end of a phone if I need help or guidance. It is the best agency I have worked for".

The provider had established systems of quality monitoring which included seeking feedback about the service. The provider sent questionnaires every three months to formally gather the views of people and their relatives regarding the quality of service. We looked at the period June 2015 - June 2016. Twenty questionnaires were sent out and the provider had received 16 responses. 100% of people stated that people's care plans covered their relative's needs, were happy with the service and felt listened to by staff and management. One relative had commented. "Very happy, the carers are excellent and very experienced to meet mums needs" and "We are very lucky to have this service which has allowed mum to stay in her own home". Another relative said, "I'm grateful to have a service which is reviewed regularly and which allows mum to feel safe while being cared for in her own home".

The quality of the planning and delivery of the service was subject to regular checks. The service carried out regular visits to monitor how staff supported people to meet their needs. The registered manager gave feedback to staff on their practice and offered them the support they needed. A member of staff told us, "The registered manager checks the records we write and asks people and their relatives on the quality of support they have received". Another member of staff said, "The checks ensure we maintain high standards of care when we support people". Staff told us the registered manager had discussed with them any issues identified during the checks.

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person and provided information about the care they received and the medicines they were given. One relative told us the daily notes made by care staff were valuable as they could see quite clearly the care and support that was delivered. We found evidence that care records were checked and monitored by the provider to ensure that the quality of recording was appropriate.

Staff were enthusiastic and positive about their work. They described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties. For example, supervisions, appraisals and unannounced visits from the registered manager or provider. They said they had been provided with contracts of employment and job descriptions, which outlined their roles, responsibilities and duty of care. One member of staff told us, "I feel very well supported by (person) registered manager and (person) provider. They really do work with us and for us to help us deliver the very best care".

There were clear lines of accountability and responsibility within the service's structure. Staff confirmed the registered manager and provider were readily contactable for advice and support. One member of staff said,

"Yes I enjoy working here. I feel supported and the managers are always accessible if I need advice or support".