

Archangel Enterprises Limited

Archangel Home Care Nottingham Branch

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection was carried out on 12 February 2016. Archangel Home Care Nottingham Branch is a domiciliary care service which provides support and personal care to adults living in their own homes who may require support with their mental health, have a learning disability or be on the autistic spectrum. On the day of the inspection there were four people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. 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 were supported by staff who understood the risks people could face and knew how to make them feel safe. People were encouraged to act safely and to do what they were able to as independently as possible.

People were supported by staff that they knew. People received a flexible service that suited their individual circumstances. People were prompted to take their medicines if needed.

People were supported by staff who were trained and given guidance on how to do meet their needs. People's human rights to make decisions for themselves may be overlooked as the legislation to ensure people's rights were upheld was not being followed.

People were supported to eat a healthy and balanced diet which promoted their wellbeing. People received support from staff who understood their physical and mental health needs.

People were treated with respect by staff who demonstrated compassion and understanding. People were encouraged to set goals to maximise their strengths and build on their independence.

People were involved in planning and reviewing the support they received. People were encouraged to express any issues of concerns they had so these could be looked into.

People who used the service and staff were able to express their views about the service which were acted upon. The registered manager provided leadership that gained the respect of staff and motivated them as a team. There were systems in place to monitor the quality of the service and make improvements when needed.

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 using the service because staff knew where people may be at risk of harm and acted in a way that reduced this.

People were supported by designated members of staff who knew, or got to know, people well.

People received support to ensure they took their medicines as prescribed if needed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's rights to give consent and make decisions for themselves may be overlooked.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their varying needs.

People were supported to maintain their health and to eat a healthy and balanced diet.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who respected them as individuals.

People were involved in shaping the care and support they received.

People were shown respect and courtesy by staff visiting them in their homes.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support which they were able to continue to influence whilst they used the service.

People were encouraged to report any worries or concerns and were confident these would be taken seriously.

Is the service well-led?

Good ●

The service was well led.

People were put at the heart of the service which had an open and transparent culture.

People used a service led by a respected manager who managed a caring staff team.

People could be assured the quality of the service would be maintained due to this being monitored to identify where improvements may be needed.

Archangel Home Care Nottingham Branch

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 was planned to check 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 12 February 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone free to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. 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 looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted the local authority who commission services and fund the care for some people who use the service and asked them for their views.

During the inspection we spoke with four people who used the service and one relative. We also spoke with five support workers, the care coordinator and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for two people, staff training records, two staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

People felt safe using the service and felt they were protected. A person who used the service told us, "I feel safe with them I trust them." Another person said, "I feel safe with them like I haven't done with an agency before."

People were supported by staff who knew how to provide them with the support and reassurance they needed to feel safe. A staff member described how they had reassured one person who was worried about their safety. They said they had known what to say to the person to stop them feeling worried. Staff told us there was information on how to keep each person safe included in their support plan.

Staff were able to describe the different types of abuse and harm people could face, and how these could occur. They told us if they had any concerns they would contact the registered manager who would decide if they should refer this to the local authority. The registered manager told us they discussed safeguarding with staff in supervision and team meetings. They said staff contacted them if there was anything they were unsure about or wanted to check.

The provider had recorded on the PIR, "Information on safeguarding and how to report this is handed out at induction." The registered manager confirmed this to be the case and we saw a factsheet on safeguarding that was given to all staff when they started work.

People were provided with their care and support safely. Staff told us before they carried out any type of care or support these activities were risk assessed to identify the safest way these could be provided. One person had been sent a letter drawing to their attention a health and safety risk that had been identified in their property, and asking them to take appropriate action to remove the risk this posed.

Staff told us there was an environmental risk assessment carried out on any property they provided people with care and support in. We saw there were copies of these assessments in people's support plans. We also saw people's support plans had risk assessments which identified what each person could and could not do for themselves. The provider had recorded on the PIR, "A business continuity plan is also in place to cover any eventuality." This meant there were contingency arrangements in place to maintain a service in emergency or extreme situations such as a period of severe weather.

There were sufficient staff to provide people with consistent care and support which met their needs. People told us they usually saw the same staff and had their appointments when planned. A relative told us their relation tended to be visited by the same workers, which they said was good as they built up relationships.

Staff told us there were sufficient staff employed to provide people with an individual service and meet their needs. A staff member told us, "We usually see the same people, this gives them stability and we can build up relationships and trust." Staff told us there was enough travel time allowed between visits for them to provide people with their planned support.

Staff told us they were able to cover the visits allocated to them and any unplanned absences from work were covered from within the staff team. The provider had recorded on the PIR, "The Coordinator and Manager are also available to provide cover and shortfalls in an emergency."

People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff recruitment files showed the required recruitment checks had been carried out. The provider had recorded on the PIR, "Client involvement in the recruitment process allows for feedback from those who currently use the service."

Part of the initial assessment of people's needs included identifying if there was any support needed to help the person manage and take their medicines. One person's assessment had concluded the person was, "Responsible for taking their medication from a blister pack." A person who used the service told us, "They always remind me to take medication." Another person said, "They will remind me to take my tablet." The provider had recorded on the PIR, "Clients are encouraged wherever possible to self-medicate." This would ensure that people did not have their independence compromised unnecessarily when they were able to maintain it for themselves.

Staff told us they prompted some people to take their medicines when this was built into their support plan. It was detailed in a person's support plan how and why they needed any support with their medicines. The protocol for supporting people with their medicines stated, "Staff to record that they have reminded [name] to take their medication, by completing their medication dosage recording system." Staff also monitored how people responded to their prompts. We saw an incident form had been completed when one person had not taken their medicines when prompted to help identify when there may be a risk of someone not taking the medicines they require.

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. A person who used the service told us, "I feel they know what they are doing." Another person said, "They (staff) are really good."

Staff confirmed that they had an induction when they started work and they were enrolled on the care certificate. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. A recently appointed staff member said there had been, "A lot to learn, but I feel I have been told enough." The provider had recorded on the PIR, "The service's vision and values are discussed with new staff at induction." This informed new staff of the values they would be expected to implement into their practice.

Staff told us they received the support and training they needed to carry out their role. They displayed a keenness to increase their skills and knowledge and spoke positively about the training they were provided with. One staff member described their training as, "Very interesting." They spoke of attending training courses when they were available and also researching and studying topics independently. Staff were enrolled on professional qualifications including diplomas in health and social care.

Staff told us they received regular supervision from a manager where they could discuss their work role, any difficulties in carrying out that role and if they had any training needs. One staff member spoke positively about an appraisal of how they performed in their role and told us, "They do appreciate what I do."

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 may not always make decisions for themselves that they had the capacity to make. We found that although staff were able to describe the principles of the MCA and spoke of protecting people's rights to make decisions for themselves, we found this may not always be the case in practice. We saw some decisions had been made for a person without following the legal framework to consider if the person was able to make these decisions for themselves. If they had not been able there was no record to show how these decisions had been made in the person's best interest.

The registered manager said they accepted they had not followed the legislation as they should have done and this was an oversight on their part. The registered manager said they would review these decisions by following the legal framework of the MCA, but they did not think this would alter the decisions as they felt these were made in the person's best interest. An example was that one person's relative had signed some areas of a person's support plan instead of the person. The registered manager described the best of intentions for the relative having done so; however they had not determined if the person would have been

able to do this for themselves through completing a mental capacity assessment.

A person who used the service told us, "Some (support workers) are better cooks than others, but they all make sure I have something to eat. It depends on what I have got in." Another person said, "They encourage me to have my lunch and will make something up for my tea."

People who had difficulties with establishing a regular eating pattern and balanced diet were encouraged to eat regularly and well. Staff said they provided people with the help they needed to do so and this could include going shopping, preparing and cooking food. They said they liaised with healthcare professionals to provide people with additional nutritional support where needed.

There were details in people's support plans about the help the people needed with food preparation and to eat a healthy diet. We saw one person's comment in their support plans was, "I would like to eat healthily and learn to cook. Another person had set a goal for themselves in their support plan to, "Remain fit and healthy, by eating well and making sure I drink enough." The provider had recorded on the PIR, "Where an assessment indicates that a client requires support with dietary requirements a plan is put in place to encourage an appropriate eating schedule. This is produced in a format which suits the individual client."

People were provided with the help they needed to access healthcare services and receive any planned treatment. A person who used the service told us, "They (staff) come to my appointments with me." Staff told us they accompanied people to various healthcare appointments, which included hospital and doctor's appointments, meetings with mental health professionals and attending some case discussions or review meetings. Staff told us they were provided with information about people's health conditions and also said they carried out some research themselves to give them more knowledge about these.

Each person had a 'physical and mental health and wellbeing risk assessment.' There was also some information included on specific health conditions people had. It was recorded in one person's support plan that staff would support the person by accompanying them to a monthly test. The provider had recorded on the PIR, "Where concerns about either physical or mental health are raised staff will report back to senior staff and health professionals."

Is the service caring?

Our findings

People felt supported by staff in the way they wished to be. People who used the service described their visits by staff as positive. A person who used the service told us, "They don't try to take over, that is one thing they don't do, that is why I get on with them." Another person said, "I am definitely happy."

Staff described how they built up relationships with people by treating them with kindness and respect. One staff member told us, "I listen to what they say and don't judge them." Another staff member said it was important to build up trust with people and it was important to be punctual and that timing was very important for some people. The registered manager told us they took into consideration people's needs, skills and individual characteristics when matching which staff would be going to support them.

People were involved in shaping their care and support and how this should be provided. The provider had recorded on the PIR, "At the assessment the client has the opportunity to discuss how they want their support to be delivered, what their preference for days and times is and if they prefer to have a male or female support worker."

Staff spoke positively about their work and said they enjoyed it. One staff member told us they found it rewarding and said, "If your input is good they are happy." The registered manager said the staff team were a caring group and acted sensitively towards people who used the service.

People were involved in reviewing their care and support. A person who used the service told us, "I had a review with the care coordinator." One of the managers visited people who used the service to carry out a quality monitoring visit. These visits identified if there was any action needed to include in people's support plans and when this was to be completed by.

The support plan documentation recognised people's strengths and how they could maintain their independence. There was a section in people's support plans to record how the person had been involved in preparing this. Each person helped prepare both long and short term goals they wanted to work towards.

People who used the service said their support workers were respectful and polite when they visited them. A person who used the service told us, "They are friendly, they really are." Staff told us how they were conscious although they were working when they visited people, they were entering people's homes and needed to respect that. They spoke of waiting to be invited to sit down and not taking the person's facilities for granted.

Is the service responsive?

Our findings

People had their needs assessed so plans could be made as to how to provide them with the care and support they needed. People who used the service told us they had a folder with details of their care and support in their home. One person told us this had been discussed with them and they had agreed with this. Another person said they had a plan but they were not interested in looking at this.

Staff told us people who used the service were involved in preparing and reviewing their support plans. They said support plans were reviewed after the first six weeks and then every six months unless something needed changing sooner. A staff member said when changes were needed, "This is done with the service user, the support worker and a manager. Families can be included in the support programme as well." Staff told us the support plans and other records made were kept in people's homes and were available for them to read if they wanted to.

People's care was kept under review and changed when there was a change of circumstances. We saw one person had some changes made to their support plan following a review meeting. There had been decisions made at the meeting about some changes to the person's care and support. The registered manager told us the person who used the service had been included in the meeting along with a relative, although they had decided not to remain for the whole duration of the meeting.

The provider had recorded on the PIR, "All new clients have an initial assessment carried out with professionals and family involved if appropriate. From this a person centred support plan and associated risk assessments are drawn up." They also wrote, "The client is asked to invite family members or friends to be present at the assessment if they wish them to be involved."

The support plan documentation was well laid out and was done so in a way to engage people who used the service. The registered manager told us the professionals they worked with had made positive comments about the layout of the support plans and described them as 'being person centred.'

Staff told us they recorded what had taken place during each visit in the person's daily notes. Staff said how they used these records to keep them up to date with how people had been and what care and support they had been provided with. We saw the daily notes that had been returned to the office provided this information.

People received the service they expected and could amend this if they wished to. A person who used the service told us their support workers visited them for the agreed amount of time and they always turned up for their appointments. Another person said, "I'm very happy with my visits, they arrive on time. If they are going to be late they let me know, the office will give me a call." During our visit to the office we saw the care coordinator speak with one person discussing a change they wanted to their visit.

People who used the service were informed on how to raise any concerns or make a complaint if something was not to their liking. A person who used the service told us, "If I was going to complain about anything I

would ring the manager."

Staff told us people were given a copy of the complaints procedure. They said this was available in written and pictorial formats, depending on which would be most suitable for the person. Staff also said people could raise any issue directly with them, one of the managers, or during a monitoring visit.

The registered manager showed us the records made of any concerns, complaints or compliments. We noted there had been two complaints made in the preceding year which had been appropriately responded to and resolved. We saw the different formats of the complaint procedure we had been told about.

Is the service well-led?

Our findings

People felt they could talk about the service they received with the staff who visited them, but they could contact the office if they needed to. A person who used the service told us, "They are always helpful when I phone the office."

Staff felt valued, able to discuss issues and make suggestions. Staff said suggestions they had made had been listened to and acted upon. One staff member gave the example of when they had said there was insufficient travelling time allowed between two of their calls. They said this had been changed when they got their next rota.

There were regular team meetings held and we saw preparation was underway for one the following week. This included staff having the opportunity to make any suggestions for discussion in the meeting. The previous team meeting had included a team building exercise. The provider had recorded on the PIR, "Regular team meetings allow staff to receive and give feedback. This gives an opportunity for individual team members to share ideas about the service delivered and for the whole team to respond in the interests of improving the service."

People were confident in the way the service was managed and had confidence in the registered manager. A person who used the service told us, "I have been to the office, they are really good. I can talk to them if I need to." Another person said, "When I asked the manager to change an appointment they did it for me." Staff told us people who used the service had contact with the managers if they wanted to. One staff member said, "Clients refer to speaking with the managers." Another staff member told us the focus of the service was to support people. They said, "You can tell the service is well run by the content service users."

Staff told us they felt there was an open culture in the service that looked for ways to improve. A staff member told us the registered manager was, "Always looking how to fix any problems." The registered manager told us they met with the care coordinator at the beginning of each week to look at what commitments, events and other work needed to be planned and completed that week.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service.

People who used the service were asked to comment on the quality of the support they received from each staff member who supported them. We saw comments made included, "I would like to say that they are kind and considerate" and "Always kind and wanting to help."

There were systems in place to identify where improvements could be made to the service. The office and filing systems were well ordered and sorted into areas so that each management activity was checked to show everything had been completed. For example staff files had a list of all documents that had been obtained as part of the recruitment process to ensure this had been completed correctly. There was a care

file audit form in each person's support plan to check the file was up to date and had been reviewed.

Documents completed in people's homes were brought into the office on a regular basis and were checked to ensure these had been correctly completed and were reviewed for any information that needed to be acted upon. These were signed and dated to show when they had been audited.