

Angel Care Tamworth Limited

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## Inspection report

Unit 4, Anker Court  
Bonehill Road  
Tamworth  
Staffordshire  
B78 3HP

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14 August 2017

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We inspected this service on 14 August 2017. This inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. The service provides domiciliary support for people who live in their own home in Staffordshire and Warwickshire. There were 76 people in receipt of personal care support at the time of this inspection visit. This was the first inspection since the provider's registration at their current office on the 27 April 2016.

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

The provider had systems and processes in place to protect people from the risk of harm but these had not always been followed to ensure people's welfare was protected. People were supported to take their medicine but improvements were needed to ensure errors were identified in a timely way.

People did not always receive their call at the agreed times which they told us impacted on their plans for the day. Where people were unable to consent their records did not clearly demonstrate that assessments had been undertaken to show that their capacity had been assessed. This meant we could not be confident that people's rights were protected and that they were supported in their best interests.

The majority of people confirmed they received their calls from a consistent staff team, although some people told us they received support from several different staff which did not provide continuity in the support they received.

Some people did not feel their complaints were listened to or addressed. Improvements were needed to how complaints were managed and documented to demonstrate that people's concerns were investigated and actions taken as needed. People were supported to express their views about the service; however the provider's auditing system did not enable them to identify where improvements were needed so that the required action could be taken.

Staff understood what constituted abuse or poor practice and their role in reporting concerns. Staff supported people to make their own decisions. People's individual needs and preferences were met and risks were managed to support people's welfare. People were supported with their dietary and health care needs where this was required. People told us staff were caring towards them and supported them to maintain their dignity and independence.

Checks on staff were done before they started work to ensure they were suitable to support people. Staff confirmed they felt supported by the registered manager and received the training needed to support

people effectively.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Care staff understood how to identify where people may be at risk of harm but action was not always taken to ensure this was suitably reported and investigated. There were sufficient staff available but improvements were needed to ensure people received their calls as agreed. Risks to people's health and welfare were assessed and actions to minimise risks were recorded in people's care plans. People were supported to take their medicine. Recruitment procedures were in place to ensure staff were suitable to work with people.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Where people were unable to make their own decisions, their capacity had not been clearly assessed to ensure decisions made for them were in their best interests. Staff had completed training so they could meet people's needs. Where the agreed support included help at meal times, this was provided to people in accordance with their care plan. Staff monitored people's health to ensure any changing health needs were reported to the relevant healthcare professionals.

### Is the service caring?

**Good** ●

The service was caring.

Staff supported people in a caring way and encouraged them to maintain their independence. People were treated with respect and their dignity and privacy was respected.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People felt able to raise any concerns and complaints although some people said these were not always satisfactorily resolved. People received the agreed level of support and confirmed their needs were met but this wasn't always provided by a consistent staff team. People were involved in the review of their care and decided how they wanted to be supported.

**Is the service well-led?**

The service was not always well-led.

Systems to assess and monitor the quality of support provided had not been developed to ensure areas for improvement were identified and action taken as needed to drive improvement. The provider had not notified us of important incidents as required. People knew who to contact at the office and told us the office staff were approachable. Staff were supported in their role and felt able to raise any concerns.

**Requires Improvement** 

# Angel Care Tamworth Limited

## **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 on 14 August 2017 and was announced. The provider was given three working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. We also needed to arrange to speak to people who used the service and staff as part of this inspection. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience did not attend the office base of the service, but spoke by telephone with people who used the service and relatives.

We did not send the provider a Provider Information Return (PIR) prior to this 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. However, we gave the management team the opportunity to provide us with information they wished to be considered during our inspection.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information.

We spoke with eight people who used the service, four people's relatives, one field supervisor, three senior care staff and four care staff. We also spoke with the registered manager and the care coordinator who were based at the office. We did this to gain people's views about the care and to check that standards of care

were being met.

We looked at the care records for four people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

## Is the service safe?

### Our findings

People confirmed they felt safe with the staff that supported them. One person told us, "I am comfortable and trust them. I feel safe with them." Another person told us, "They treat me like a human. They talk and chat and everything, it likes having your own family with you." Another person said, "They come in and say morning and they are smiling and happy and that makes me feel safe."

Staff knew what constituted abuse and what to do if they suspected someone was being harmed. Records showed that staff had undertaken training to support their knowledge and understanding of how to keep people safe. One member of staff told us, "If anyone raised any concerns with me or if I witnessed anything, I would document everything and report to the office. They would report to safeguarding." Procedures were in place and the registered manager had reported most concerns to the local authority safeguarding team. However one allegation had not been reported to safeguarding by the registered manager. We discussed this with the registered manager who told us that the person had not wanted to report their concerns externally. Registered persons have a duty of care to report any allegations to the local authority safeguarding team to ensure people's safety is protected. This demonstrated that the registered manager's understanding of safeguarding was not sufficient, so we could not be confident that people were always protected.

The deployment of staff required improvement for some calls. The people we spoke to had mixed views about whether staff arrived within the agreed time. Staff had a rota of who to support. We saw the some calls were closer geographically to each other than others. People understood that staff may be late or early but within a 30 minute timeframe, either side of their agreed time. We saw from records that some people received calls later or earlier than agreed. For some this impacted on their plans for the day. One person told us, "Sometimes I want to go out and cannot do it as I do not know when they are coming. They never come on time at weekends. 12 is lunch for me, not 2 pm as happens, regularly." Another person told us, "Some staff turn up within the agreed time and some don't. Within half hour, some don't manage that. One was an hour and a half late. If they are over half an hour late I ring the office." Some people told us that staff did not let them know if they were running late. One person said, "Sometimes they are an hour and a half late in the morning. The teatime call is always late, sometimes an hour. They have got my number but they don't phone me."

The registered manager confirmed that following a contract with the local authority improvements were being made to the runs as calls were now geographically closer, enabling zones for runs to be developed. They told us this had reduced travel time for calls. We saw that the maximum mileage over a run, from the first to last person was just over 19 miles. The staff we spoke with confirmed the improvements in the runs allowed them time to travel to people's homes. One member of staff said, "It is so much better now, we don't travel anywhere near as far, so we can get to calls within the agreed time. Although if someone is unwell we can get delayed." Another member of staff told us, "We are getting more work being grouped together so we now get enough time between calls." This demonstrated that improvements had been made but comments from some people showed that further improvements were needed.



Other people were satisfied with when they received their support visit. One person told us, "Normally they come within the allotted time." Another person said, "Mostly the staff arrive within the agreed time unless someone is ill."

Some people told us they received support to take their medicines and confirmed they were happy with how this was done. Staff told us how they supported people to take their medicines. One member of staff said, "I always ensure the person has a drink for their medicine, usually a glass of water and then I make them a drink of their choice. I don't sign to say I've supported them until I have seen them take their tablets." Another member of staff told us, "Some people can refuse to take their medication. If they do we wait and ask them again a few minutes later and we do this up to three times before signing to say they have refused. We then contact the office. Depending on what the medication is for, the office would then inform the person's relative or GP as needed." A Medication Administration Record (MAR) listed people's prescribed medicines and when they should be given. Staff recorded when they had supported a person to take their medicine. Staff confirmed and we saw they had undertaken medicine training. One member of staff told us, "Medication training is done by the trainer every year and our competency is checked."

People confirmed that the staff ensured their safety was maintained when they supported them. One person told us, "They make sure I can get up without falling. They make me feel I am able to do it." We saw risk assessments in place to direct staff on how to minimise risks to people, such as on the equipment needed to support them to move safely and on their home environment. Staff confirmed they received training to enable them to support people safely and to ensure staff did not put themselves at risk of harm. For example one member of staff told us, "We know not to pick someone up if they fall. We have to call 999 in case they are injured and to protect us from injury as well." Another member of staff told us about two people they supported and said, "I initially went with another member of staff to introduce myself and read their risk assessments before working alone. I had enough time to get to know them before I supported them on my own. That was really important to understand how to manage the risks and keep them safe." This showed us that risks were managed, to enable people to be supported safely.

Staff were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for the two most recently employed staff and saw that all the required documentation was in place. We saw the staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. This demonstrated the provider checked staff's suitability to deliver personal care before they started work.

Some people had private arrangements in place with a company to call for emergency assistance when need and wore an emergency pendant. One person told us, "I have a lifeline and the staff at Angel Care check it every month to make sure it's working." Staff confirmed that they ensured people had their emergency pendant to hand when they left them. Staff also confirmed they checked people's pendants each month.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The staff reported that some people who used the service may lack capacity to make certain decisions about their care and information. Some people's care records stated that they lacked capacity; however assessments hadn't been undertaken as required to demonstrate their capacity had been assessed. We saw that family members had been asked to agree to any care and support where they felt people were not able to make a decision which is not in line with the MCA framework.

The staff had received training and understood the principles of the MCA. Staff were able to tell us how they supported people to make their own decisions. For example one member of staff told us, "I will pick out a few different clothes so they can choose what to wear. If I just asked they wouldn't be able to choose but this way they can decide." People that were able confirmed staff asked them for consent before providing support. One person told us, "The staff always ask me and they ask if there is anything else they can do for me before they go." A relative told us, "They always ask [Name] if they would like a shower."

Staff confirmed they received an induction into the service and this included training prior to supporting people. One member of staff told us, "I had training in the office until my DBS came back then I went out with experienced staff." New staff worked alongside an experienced member of staff to ensure they received the experience and knowledge to support people safely. One member of staff told us, "When I first started going out it was with the management until I got to know people and they were happy with me working alone. Often new staff work on the double up calls to build up their confidence."

All new staff that had not worked in care before completed the care certificate which sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff recently employed told us, "I have 15 different booklets to complete regarding different areas. They are really quite helpful and informative. I worked on double up calls with an experienced member of staff at first which was good to do when you're new. I have my own single run of regular people now. It's a nice little run and all my calls are near to each other."

The staff files we saw had evidence that staff received training. Staff confirmed this. One member of staff

told us, "The training is very good we get all the updates and if there is anything additional we need or request they are good at getting that organised. If you are on leave or off when training is planned it is rescheduled for you to do." Another member of staff told us, "The training is at the office usually and some of it involves watching a video followed by a discussion and a test to ensure we have understood. If we just had the video alone it wouldn't be sufficient but the discussion and test makes the training good because if there is anything we aren't clear on or need more information on we discuss it and the test makes sure we understand it." We saw that moving and handling equipment and a bed was available at the office to provide practical training to staff. One member of staff told us, "We all have a turn in the hoist, I think that's important because it makes you realise how it feels for people. I didn't like it at all, so I understand why some people don't like it and I always reassure them that they're safe."

Staff confirmed the support they provided was monitored by the management team. One member of staff told us, "We have one to one meetings and we are spot checked, that can be observing how we support someone with their personal care or the support they have with their medicines and we get feedback so if there is anything we need to improve on we are supported with that." Another member of staff told us, "We usually get a one to one every month but we can ask for more if we want one or the manager will book in more if they think it's needed." This showed us that staff were supported which enabled the management team to identify their future training and development needs.

Some people we spoke with were supported with meals and told us they were happy with how this was done. One person told us, "The staff always ask me what I would like to eat and drink." Where people were supported with food and drink this was recorded as part of their plan of care. People's specific preferences and diets were recorded, to ensure their needs could be met. One person required supervision when eating and staff confirmed this was done. One member of staff told us, "We don't leave them alone because they are at risk of choking so we need to be available in case they need our support." We saw information regarding this was recorded in the person's care plan, to ensure staff had this guidance to follow.

People's health care needs were documented as part of their care plan. Staff told us that if they had any concerns about people's health they would inform the office and the person's relatives. We saw that staff supported people to access emergency health care services when this was needed. One person had fallen in their garden and their staff support had contacted their relative and the emergency services to ensure they were checked for injuries.

## Is the service caring?

### Our findings

People told us staff treated them in a caring way. One person told us, "The staff are lovely, absolutely lovely." Another person told us, "The staff are all pleasant and do anything I ask them to do." One relative told us, "The staff will do anything [Name] wants them to."

People told us that their preferences were met by the staff team. One person told us, "What they do is done right." Another person said, "We tend to have the same ones, two or three rotate and they all know what I like." A relative told us, "Oh yes the staff have got to know [Name] and how they like things doing." People confirmed their preferences in staff gender were met. One person told us, "I am very clear that I want a woman and I always get one." Another person confirmed, "I was asked but I don't mind either way."

People were supported and encouraged to maintain their independence. One person told us, "If I can do it I do, if not they help me. No fault with them at all." One relative told us, "They do what they should and always ask her if [Name] wants anything else doing."

People told us that staff were respectful towards them and supported them to maintain their dignity. One relative said, "When they take [Name] into the bathroom and into the shower they always make sure they are seated safely and things are within their reach. The staff pull the door to until they tell them they are ready to come out."

## Is the service responsive?

### Our findings

We saw that a complaints policy and procedure was in place and people told us if they had any concerns they would report them to the management team. Some people told us they did not have any issues and had not felt the need to raise any concerns. However, some people that had raised concerns felt that they had not been resolved to their satisfaction. We looked at the complaints received and found insufficient information to demonstrate the actions that had been taken and whether the person that raised the concern had been informed of the outcome. This meant the provider was unable to show that complaints were investigated thoroughly and actions and improvements taken when required.

This demonstrated there was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The majority of people confirmed they received a schedule which informed them of the staff that would be supporting them. Other people told us they did not receive a schedule or that they did not always receive one regularly. Some people received regular carers and others told us that their care staff changed quite often which led to inconsistency in the staff that supported them. One person told us, "They are a good set of girls but they change a bit too often really." We saw that several staff had recently left employment and new staff had been recruited. This had impacted on the continuity of staff that supported people.

Discussions with people and their care records showed they had been involved in their care and their views had been gained about what was working and any changes they felt were needed. One person told us, "I was involved and my daughter was there as well. They have been wonderful for me. Good as gold." Another person said, "Someone came out and assessed what was needed with me, they were not pushy."

Staff confirmed they had information regarding a person's needs before they visited them for the first time. One member of staff told us, "When I visit someone for the first time I introduce myself and read the care plan, although I always have key information before I go in to someone new. I am sent information on the person's needs via the phone app and if other staff have been in to the person I speak to them as well." People confirmed that staff were able to meet their needs and preferences. One person told us, "They always sit down when done and ask what else they can do for me, before they leave." Another person told us, "The staff are very considerate to what I want." A relative said, "They do what they should and always ask [Name] if they wants anything else doing."

Staff worked well as a team to ensure people were supported according to their needs. One member of staff said, "I think the team work is really good. We communicate well with each so if someone is unwell we pass that information on as well as recording it, so that we are aware. Or if there are any changes we let each other know". This demonstrated that staff worked together to ensure people's needs were met.

## Is the service well-led?

### Our findings

The provider was not meeting their registration requirements, as they had not informed us about specific incidents that had occurred. We identified that the provider had not informed us of important incidents. For example, incidents that resulted in a safeguarding referral or investigation being undertaken by the local authority or incidents that included police involvement.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

There were a lack of systems in place to monitor the quality of the service and identify where improvements were needed. For example completed medicine administration records (MAR) were returned to the office but these had not been audited, to identify any errors and take action as required. The registered manager confirmed that audits had commenced on MAR following a quality monitoring visit undertaken by Warwickshire local authority the week prior to this inspection. We looked at the audit completed for MAR in May 2017 and saw that some gaps in records had been identified. This demonstrated that a lack of audits had meant the provider had been unable to identify these errors in a timely way to ensure actions were taken. Audits were also needed to call scheduling times and staff rotas as some people raised concerns with us regarding inconsistency in care staff and receiving their calls outside of the agreed call times. We saw that the provider had begun to audit these and had completed an audit for June 2017. This showed that there had been 11 calls earlier than the agreed call times and three that were later than agreed. At the time of our visit no action plan had been developed to demonstrate how improvements were going to be made. Complaints and incidents had not been audited to enable the management team to identify any trends and take the appropriate action. Although people's views were sought through surveys the information received was not audited and analysed, to demonstrate the provider had listened to people and fed back to them any actions taken to drive improvement. The provider advised us that these audits would be put in place.

These issues constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The majority of people knew who the registered manager was and confirmed they and the staff team were available to speak to when needed. One person said, "I can always get someone if I want to. I know all of them. Some have been here at the house. I know the name of the manager." Another person told us, "I know the boss lady and she comes to see me every now and again and we have a nice chat."

Staff told us they felt supported by the registered manager and management team. One told us, "The support is very good. I have no problems going to the management, they will talk through any issues or concerns I have, they are absolutely fantastic." Another person told us, "The registered manager is very supportive and will always help you if they can. We now have fuel cards which are wonderful as we don't have to worry about putting money aside every month for fuel; it has made such a difference."

Staff knew how to raise concerns about risks to people and poor practice in the service and knew about the

whistleblowing procedure. Whistle blowing is a procedure for staff to raise concerns about poor practice and they are protected in law from harassment and bullying. One member of staff told us, "If I had any concerns I would report them to the manager or to CQC if I needed to but I would go to the manager first."

We saw the data management systems at the office base ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation   |
|--------------------|--|
| Personal care      | Regulation 18 Registration Regulations 2009<br>Notifications of other incidents<br><br>The provider was not meeting their registration requirements, as they had not informed us about specific incidents that had occurred.   |
| Regulated activity | Regulation   |
| Personal care      | Regulation 16 HSCA RA Regulations 2014<br>Receiving and acting on complaints<br><br>Some people said that complaints made had not been resolved to their satisfaction. Records of complaints did not demonstrate they had been investigated and actions taken as required. |
| Regulated activity | Regulation   |
| Personal care      | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>There were a lack of systems in place to monitor the quality of the service and identify where improvements were needed.   |