

Mrs Lesley Tina Hudson

# Angelwings Homecare (Office)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

Angelwings Homecare is a domiciliary care agency, which provides care and support services to adults in their own homes across Brighouse. The agency provides a range of services including personal care.

We last inspected this service in June 2014 and found it was meeting all of the regulations inspected at that time.

At the time of the inspection four people were receiving personal care from the service. A registered manager was not required to be in place as the provider is a single individual.

Relatives we spoke with were all very complimentary about the quality of the service provided to people. They all said people received a high level of personalised care from familiar staff who understood people's needs very well. They all said they received a reliable and consistent service from day to day with staff arriving on time and completing all the required tasks.

The provider could not assure us that safe recruitment procedures were in place as information of people's conduct in previous employment was not always present. The provider agreed to ensure more robust documentation was kept in future.

Relatives told us people were safe using the service. Risks to people's health and safety were assessed and clear plans of care put in place. Staff demonstrated a good understanding of how to keep people safe. People received support at safe times each day and there were no reports of any missed or late calls.

There were sufficient staff to ensure people received a high quality and reliable service. The provider was diligent not to take on any additional care packages without first ensuring sufficient staff were available to provide care.

Relatives told us staff had a good level of skill and knowledge and provided effective care. People received care from a small team who were able to get to know people well and their individual needs and preferences.

The service was acting within the legal framework of the Mental Capacity Act. People were given sufficient choices in relation to their care and support.

People were supported appropriately to maintain good nutrition.

Relatives all told us that staff were very pleasant and friendly and treated them well. Staff demonstrated a commitment to providing high quality and compassionate care.

Care records contained evidence people's needs were fully assessed. Staff understood each person they

cared for and how to meet those peoples' needs.

A system was in place to log, investigate and respond to complaints. No complaints had been received and relatives spoke very highly about the service.

The service was well run and managed. People and staff said the provider was approachable and friendly and dealt with any minor issues raised.

The quality of the service was regularly checked through both formal and informal checks on staff practice and documentation. People and their relatives were periodically asked for their views on the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. You can see what action we asked the provider to take at the back of this 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 consistently safe.

Records were not consistently in place which demonstrated that proper and safe recruitment had taken place. There were enough staff deployed to ensure people received a consistent and reliable service.

Risks to people's health and safety were appropriately managed. Staff demonstrated a good awareness of the risks associated with each person. Relatives told us they were confident people were safe using the service.

Medicines were safely managed. People received their medicines as prescribed and clear documentation was in place.

### Is the service effective?

**Good** 

The service was effective.

Relatives spoke positively about the skills and knowledge of the staff team. People received care from a small group of carers which allowed them to develop extensive knowledge of the people they were caring for.

People were appropriately supported to maintain a good diet.

People's healthcare needs were met by the service. The service liaised with external health professionals where appropriate.

### Is the service caring?

**Good** 

The service was caring.

Relatives spoke very highly about the staff who delivered care and support. They said staff were respectful of people's dignity and privacy.

Care records contained a good level of personalised information and staff understood people well and how they liked their care and support to be delivered.

### Is the service responsive?

Good ●

The service was responsive.  
Relatives told us people's needs were met by the service.  
People's needs were assessed and appropriate plans of care put in place. Where people's needs changed, appropriate action was taken by the service. This action was well communicated to relatives.

Staff arrived on time and stayed the correct amount of time at each visit.

Relatives told us they were highly satisfied with the service and had no need to complain. They said the provider was approachable.

### Is the service well-led?

Good ●

The service was well led.

Relatives and staff told us they all thought a high quality service was provided. They said the service was well managed and the provider listened to them.

Appropriate systems were in place to assess and monitor the quality of the service to ensure a high quality service was maintained.

# Angelwings Homecare (Office)

## **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 look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place between 16 and 19 February 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 someone would be in. The inspection team consisted of one inspector.

We used a number of different methods to help us understand the experiences of people who used the service. We were unable to speak to people that used the service due to their complex needs. Therefore we spoke with the relatives of all four people who used the service over the telephone to ask them for their views on the service. In addition we spoke with four care workers and the provider. We looked at elements of all four people's care records and other records which related to the management of the service such as training records and policies and procedures.

Prior to the inspection, we reviewed all information we held about the provider and contacted the local authority to ask for their views on the service. We also spoke with two health professionals who regularly liaised with the service.

# Is the service safe?

## Our findings

Safe recruitment procedures were not consistently in place. We found appropriate information was not available to demonstrate people were safe to work with vulnerable people. For example one staff member's application form contained very limited information about their employment history despite working in care for many years. There was also no evidence of satisfactory conduct in previous employment concerned with the provision of health or social care. There was no verification of why the person left their previous post. In another three staff members files there was also no evidence of satisfactory conduct in previous employment where they had worked in health or social care. Interview records were present in some staff records but not others.

This meant the provider was unable to consistently demonstrate that the staff they had recruited were suitable for the role and safe to work with vulnerable people.

This was a breach of Regulation 19 of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations.

Relatives told us that they were confident that people who used the service were safe. Staff told us they thought people were safe and did not raise any concerns with us. Staff demonstrated a good understanding of how to identify and act on safeguarding concerns. We saw one safeguarding referral had been made by the service providing evidence the service was working to local safeguarding procedures. Documentation provided evidence the service had worked in liaison with the local authority to help ensure the person was safe.

Medicines were safely managed. Relatives we spoke with told us people received their medicines as prescribed. Staff had received training in the management of medicines and their competency was assessed to ensure they were safe to support people with their medicines. Medication Administration Records (MAR) contained a list of each individual medicine each person was supported with. MAR's contained information on how many tablets to give, the dose and any special instructions. They included a complete list where medicines were stored in dosette boxes. These are boxes that contain medications organised into compartments by day and time, so to simplify the taking and administration of medications. This meant that the service kept a complete record of the medicines and the medicine support staff provided to people.

From the records we reviewed we saw that staff consistently completed MAR's at each visit, which provided evidence people were receiving their medicines as prescribed. Any refusals or any other reason for not administering medicines were clearly documented. Where people were prescribed pain relief care records provided guidance to staff on when to offer this.

Information on each medicine and its purpose was recorded within care records. This helped staff to understand why each person needed their medicines and to be aware of any side effects. Some medicines were required to be given at specific times for example before food. We saw arrangements were in place to

ensure these medicines were given at the start of each care visit, before food was offered. Staff demonstrated a good understanding of the importance of ensuring these medicines were given at the correct time.

Staff supported some people to apply topical creams. We found clear records were maintained of the administration of these creams.

There were sufficient staff employed to ensure a safe and reliable service. Relatives we spoke with told us they were provided a stable service from reliable staff. Visits were organised into set runs for example there was one double up run operated by a small group of staff. We looked at rota's which were well organised with a manageable amount of visits planned for each day. There was a small amount of travel time provided between each visit. Staff told us there were enough staff to ensure people received a safe and reliable service. They said rota's were attainable and realistic. The provider demonstrated to us that the service thought carefully about taking on new care packages, based on staff available and rejected them if they thought they did not have sufficient staff. The provider employed sufficient staff to ensure there was some spare capacity to ensure staff could cover sickness or holidays. This helped ensure there were sufficient staff available to meet people's individual needs. Daily records showed people received care at constant times by a consistent group of staff which provided further evidence there were sufficient staff deployed.

Risks to people's health and welfare were assessed. For example risks associated with skin, nutrition, moving and handling and the environment. We found the manual handling risk assessments needed more detail to ensure they clearly assessed the risk associated each moving and handling task, although there was more detailed information recorded within people's daily care plans. The provider said they would make these assessments more robust. Care plans focused on risk reduction, for example on ensuring people's pressure areas were regularly checked, detailing equipment staff should use and action to take should any skin integrity problems arise. Staff demonstrated a good awareness of how to reduce risks to the people they cared for.



# Is the service effective?

## Our findings

Relatives we spoke with all told us that people received effective care from well skilled staff. They said the care provided was of high quality and they would all recommend the service to others.

Staff had appropriate skill and knowledge to deliver effective care. Staff demonstrated a good awareness of the topics and people we asked them about. There was a low turnover of staff and staff were assigned to deliver care to a small number of people. For example set staff worked on the 'double up run' which meant the people receiving care received support from just four different staff members. This helped ensure staff could build up extensive knowledge of the people they were caring for. We reviewed one compliment received by a relative of someone who used the service who was particularly impressed about how care and support had been consistently delivered by such as small group of familiar staff that had come to know and understand their relative well.

Staff received a range of training. This included in house face to face training and assessment in manual handling and first aid. Training DVD's and workbooks in subjects such as safeguarding, nutrition and medication were provided to develop skills in these area. We saw staff were up-to-date with training.

To make people aware of the experience and training the staff had received the agency provided staff with different coloured uniforms. For example, we saw new staff wore a bronze uniform (without wings) which indicated they were still training and working under supervision. A bronze uniform (with wings) indicated staff had completed all required training to the required standard. A silver uniform (with wings) indicated the member of staff was experienced and a white uniform showed the member of staff was a senior care assistant responsible for supporting both people who used the service and staff in the community

Staff received regular supervision and appraisal which helped provide a structured approach to support and further development. Staff were supported to achieve further qualifications in health and social care.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA. People's capacity was assessed as part of the care planning process. People signed to agree to their plans of care and we saw evidence in daily records of care that people were asked for their choices with regards to how they wanted their care and support tasks to be delivered.

Where people had Do Not Resuscitate orders in place, this was clearly documented within care plans to ensure staff were aware of people's resuscitation requirements.

Nutritional care plans were in place which provided staff with information on how to ensure people had enough to eat and drink. These provided information on any specific needs such as specialist cups that people used and the consistency and presentation of food required. This helped provide staff with the required information to deliver effective care. Daily records provided evidence that people were offered a range of food and drinks at visits in line with their needs. Where people were at risk of poor nutrition and hydration food and fluid charts were maintained. These helped the service monitor if people were eating and drinking enough. We reviewed a set of these charts and saw they were well completed with the person being supported to maintain a varied diet.

Relatives told us the service was excellent at maintaining people's health. For example one relative told us "managing [relative] so well, they are not getting any infections anymore." People's healthcare needs in areas such as pressure area care were clearly noted within care plans to help staff provide appropriate care. We saw evidence the service liaised with external health professionals. However this information was not always clearly presented, the provider told us they would introduce a health professional log to ensure their advice was recorded in a dedicated section so staff could quickly refer to it.

## Is the service caring?

### Our findings

All the relatives we spoke with praised the caring nature of the staff and the service in general. For example one relative told us "They truly care, they don't just come in and do the tasks, they are very pleasant and talkative." Another relative told us "They always go out of their way to help, really friendly and helpful, all girls lovely and professional." Relatives all said that staff treated people with a high level of dignity and respect. For example one relative told us how they were particularly impressed in the effort staff took to ensure their relative received dignified help and support in accessing the toilet.

Information we reviewed confirmed people and their relatives were happy with the caring and dignified nature of staff. For example we viewed recent compliments, and looked at the results of the last quality questionnaire which showed people were very impressed with staff conduct and the respect they showed towards people that used the service. Staff we spoke with demonstrated a dedication to providing high quality and compassionate care and were able to give us examples of how they ensured people were provided with dignified care.

The dignity, respect and attitude of staff was monitored through periodic checks on staff practice. In addition, people were regularly asked for their feedback on staff both on an informal and formal basis.

Relatives told us staff understood people and how to effectively communicate with them. For example one relative told us "They understand dementia and can communicate well with [relative]. They have a good understanding of the condition." Care plans contained person centred information on how to ensure good communication with people. For example an assessment of their preferred method of communication was present and whether, for example, they would prefer things writing down to aid understanding. Staff we spoke with demonstrated a good awareness of how to communicate with people and offer them choices in relation to their daily lives.

Care plans contained a range of personalised information about how people liked their care to be delivered. It was clear they had been developed in conjunction with people and their relatives. Plans focused on ensuring people's dignity was maintained. They encouraged staff to help people maintain their independence for example prompting people to do tasks such as washing themselves. Where people were likely to become anxious or distressed information was contained within care plans to assist staff.

People told us they were introduced to new care workers before care and support was delivered. People received care and support from a consistent group of care workers. This allowed good relationships to develop. Staff demonstrated a good knowledge of people's daily routines, their needs and preferences and how to ensure appropriate care.

Relatives we spoke with told us they felt listened to by the provider and their views and comments were listened to. On reviewing daily records of care we saw people were asked their views on their care and support options and their opinions and choices were respected.

## Is the service responsive?

### Our findings

Relatives told us they thought people received appropriate care that met their individual needs. For example one relative told us "the girls care, they assess the needs and are very obliging to [my relative's] needs." Another relative told us, "Angelwings provide individualised care, they are excellent carers, I can't praise them too highly."

Care records showed that people's needs were assessed prior to the delivery of care. Information on people's relatives and key health professionals was present to enable staff to make prompt contact should they need to. The service was mid-way through a transition to a new format of care plans. Whilst the old records contained the necessary information, the format did not present information on people's needs in a clear manner. The new care plan format was improved with information presented in a clear and concise manner. Care plans were in place which covered areas such as pressure area care, continence, interests and emotional support. These provided person centred information to help staff meet people's needs. Staff we spoke with demonstrated a good awareness and understanding of people's needs. This was made possible due to a small group of staff delivering care to a small number of people.

Detailed daily care routines were in place. These provided person centred information to staff on the tasks they were required to complete at each visit. These contained a good level of detail to instruct staff to ensure individualised care. For example in one person's records they instructed staff on the colour of flannels to use. The care routines provided information on how to meet people's emotional needs and highlighted the importance of social support as well as completing care tasks.

We looked at daily records of care. These showed people received calls at the same time each day albeit with some minor variation. This provided evidence that people received a consistent level of care that met people's individual needs. Daily records provided evidence that the required care tasks were carried out at each visit. For example we looked at records which showed one person required a shower once a week on a particular day and records showed this consistently took place. Relatives we spoke with told us paperwork was completed in people's homes to a high standard which provided them with assurance that tasks were completed as planned.

Where people's needs changed additional care plans were put in place detailing the changes to the plan of care. Relatives all said when any changes were detected in people's needs, the service responded quickly. They all said communication was excellent, for example one relative said "communication is seamless" and another said "small group of carers, that is why communication is so good." Relatives all said they were made to feel involved in their relatives care and support. For example one relative told us "definitely feel involved, the little things, they always contact me about."

Relatives we spoke with told us they had no need to complain and said they were highly satisfied with the service. They all said that the provider was approachable and they felt they would resolve any issues if they did arise. A complaints procedure was in place. A copy of this procedure and complaint submission forms was provided to people who use the service on commencement of their care package. This ensured people

were aware of how to complain. We saw there had been no formal complaints received about the service. We asked the provider to ensure any minor concerns raised by telephone were also logged to ensure the service could monitor any trends and themes. This would be particularly important as the service grew in size. A significant number of compliments had also been received about the service which showed areas where the service exceeded expectations.

## Is the service well-led?

### Our findings

A registered manager was not required to be in place due to the provider being a single individual. Relatives praised the provider, and said they were highly involved in care and support and were very approachable. This allowed them to retain a full understanding of how the service operated and each person's individual needs and requirements. The provider demonstrated to us they were dedicated to providing a high quality and compassionate service to people.

People were very positive about the quality of the service provided. For example one relative told us, "absolutely first, class," another relative told us "10 out of 10 perfect", and a third relative told us "It's amazing, I would recommend." Three relatives told us they had poor experiences with previous care providers and they were really relieved that they had now found such a caring and well organised service.

Staff told us they were very happy working for the service and that morale was good. They said they were given enough time and support to ensure people received a high level of care. A number of staff said it was the best company they had worked for and they particularly liked the benefits that a small care provider brought in that they could build up strong relationships with a small number of people.

The provider was supported by an office administrator and two senior care workers who oversaw quality checks, staff supervision and appraisal in their area of control.

The service had adequate systems in place to assess, monitor and improve the service. The service only delivered personal care to four clients, and as a result the provider knew each individual well. They were involved in care delivery and monitored the effectiveness of the service on a daily basis through strong relationships with people and their relatives.

Daily records were monitored when they came back to the office to ensure that the required care and support was delivered. Medication records were reviewed by the senior carer workers and the provider during home visits. We reviewed these records and saw they were well completed indicating the current quality assurance processes were effective.

Periodic spot checks were conducted on staff. These assessed a range of areas including staff appearance, whether tasks were completed to a high standard, whether appropriate interaction and conversation took place with people. People's views on the care and support were incorporated into this. We saw these had been effective in identifying issues such as staff not wearing the correct uniform and action was taken to address. A review of spot checks showed staff had been assessed as delivering high quality and dignified care.

Periodic staff meetings were held. Minutes showed these were a forum for staff to discuss any concerns as well as ensuring quality issues such as the completion of documentation were addressed. A periodic staff newsletter was also sent to staff to help promote topics and maintain quality.

The provider conducted an annual satisfaction survey which asked people who used the service a number of questions about topics such as staff appearance, skill and knowledge, and service quality. We looked at the results of the 2015 survey which showed a high level of satisfaction with the service. For example comments included, "All staff are lovely, they are all supportive", "This is the most positive experience that [relative] has had from a homecare service in years. It is such a relief to find a caring company."

Accidents and incidents were recorded on a dedicated accident form. We saw there had been one accident involving a person who used the service and no incidents such as medication errors or missed calls. The provider talked us through the action taken to reduce the risk to this person. However this had not been fully documented. The provider said they would develop a bespoke incident form to ensure preventative measures were robustly documented where accidents and incidents such as medication errors and any missed calls could be routinely documented in the future.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Information specified in Schedule 3 was not available in relation to each such person employed:</p> <ul style="list-style-type: none"><li>• <input type="checkbox"/> Satisfactory evidence of conduct in previous employment concerning with the provision of services relating to health and social care.</li><li>• <input type="checkbox"/> Satisfactory verification of the reasons previous employment was ended.</li><li>• <input type="checkbox"/> A full employment history, together with a satisfactory written explanation of any gaps in employment.</li></ul>