

Angel Care Support Ltd

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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?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was carried out on 20 April 2016 and was announced. We gave the provider 48 hours notice of the inspection to ensure that the manager who worked part time was available. The service was last inspected in June 2013 and at that time there was no breaches of regulations.

At the time of this inspection the service was providing support to 25 people, young adults or children. However, only 13 of them received a personal care service that was within the remit of their Care Quality Commission registration. For the purposes of this report we have referred to all age groups as people, unless there was specific information regarding one such group.

The service was provided to people who lived in the South Gloucestershire, Bristol and Bath and North East Somerset (B&NES) areas. The service did not commission directly with any of the local authorities. The majority of people funded their care and support themselves through the direct payments scheme. The service employed 20 support workers.

There was a registered manager in post, however at the time of the inspection they were on extended leave from the service. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. In the meantime an interim manager had been appointed to manage the service along with the registered provider.

Many of the support workers who worked for the service had done so for a long period and staff turnover was low. However, the induction training for those new staff who had been employed did not meet the requirements of the Care Certificate standards. People received the service they expected and their specific care and support needs were met. Support workers were competent to carry out their jobs and were well supported.

The aim of the service was that people were looked after by the minimum number of care workers. This would ensure they received a consistent service. The provider had purposely made a business decision not to expand their service. They felt this would result in being unable to consistently provide continuity of care to people. All contracted hours at point of care plan inception were covered, however some people had then received further funding for extra hours that the service was unable to fill. This had been a management decision to ensure the service remained reliable and consistent and not 'overstretched'. The provider and manager continually kept the support workers work schedules under review.

People were safe with the support workers who looked after them. They had a programme of mandatory training to complete and this included safeguarding adults, child protection and health and safety training. New staff were recruited following thorough recruitment procedures which meant that unsuitable staff would not be employed. The support workers knew to report any concerns they had about a person's welfare to the provider or manager. Any risks to people were well managed and management plans were

put in place to reduce or eliminate the risk. Where people were supported with their medicines this was safely managed.

People received the service they had agreed upon and consent was obtained before support workers provided assistance. Support workers talked about the people they supported in a respectful manner and received the appropriate training to enable them to undertake their roles effectively. People received a person centred service and were assisted to have sufficient food and drink where this was an assessed need. People were supported to access health care services and where appropriate, support workers worked in conjunction with other health and social care professionals.

People were supported by staff who were kind and caring and treated them with respect. Their preferences and choices were respected. They were provided with a copy of their care plan and were encouraged to provide feedback on how things were going and any changes they wanted to make.

People and support workers said the service was well managed. The provider and manager had measures in place to monitor the quality and safety of the service. Any feedback that was provided by people using the service, or the support workers was acted upon. Information received was used to make changes where needed.

We found one breach of the regulations during our inspection. 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?

Good ●

The service was safe.

Support workers had a good understanding of safeguarding and child protection issues. They would report concerns they had about people's welfare and safety. Support workers were recruited following safe recruitment procedures ensuring unsuitable staff were not employed.

Any risks to the person being supported or, the support workers supporting them were assessed and measures put in place to reduce or eliminate the risk. This ensured people were looked after safely and staff knew how to keep people safe.

There were sufficient support workers to meet the support needs of the people and children receiving a service. New people were not offered support unless there was the staffing capacity to meet their requirements.

Where people needed assistance with their medicines this was recorded in the care plan. Support workers were trained to ensure they were competent to administer medicines safely.

Is the service effective?

Requires Improvement ●

The service was not fully effective.

Induction training for new staff required improvement to ensure it met the requirements of the Care Certificate. However, people received the service they expected and met their specific care and support needs. Support workers were competent to carry out their jobs and were well supported.

Support workers knew the importance of gaining people's consent before providing a service. They had an understanding of the Mental Capacity Act 2005 (MCA).

People were provided with support to eat and drink and maintain a balanced diet where this had been identified as a need. People were supported where necessary, to access the health care services they needed.

Is the service caring?

Good ●

The service was caring.

People were looked after by, on the whole one or maybe two support workers who provided all their care. They were kind, caring and respectful in their approach. Support workers supported people in the way they wanted.

People were listened to and their views and opinions were seen as important. The support people were provided with was adjusted as required.

Is the service responsive?

Good ●

The service was responsive.

People received a service based upon their own specific care and support needs. For some, the service was completely flexible and support staff adjusted their working hours depending on the support required.

People were encouraged to have a say about the service they received and were listened to. They were given a copy of the complaints procedure should they need to raise concerns.

Is the service well-led?

Good ●

The service was well-led.

People and staff said the service was well managed and the management team were approachable and supportive. The service ran smoothly and people received the service they expected. There was a clear expectation that all staff provided the very best care.

There were procedures in place to gather feedback from people using the service. The information was used to monitor and improve the service where necessary. Learning took place following any accidents, incidents or complaints.

Angel Care Support 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector. We had previously sent survey forms to people, or the families of the children supported, relatives and friends, staff and community professionals. The feedback we received was used to inform our inspection plan and has been referred to in the body of the report.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We contacted two social care professionals before the inspection and asked them to tell us about their experience of working with the service. Comments received have been included in the main body of the report.

During the inspection we spoke with the registered provider, the interim manager and six support workers. We contacted four people who received a service, one of them being a parent whose child received a service. We looked at four service user's care records, five staff recruitment files and training records, key policies and procedures and other records relating to the management of the service.

Is the service safe?

Our findings

People told us the service they received was safe. One relative told us, "The staff use any equipment correctly and administer medicines safely. They have received training". One person said they felt, "Perfectly safe and in good hands" when their support worker was working with them. Another said they had every confidence in their support worker. Those people who returned survey forms to CQC prior to our inspection all said they felt safe from abuse or harm from the support workers. Some of the responses may have been provided by the parents of children who were supported by the service.

All support workers completed safeguarding adults training as part of their induction training. The training was completed through an on-line training programme. A copy of the safeguarding policy was included in the staff handbook given to all staff. Those support workers who worked with children and families also completed child protection training. Staff knew what was meant by safeguarding people and would report any concerns they had about a person's safety to the manager or the provider. Support workers knew they could report concerns directly to the local authority, the police and the Care Quality Commission. The manager had further safeguarding alert training with South Gloucestershire Council booked in May 2016 and child protection training in September 2016. Our findings confirmed that the staff team were fully aware of their responsibilities to act if safeguarding or child protection issues were raised.

Risk assessments of people's homes were completed. These assessments were reviewed and updated as and when necessary. Support workers received health and safety training and were expected to report any concerns they had about their working environment to the manager. This ensured the person and the staff supporting them were not placed at risk. Where support staff needed to assist people with moving and handling tasks a safe handling plan was in place.

Although the registered provider did not have a written emergency crisis plan, or business continuity plan in place, consideration had been given to the arrangements to be followed to enable the service to continue. Immediately following the inspection the registered provider was able to share with us their written plan. The plan covered what would happen in the event of adverse weather conditions, an IT systems failure, mass staff unavailability and the loss of utility services. Other examples were listed that could disrupt the safe delivery of the service.

Staff personnel files showed that safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. Where disclosures had been made, risk assessments had been undertaken to ensure the support worker was safe to work with vulnerable people.

People were provided with tailor-made packages of support and the service was provided by one main support worker, and two or three others when needed, at the very most. New packages of care were not taken on unless the service had the right support workers with the right skills and competencies to meet the

needs of the person. People were provided with continuity of care because they did not receive a service provided by many support workers. The registered provider said this was an important aspect of their service and resulted in positive feedback from the people using the service.

The service assessed people to find out if they needed assistance with their medicines. Where people needed support with their medicines this was recorded in their care plan. The care plan stated the exact level of support the person needed and consent to be supported was given as part of the whole care plan. Support workers had to complete safe medicine administration training before they were able to support people with their medicines, this was confirmed by those staff members we spoke with. Competency checks were carried out by the manager in order to ensure medicines were administered safely. We saw the records of some of these checks in the staff files we looked.

Support workers completed a medicine record after medicines had been given. Where support workers assisted people with medicines administered via a feeding tube, they had received additional person-specific training delivered by a healthcare professional and been assessed as competent at the task.

Is the service effective?

Our findings

People said, "I get the service I expect to receive", "The service is provided at pre-arranged times and I have never been let down", "The staff have the right skills to meet my needs and they look after me as I want to be looked after" and, "The assistance we need has to be flexible and we deal directly with the support worker and make arrangements about when the service is provided". The provider and manager explained that for some people they support (generally families where children were the service user), a flexible service is required. In order for these arrangements to work support workers who can work flexible hours were paired with the families.

People who completed the CQC survey forms said they received care and support from familiar and consistent care staff and that staff arrived on time. They also said they felt the support workers had the required skills and knowledge to meet their needs.

Staff told us about the people they supported. They said they were given sufficient information about the people they worked with and, "Always worked with the same people". They had a duty to feedback any changes to the manager so amendments could be made to the care plan. Support workers were always introduced to people before they started providing a service.

New support workers had an induction checklist to work through and during this initial period the manager assessed the need for any further training requirements. If new support workers had completed training sessions with other care providers these were accepted. However, there was no assessment to make sure the training had been effective. Those induction checklists we saw had not been completed or signed off by the manager.

The provider explained that any new to care support workers would be enrolled on the new Care Certificate training. The Care Certificate was introduced in April 2015 as the new minimum standard for induction for those commencing a career as an adult social care worker. The Care Certificate comprises of 15 Standards aimed at ensuring new workers were suitably trained and assessed to deliver safe, effective, responsive care. These can be achieved by a mixture of knowledge learning, practical training and workplace assessment. One new support worker who had previous caring experience did not feel they needed to complete the parts of the Care Certificate they had not so far completed. The manager and provider were also of this view.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New support workers would 'shadow' an experienced member of staff for a period of time and work with the person they were to support until they felt fully confident to work on their own. Two members of staff confirmed the shadowing arrangements for new staff however there was very little turnover of staff, with many of the support workers having worked for the service for many years.

There was a programme of refresher training for all staff to complete and this was on the whole delivered through on-line training programmes. The manager kept a training matrix and this identified when training was due to be refreshed. Support workers received any other training appropriate for their role and the people they were supporting. For example specific medicine administration training, child protection training and person-specific moving and handling training. A training record was kept for each care worker and evidenced the training they had received. There was an expectation that all staff would undertake a diploma in health and social care at level two or three (formerly called a National Vocational Qualification). Of the 20 support workers, 16 of them had an NVQ qualification, 11 at level three.

Support workers visited the office to deliver timesheets and other care documents and provide feedback to the manager. They had access to the 'on-call' during out of office hours. The on-call was provided by the manager or the provider. The manager had introduced a three monthly programme of supervision meetings with each support worker and used these to talk about how things were going, work performance and any training needs.

Support workers received Mental Capacity Act 2005 (MCA) training as part of the induction (if they had not received the training from another care provider). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. Support workers told us they asked people for verbal consent before starting to provide any assistance and asked them what they wanted done during that visit. People told us they were always asked if they agreed to their support.

People were provided with support to eat and drink where this had been identified as a care and support need during the assessment process. The exact level of support a person needed was recorded in their care plan. There was an expectation that support workers would report any concerns they had about a person's food and drink intake to the manager.

People were supported to contact their GP or other healthcare professionals as required. The support workers worked in conjunction with community based services such as district nurses, physiotherapists and occupational therapists as necessary.

Is the service caring?

Our findings

We received positive feedback from people about the staff who supported them. They said, "I get on very well with them, they know how I like things done and they respect that", "(Named member of staff) is so kind and friendly", "I was introduced to my carer when I first started with Angel Care and we hit it off straight away", "I look forward to when the carer comes to me. They cheer me up" and, "My support worker is kind and caring and so are the people in the office". People who completed the CQC survey forms said they were happy with the care and support they received from the service and were treated with respect and dignity. Health or social care professional who completed our survey said the staff they had met were kind and caring towards the people they supported.

Support workers knew about the importance of developing good working relationships with the people or person they supported. One support worker said, "I am proud to work for this service because we can really support people and provide them with the care they need. I don't have to rush to get to the next call so I can devote my time to that person". Support workers said it was important to treat people well and all of them said they would recommend the service to friends and family. Details that the support workers wrote in the visit notes were checked by the manager on a regular basis to ensure the recordings were respectful and kind. The service ensured records were factual and accurate but written in a dignified way.

When a service was commenced with a new person they were asked by what name they preferred to be called. They were also asked about any other choices and preferences that were important to them. People were asked if they preferred a male or female support worker. One person said, "We receive a very flexible service and I make the arrangements directly with the support worker. They (the support worker) always does her very best to be available and has changed her arrangements to accommodate ours. She is so caring".

The manager and provider told us they always matched support workers to the person's needs, but encouraged people to speak up and request a change of support worker in the event of non compatibility. The provider and manager told us how one of their support workers had advocated on behalf of a person the service supported to address a difficulty in their life and had attended meetings. This had resulted in a positive outcome for the person.

Angel Care Support would strive to look after people in their own homes whose health was deteriorating or who were at the end of their lives. The manager explained the service would not actively take on anyone with end of life care needs. However if a person they had been supporting was dying they would do their very best to support them in their own home. In order to do this they would work along side families, community based services, the person's GP and district nurses to deliver a caring service.

Is the service responsive?

Our findings

People said, "The manager came and saw me and we discussed what help I needed", "I had a say in how I am looked after", "We agreed on what help I needed and Angel Care have come up trumps" and, "I have had help from other agencies and this one is by far the best. You get exactly what was agreed". People who completed the CQC survey forms said they were involved in decision making about their care and support needs but not everyone knew how to raise any concerns or complaints they may have. Staff who completed CQC survey forms all felt the manager was accessible, approachable and dealt with any concerns they had.

People were provided with a copy of the service user guide and this was kept in the care files in their homes. The guide provided key information about the service, contact telephone numbers, out of office hours arrangements and the complaints procedure. Those people we spoke with during the inspection were aware of the complaints procedure and one was reminded that a copy of the procedure was in the care file. The complaints procedure was provided in both written and pictorial format and the complaints policy had last been updated in October 2015.

The service had received two formal complaints in the last 12 months and the records evidenced the actions taken by the manager and the provider. The Care Quality Commission have received no complaints about this service.

The service had received many complimentary comments about the service they provided. They included these examples: "Always on time, efficient and great with (name of person)", "Encourages him to use communication aids" and, "I want to make sure that Angel Care Support management team are aware of how supporting (named support worker) has been to (named person) and how well she supported us as a family".

Copies of people's care records were kept in the office and also in the person's home. Care plans clearly set out in detail the tasks to be completed and how the planned care was to be provided. For those people who were provided with a service at pre-arranged time their plans included a timetable of support. For those who received a flexible service, their plans detailed the likely tasks that the support worker would be doing.

Care plan reviews were undertaken regularly with new packages being reviewed between four and six weeks after commencement of the service. Full reviews of the service provided were on a yearly basis with a six monthly review of the risk assessments. These measures ensured the service being provided remained appropriate and met the person's needs. Care plans were amended to reflect people's changed needs. Staff were expected to report any changes in people's care, support and health needs to the office and the manager said, "The staff are good at doing this".

Is the service well-led?

Our findings

People and staff felt the service was well led. Support staff said they liked working for the service because it was well organised and they were not expected to "Rush from one person to the next". People said they received the service they expected, they were always informed of any changes and had never had any calls missed. People who completed the CQC survey forms said they knew who to contact in the service if they needed to. The provider and manager maintained very regular contact with each person supported by the service, by telephone and by home visits.

There was a staffing structure in place. The provider was office based and provided the administrative support for the service. The registered manager was, at the time of the inspection, on extended leave but still maintained contact with the provider. In the meantime, the service was being managed by an interim manager. Support workers said the provider and the manager were approachable. One of the support worker was on occasions asked to undertake some management tasks, for example spot checks on staff work performance and assessments of new service users.

A programme of staff meetings had been reintroduced by the manager, the first one for a while being held a couple of days after this inspection. Support workers we spoke with said they were able to call in to the office at any time therefore had not felt the lack of meetings had been a problem. The manager said all staff were expected to attend the arranged meeting.

The manager met up regularly with other registered managers for 'peer support' and found these meetings useful. The provider had attended some of these meetings. Both the provider and manager were unaware of the South Gloucestershire Council's domiciliary care provider's forum. These meetings would be beneficial for the service and allow them to network and share good practice.

The provider and manager had a clear plan for the service. They did not want to change the way they provided support and would not consider local authority commissioned 15 minute calls. They were committed to ensuring that each person received person centred support and if they had received a service from another agency they always found out 'what had not worked'. They said this enabled them to get it right.

The provider and manager had several measures in place to monitor the quality and safety of the service. They used staff supervision and care plan reviews as a means to ensure the service did what it said it would and learnt from any events in order to improve. Care documentation completed by the support workers was checked on a monthly basis to ensure that medicine administration records and daily visit notes were completed appropriately and professionally.

The service last completed a quality assurance survey in December 2015. The general overview of the surveys were that people were satisfied with the support they received from Angel Care Support. There were odd instances of minor concerns and an action plan had been put in place to address the issues. The issues raised were a lack of capacity to take on further hours, staff reliability and communication between the

office and people being supported.

The service had instigated a recruitment drive and reviewed their pay structure to attract experienced carers. The manager had put measures in place to monitor staff performance to ensure staff reliability was improved and staff absences were being managed.

Any accident, incidents or complaints received were logged. The details leading up to the events were analysed in order to identify any themes. This meant the service had the opportunity to prevent reoccurrences and to make improvements where possible.

The provider and manager were both aware when notifications had to be sent in to CQC. These notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any events had been handled. In the previous 12 months the service had only needed to submit two notifications to CQC.

The service had a set of policies and procedures and these were kept under review to ensure they remained up to date and appropriate. All support workers were provided with a copy of the staff handbook so they could refer to key policies when they were out and about working with the people they supported. Key policies included safeguarding adults, child protection, lone working and health & safety.

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 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider must ensure they have an induction training programme that prepares staff for their role and follows the Care Certificate standards</p> <p>Regulation 18 (2) (a).</p>