

Home Care Angels Limited

Home Care Angels

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was announced and took place on 5 and 6 June 2017. We told the provider two working days before our visit that we would be coming to ensure that the people and staff we needed to talk to would be available.

Home Care Angels provides personal care and support to people who live in their own homes. At the time of our inspection they were providing personal care to approximately 75 people.

Home Care Angels has 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.

People received care and support in an exceptionally personalised way. There were care plans in place so that staff knew what care and support to provide people. Care was focused on people's wishes, preferences and personal histories. Staff knew people well and understood their needs. This meant people were able to maintain their independence and achieve a good sense of self-worth and wellbeing. The impact this had on people was outstanding.

The service played a key role in the local community and provided people with support to attend social events to reduce the impact of being socially isolated.

People and their families told us they felt safe and secure when receiving care. Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were sufficient numbers of staff to maintain the schedule of care visits.

Risk assessments relating to people's individual risks and those relating to their homes' environment were detailed and helped reduce risks whilst maintaining people's independence. People received their medicines safely and staff contacted healthcare professionals when required.

People felt they were treated with kindness and said their privacy and dignity was respected. People were supported to eat and drink when needed.

Staff had an understanding of legislation designed to protect people's rights and were clear that people had the right to make their own choices.

People and their relatives knew how to raise concerns or complaints. People and relatives were regularly consulted by the service.

Staff received an induction and core training so they had the skills and knowledge to meet people's needs. There were enough staff employed and staff were safely recruited.

The culture within the service was personalised and open. There was a clear management structure and staff, relatives and people felt comfortable talking to the managers about any issues and were sure that overall any concerns would be addressed. There were systems in place to monitor the safety and quality of the service provided and share any learning both in the service and across the provider.

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.

Risks were managed appropriately.

Staffing levels were sufficient to meet people's needs.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and one to one supervisions.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to access health professionals and treatments.

Is the service caring?

Good ●

The service was caring.

People felt staff treated them with kindness and compassion. People told us some staff were more relaxed and chatty than others.

People were encouraged to remain as independent as possible.

Is the service responsive?

Good ●

People's care and support were personalised and designed to promote quality of life and to meet their needs and preferences.

The service went the extra mile in providing people with a range of activities to prevent social isolation.

People using the service and their relatives knew how to raise a concern or make a complaint.

Is the service well-led?

Good 

The service was well led.

People and staff spoke highly of the management team and said they were approachable and supportive.

There were systems in place to monitor and improve the quality and safety of the service provided.

Home Care Angels

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 5 and 6 June 2017 including visits to four people who use the service. We told the service two working days before our visit that we would be coming to ensure the people we needed to talk to would be available. This inspection was conducted by one inspector. We contacted six people who used the service and gained their views over the telephone.

We spoke with five members of staff, the registered manager and the regional manager for the provider. A further member of staff emailed us feedback following the inspection. We checked four people's care and medicine records in the office and with their permission, the records kept in their home when we visited them. We also saw records about how the service was managed. These included four staff recruitment and monitoring records, staff rotas, training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

The registered manager sent us additional information in relation the staff training and further examples of how they had supported people.

We reviewed the feedback left by people via the CQC website over the last 12 months.

Before the inspection, we reviewed the information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Is the service safe?

Our findings

All of the people we met and spoke with told us they felt safe and free from any harm when staff visited their home. One person told us, "Yes absolutely, I would tell the office if I didn't", another person said, "Absolutely, I'm safe with them, they have done a great job keeping me safe when I was unwell".

Staff had received training in safeguarding adults during their induction and ongoing training. Staff knew the different types of abuse and were confident about how they could report any allegations.

The risks to people were fully assessed before a package of care was put in place. Risks were also reassessed as and when people's needs changed. The assessments and risk management plans included an assessment of the person's home environment, their risk of having falls, malnutrition, ability to manage medicines and a moving and handling assessment. For example, there was a comprehensive risk management plan in place for one person who was at risk of skin damage from not repositioning. The risk management plan took into account the person's choice to sit in their arm chair for long periods of time without repositioning. Staff reported any concerns about the person's skin integrity to district nurses as soon as they noticed any changes.

There were arrangements in place to keep people safe in an emergency. There was an on call system for people who used the service and staff to contact in emergencies or where they needed additional support.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

People told us staff supported them with their medicines in the ways they wanted them to. They told us their medicines were administered as prescribed. People's Medicines Administration Records (MAR) we looked at were accurately completed. Where staff supported people or administered their medicines there was a medicines plan and a current list of the person's medicines and creams.

Care co-ordinators audited people's MAR and topical cream records at the end of each month. The registered manager also checked a sample of these audits to make sure they were accurate. Where any omissions or shortfalls were identified these were followed up with staff involved.

People and staff told us there were sufficient staff deployed to ensure people's needs were met safely and responsively. Staffing levels were determined by the number of people using the service and their needs. The registered manager reviewed people's dependency every month. The agency did not take any new packages of care for people unless they had the staff available to meet the new packages.

People received a weekly schedule in advance which showed the times and names of staff that would be visiting them. People said staff arrived around the time stated and if staff were running very late the office or

staff member called them.

An electronic recording and scheduling system was used. This required staff to scan a barcode on people's records via their smart phone when they started a person's visit and when they finished. If the staff were running late for the visit an alert flagged up to all staff in the office, office staff were then able to visit or arrange for other staff nearby to attend to the person.

There was a core of staff that worked at the service for over two years and there were also some newer recruited staff as well. The registered manager told us there was a turnover of staff that was similar to other services but they were working hard to recruit and retain staff. People told us they knew most of the staff that visited them. They said new staff always worked alongside existing staff before they started working alone with them. This meant new staff were always introduced to them.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the agency. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The service had a business continuity plan in case of emergencies. This contained a set of procedures for staff to follow in emergency situations.

Is the service effective?

Our findings

All the people we met and spoke with told us that they thought the staff had the correct training and skills to meet their personal care and welfare needs. One person told us, "They definitely know what to do the lady from Home Care Angels called me an ambulance when I was unwell and my blood sugars dropped and I had a seizure". Another person and their relative told us staff were skilled and "very good at spotting" when the person needed to see the GP or district nurses.

When staff started working for the service they had an induction which included a variety of face to face training and e-learning in addition to shadowing more experienced care workers to learn about how people wanted or needed to be supported. Arrangements were also in place for staff who were new to care to complete the Care Certificate, which is a nationally recognised induction qualification.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. The training included moving and positioning, safeguarding, health and safety, medication administration, dementia, end of life care, MCA 2005, diet and nutrition, infection prevention and first aid. Staff had also been provided with specific training to meet people's needs. For example, epilepsy training, stoma care, brain injury, catheter care and breakaway training. This made sure that staff were competent and had the skills and knowledge to safely deliver care. All the staff we spoke with felt they had been adequately trained to undertake their role.

Staff told us they were well supported by their line managers and they had opportunities to develop professionally. Records showed the care coordinators completed observations of staff on an ongoing basis and during their induction. This included medicine competency checks, spot checks and one to one supervision sessions. Spot checks are an observation of staff performance carried out at random. People confirmed that staff had spot checks. One person said, "I've had some spot checks done whilst they are here, they watch them do their job it's always been ok for me". There was also a system in place to make sure staff received an annual appraisal.

People told us their choices and preferences were listened to, that staff asked consent before commencing a task and explained what they were going to do. One person said, "They always discuss everything with me and check every time that I'm ok and it's what I want to do before they help me".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. The registered manager had a good understanding of this and we did not find any evidence of any restrictions imposed upon people.

Staff had been trained in the Mental Capacity Act (MCA) 2005 and staff we spoke with had an understanding

about this and making decisions that were in people's best interests. None of the people the service was currently supporting needed any best interests decisions to be made on their behalf. We did not find any evidence of any restrictions imposed upon people.

People told us they were supported to have enough to eat and drink and at the times they wanted it. They said, where preparing food and drinks were part of the care and support package, the staff always made sure they had food and drinks left in their reach. People said staff prepared the meals the way they liked them.

People were supported to access the health care they needed. Information about people's health needs and conditions was included within their care plans. The plans included information as to what support people may need in relation to these health conditions.

Staff were aware of the action they should take if a person was unwell. People told us staff were proactive in identifying any health issues. One person and their relative told us staff were skilled at identifying any skin changes and made referrals to the district nurse. The relative said this was very important to them because they would not have recognised the person's skin condition was deteriorating.

A professional who works with the service told us, "They let us know if anyone they support is unwell and if they have called the GP or district nurse".

Is the service caring?

Our findings

Overall, people spoke highly of the caring qualities of staff. Comments included, "I can't say a word against them they're all marvellous", "They're a good bunch, they're the best", "They all treat me kindly" and "They are always kind to me and they treat me well". However, one person said about staff, "Some are more naturally chatty than other and that's much easier and more relaxed for me". Another person and their relative told us a few staff did not chat with them when they visited. They said these staff were pleasant enough but it was not as relaxed as it was with some other staff. This was supported by another person who said, "Sometimes it can feel a bit perfunctory" with some staff. We fed this back to the registered manager who had already recognised this and was addressing this with individual staff. In addition, they immediately arranged a bespoke training package for new staff that focused on people's experiences, communication and culture. The training was planned over four dates to be delivered in June and July 2017.

People's choice in relation to gender of care workers for personal and intimate care was respected. This was recorded in their assessments and care plans.

People we spoke with and their relatives confirmed that they were involved in making decisions about their care. We saw they had been involved in developing their care plans. Relatives were encouraged to be involved where they wanted to be and told us the support had helped with maintaining positive relationships with their family member.

People told us care workers always treated them with respect and dignity. People told us staff were always polite and respectful. People said care workers always maintained their dignity when providing personal care. People told us their privacy was respected and staff always acknowledged they were working in the person's home. People, who were not able to independently answer their door, told us staff always knocked and shouted out on their arrival.

Care plans for people focused on people's strengths and included details of how staff could encourage people to maintain their independence. For example, one person's plan detailed how staff were to maintain the person's independence in relation to their pain management.

Staff knew about the requirements to keep people's personal information confidential. All records relating to people were kept secure within the agency office.

The registered manager told us they supported people at the end of their lives and they were planning for staff to be trained to become Soul Midwives. Soul Midwives are holistic and spiritual companions to anyone at the end of their life. Staff attended people's funerals (where families were happy for them to attend) and the service sent condolence cards and flowers.

Is the service responsive?

Our findings

People's needs were assessed before their support started. This made sure staff were confident about what help or support the person needed. The registered manager told us they only took on new people when they were sure they had capacity to provide the package of care needed.

From the assessments care plans were developed. Care plans covered a range of areas including people's need for support with washing and dressing, medication, nutrition, their memory, religious, cultural, social needs and communication, any risks, and support with finances. Staff told us care plans were easy to follow and that they had enough time allowed to read them.

People's care plans were person centred and included important information about them as an individual including their personal histories. Care plans directed staff to use this personal information to provide exceptionally personalised care. For example, one person who was living with dementia had been reluctant to accept personal care and support with washing and dressing. Through the person's life history the registered manager and staff knew they liked music and particularly loved to sing. As part of the care plan staff are directed to sing with the person during personal care and the person now readily accepts all of the support and care provided.

Staff were innovative in their ways of enhancing the quality peoples' lives and their wellbeing. One person wanted to go to the beach to feel sand under their feet. However, due to their physical frailty they staff could not get them to the beach. So they got a paddling pool and sandpit sand, with a bucket and spade and put in the person's home. The staff took the person fish and chips so that the beach came to them and had a day out at the beach.

Another person loved earrings and that was their point of call for conversation. The staff visiting the person put in different earrings on each visit. They put them in just before entering the person's home and they then chatted about the earrings. This provided the person with a different interest to their immediate environment.

Staff supported people to go and vote during the recent election in addition to their usual package of care.

The service was flexible and responsive to people's individual needs and preferences. All of the care coordinators, rota scheduler, care manager and registered manager have been trained to deliver personal care. This meant they were able to provide a responsive service to people at short notice as well as cover any shortfalls in the schedule. For example, one person contacted the office when they urgently needed some assistance with personal care that was not part of their usual care package. One of the staff from the office immediately went and provided the person with the personal care support they needed.

The service had acknowledged that the people they supported were at times socially isolated. The service held social events such as veterans day and Christmas parties. They have also organised day trips for people who use Home Care Angels. Members of the community who do not use the service but pop into the office

for a coffee and support were also invited to join the service's Christmas party.

The service played a key role in the local community and was actively involved in building further links. A member of staff emailed us that 'I firmly believe that we are part of the local community and we are pretty well known for assisting the elderly as they cross the road outside our offices to the local Tesco's. We are often seen running out with chair for someone to sit on or a first aid kit, or for bringing them in to the office to sit down and have a chat.'

A professional who works with the service told us, "Home Care Angels communicate very well with us. They are one of the better agencies we work with. They are all very caring and people speak highly of the carers".

People told us they were actively encouraged to give their views and raise verbal concerns or complaints. People's feedback was valued and people felt that the responses to the matters they raised were dealt with in an open, transparent and honest way. Everyone told us they had no hesitation in talking with staff or managers about anything and that when they did it was always sorted out. One person said, "I have a good relationship with XXX and XXX (office staff) and I'm confident that I only have to mention something to them and its rectified". Feedback was actively sought from people and their representatives. Office staff routinely visited and contacted people by telephone.

Staff also knew how to deal with any complaints or concerns according to the service's policy. Information about how to make a complaint was included in information about the service provided to each person. Home Care Angels had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. There were no complaints received in 2017 and we reviewed the three complaints received in 2016. We saw previous complaints were acknowledged, investigated and the complainant responded to in writing. The regional manager also reviewed any complaints or concerns to ensure there was an impartial view.

Is the service well-led?

Our findings

Feedback from people, relatives and staff showed us the service had a positive and open culture. They all said they could approach managers and they were listened to by the staff, office staff and registered manager. People, relatives were confident that action was taken when needed and they were positive about the service. One person told us, "It is an exceptionally good care agency in comparison to others I've had". Another person said, "They are so much more organised than the previous agency. They know what they're doing and they've got it down to a tee".

Feedback had been sought from people about their experiences of care through surveys carried out in March 2017. These covered areas such as people's care and staff, staff skills and training, timings of visits, making a complaint and the service received from office staff and the out of hours service. Peoples' experiences were overall positive but if there were any concerns or negative comments an action plan was implemented in response. For example, one person commented they wanted staff to take their shoes off when they came into their home. However, due to health and safety guidance this was not an option so staff were provided with shoe protectors for these circumstances.

A staff survey was also completed in 2017. In response to the findings from both the staff and peoples' surveys and other feedback from staff the service was restructured. This was so there were three location areas with specific staff teams with a care coordinator managing each of the teams. The care coordinators also worked with people in the locations so they were kept up to date with their needs and they were able to seek their views on the service. This meant people and relatives had consistent staff teams and one point of contact for their reviews.

Staff described an open, transparent culture and told us they felt part of a team. Staff we spoke with were positive about the communication at the service and they were all enthusiastic about working with the people they supported and the service. Staff told us there was good teamwork at the service. There was a monthly newsletter that was sent to all staff and staff nominated an employee of the month.

There were staff meetings for all staff and weekly care coordinators meetings. There was a recorded daily handover from the on call to the rest of the office team.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

There was system of audits to monitor and assess the quality of the service provided. These included medicines, record of care sheets, care plans, people's dependency, incidents and accidents and staff records. Records showed these identified issues and actions which had been completed. In addition to this the regional manager undertook a monthly good governance review that reflected CQC's key questions. For example, under the caring question people would be visited and consulted about the service. Following each review an action plan was set including who was responsible and the timescales for completion. The

provider also arranged for an independent inspection of the service once a year.

The registered manager told us and we saw from meeting minutes they had the opportunity to meet quarterly with other registered managers from the provider's other care homes and services. This was a forum where any learning from incidents, complaints or safeguarding were shared across the provider's services.

The registered manager took action in response to any feedback from professionals and commissioners. Any actions identified in any contract monitoring reports or professional visits were addressed immediately in a realistic action plan.

Home care Angels had signed up to the Department of Health's Social Care Commitment. The social care commitment is the adult social care sector's promise to provide people who need care and support with high quality services. They had also signed up to the dementia pledge, being Care ambassadors and the Skills for Care new visions of leadership, supporting the development of leaders and managers in social care.