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Angels Community Support Services

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 visit took place on 17 October 2016 and was announced.

This was the first inspection of the service since the initial registration in July 2014 and the move to a new location in October 2015.

Angels Community Support Services is managed from an office in Lytham St Annes. Services are provided to support people to live independently in the community. The agency is a small service offering personal care and support to people living in and around Lytham St Annes.

At the time of our inspection visit Angels Community Support Services provided services to around twenty people. Only seven people received personal care when we inspected. This varied from weekly visits to several times each day.

The registered provider was an individual who also managed the service on a day to day basis. Registered providers 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 told us they had been visited by the registered provider before their support began and had a thorough assessment of their needs undertaken.

People we spoke with told us they felt safe. We spoke with three people who received support from Angels Community Support Services and a relative. They told us they received safe and attentive care and they liked the staff who supported them. They said staff were punctual and conscientious.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

Staff knew the people they supported and provided a personalised service. People told us they were always supported by staff they knew and who were familiar with their needs and preferences.

There were procedures in place to protect people from abuse and unsafe care. Risk assessments were in place which provided guidance for staff. This minimised risks to people.

Care plans were in place detailing how people wished to be supported. Consent was sought before care was provided and people were involved in making decisions about their care. People were supported to arrange and where needed to attend health appointments and social occasions.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). Although staff had not needed to make an application when we inspected.

Staff encouraged people to eat when they visited and made sure people's dietary and fluid intake was sufficient for good nutrition.

People knew how to raise a concern or to make a complaint if they were unhappy with something. There was a transparent and open culture that encouraged people to express any ideas or concerns. The registered provider sought people's views and dealt with any issues of quality quickly and appropriately.

Recruitment and selection was carried out safely with appropriate checks made before new staff could start working for the service. This reduced the risk of appointing unsuitable people.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

The registered provider understood their responsibilities. The service had clear lines of responsibility and accountability. People who used the service, relatives where appropriate and staff said they were well supported by the registered provider.

Quality monitoring procedures in place included home visits, telephone monitoring and surveys. People supported by the service confirmed they were regularly contacted and asked for comments about the service they received.

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.

There were suitable procedures in place to protect people from the risk of abuse. Restrictions were minimised so people were safe but had the freedom they wanted.

Staffing levels were sufficient and staff appropriately deployed to support people safely. Recruitment procedures were safe.

Medication processes were in place to reduce the risks of poor medicines management where the service administered medicines.

Is the service effective?

Good ●

The service was effective.

Staff were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

The registered provider and staff demonstrated their understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to eat and drink and have good nutrition and appropriate healthcare.

Is the service caring?

Good ●

The service was caring.

People were pleased with the support and care they received and said staff respected their privacy and dignity and they were treated with kindness and compassion.

People were involved in making decisions about their care and the support they received.

Staff knew and understood the likes, dislikes and preferences of people who received care and support. They were aware of and met each person's diverse cultural, gender and spiritual needs.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. These reflected their preferences, needs and wishes.

Care plans were person centred, involved people and where appropriate, their relatives. Staff were knowledgeable about how to support people according to their preferences.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and acted on effectively.

Is the service well-led?

Good ●

The service was well led.

The registered provider had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Systems and procedures were in place to monitor and assess the quality of service people were receiving. The registered provider consulted with people they supported and where appropriate, relatives for their input on how the service could improve.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Angels Community Support Services

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 inspection visit took place on 17 October 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service to people who lived in the community. We needed to be sure that someone would be in.

The inspection team consisted of an adult social care inspector.

Before our inspection on 17 October 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

We reviewed the Provider Information Record (PIR) we received prior to our 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

During our inspection we spoke with four people who used the service and a relative and three care staff. We also went to the Angels Community Support Services office and spoke with the registered provider.

We looked at three people's care records, the training and recruitment records for three staff and records

relating to the management of the service. We also spoke with the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of the service people experienced.

Is the service safe?

Our findings

People we spoke with told us they felt safe. We spoke with four people who received support from Angels Community Support Services and a relative. They told us they received reliable and considerate care and they felt safe with the staff who supported them. They said staff were punctual, attentive and conscientious. One person said, "I feel so safe with the girls visiting. I feel privileged to have them here." A relative told us, "I can't fault the staff. They keep [family member] safe. Before this we had another agency. They sent 26 different carers in six weeks. Here we have had three and they are great."

The registered provider had procedures in place to minimise the potential risk of abuse or unsafe care. We spoke with staff who understood their responsibilities to report any unsafe care or abusive practices. They had completed safeguarding training and told us they would report any unsafe care or abuse if they became aware of this. From this we could see they had the necessary knowledge to reduce the risk for people from abuse and discrimination. There had been no safeguarding alerts raised about the service in the previous twelve months.

Risk assessments were completed and reviewed with each person to provide guidance for staff. Risks were also assessed for risks within the person's home. This helped them to provide safe care and minimised risks to people.

The registered provider had procedures in place for dealing with emergencies and unexpected events. They made sure they were able to support a person if they needed additional support or an emergency occurred. Staff contacted the registered provider for advice or if delayed by an unexpected situation. The registered provider then took any action needed to ensure people were safe and had staff support. Any emergencies, accidents or incidents were managed quickly and safely. The staff team discussed and evaluated these afterwards, to see if they could have improved how they managed them.

We looked at the recruitment procedures the service had in place. We looked at the staff file of three recently employed staff. The application forms had a full employment history including reasons for leaving previous employment. We saw any gaps in employment had been explored. References had been received before new staff were allowed to work with people. A Disclosure and Barring Service (DBS) Check had also been received. These checks reduced the risk of employing unsuitable staff.

We looked at the duty rota to see if enough time was provided to support people as they needed. We looked at the documentation about the care provided and asked people if staff had enough time to provide safe and unhurried care. They told us they received care by staff at the times they wanted this. They told us they knew the staff who supported them and were pleased with how they provided care. One person said staff always stayed as long as they should do and sometimes longer just to make sure I am alright." Staff spoken with said they were allocated sufficient time to be able to provide the care and support people needed at each visit. A member of staff said, "Do we have enough time to support people? - Yes 100%. We don't have to rush here and there and have time to make sure our clients are safe and well."

We looked at the procedures the service had in place for assisting people with their medicines. The registered provider told us where staff prompted people to take their medicines, this was documented and monitored. Staff employed by the service received medicines training to ensure they were competent to administer medicines. Staff we spoke with confirmed they had been trained and assessed as competent to support people to take their medicines. People we spoke with said the agency was well managed.

Is the service effective?

Our findings

People told us they always knew the staff who supported them and staff were familiar with their needs and preferences. Staff said they knew people's needs and preferences as they went to the same people on a regular basis. They told us they had developed good relationships with people. They said this helped them to recognise if the person was not as well as usual and where needed to act on this. One person said, "I can assure you they are super." Another person said, "I know my girls well. [The registered provider] never sends someone I don't know."

The registered provider visited each person and made an informative assessment of their needs to make sure they could provide the care they needed. People told us they discussed the care they received and times they wanted this. They told us they had the same group of staff who were familiar with their support preferences. They said the registered provider and staff routinely checked if they needed any changes to their care.

People's care records included the contact details of their General Practitioner (GP) and other professionals. This enabled staff to contact them, on the person's behalf and with their permission if they needed health care. People said staff supported them to attend healthcare appointments. One person said, "My carers are fantastic, especially if I am not feeling too good."

Care plans seen confirmed people's dietary needs had been assessed and support needed with their meals documented. Visits were arranged with people so staff could assist with preparation of meals where needed. They encouraged people to eat a varied and nutritious diet, while respecting their preferences. We saw staff had received training in food safety and were aware of safe food handling practices.

We spoke with the registered provider and staff team. They told us they received training frequently. Training records supported this. These included safeguarding, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS), moving and handling, infection control and food safety. All staff had also completed or were working towards national qualifications in care. The staff team felt their training gave them the skills to be able to support people appropriately. One member of staff told us, "I have done more training here than any other workplace. It has been really good and useful."

People who used the service told us they were confident their staff had the skills and knowledge to care for them. One person said, "They are knowledgeable and experienced and it shows in the care they give me."

Staff spoken with told us they received regular formal supervision. This is where individual staff discuss their performance and development with their manager. Records seen confirmed this. The registered provider told us they carried out supervision frequently. This included observing staff as they supported people, with the agreement of the person supported and by one to one performance discussions in the office. Staff told us they found the supervisions useful and supportive. They felt they could suggest ideas to improve a person's care, any concerns or difficulties and the support they needed in their role. They told us they were well supported by the registered provider. One member of staff said, "[The registered provider] is brilliant."

She is always there to help and advise." Team meetings were also held to give staff the opportunity to talk together about care practice.

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. The registered provider and staff team demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA). They were aware of the process to assess capacity and the action they needed to take where a person lacked capacity to make a significant decision. This meant they were working within the law to support people who may lack capacity to make their own decisions.

Is the service caring?

Our findings

People we spoke with told us staff were considerate and caring. They told us they were glad they were supported by Angels Community Support Services. One person told us, "The girls are absolutely perfect. They get me up, make breakfast and have a chat to make sure I am alright. Everything is hunky dory." Another person told us, "I can't fault them. They are excellent. I would recommend them to anyone."

We looked at whether visits were missed or late. One person said, "They try to be on time and if delayed let me know so I am not wondering about them. They never miss coming." Another person told us, "They are all superb. I have never had a problem with them. They have never let me down."

The registered provider had made sure people's requirements in relation to their human rights were upheld. This included ensuring staff respected people's family, personal and sexual relationships. We saw their personal information was confidential but accessible to them and the right, to make choices about their daily life and the way they wanted their care delivered. Staff were aware of and responded to each person's diverse cultural, gender and spiritual needs and met them in a caring and compassionate way. They supported them in the way they wanted. People told us staff encouraged them to decide how they wanted their care and support provided. One person said, "[The registered provider] often checks if I want anything changed. I don't because I am happy with how the girls look after me."

We looked at three people's care records and found care was personalised and helped people to express their preferences. The plans contained information about people's care needs, preferences and their likes and dislikes. We saw people had been involved in developing and updating their care plans. We talked with staff who were knowledgeable about people's individual needs and preferences. The registered provider said they made sure people knew what staff were going to do on each visit. This was confirmed in each person's care notes. Each person had a copy of their care notes in their home unless they refused to have them there. There was also a copy kept in the office. This helped remind people who had different support on visits of what the staff usually did each visit.

People told us they could trust staff and they were reliable and respectful. "One person said, "The whole set up is good and the girls hand-picked." People told us staff respected their need for privacy and dignity. One person said, "They are respectful and courteous – always."

We checked the registered provider had information available about independent advocates was available for anyone who needed guidance and support. They had information in place that could be provided to people and their families if they needed these. This ensured people's interests would be represented and they could access independent assistance and advice to act on their behalf if needed.

Before our inspection visit we contacted external agencies about the service including the commissioning department at the local authority. They had no information of concern about the service.

Is the service responsive?

Our findings

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. People told us they found the service was responsive in changing the times of their visits if required. They told us staff supported them to manage tasks they could no longer do and enjoy being able to stay in their own home. They said the registered provider responded quickly to any requests for changes in care or support or times of visits, an extra visit or additional support. One person said "I only have to ask and any changes are done straight away. I changed my hours without any problems."

People looked forward to the visits for extra companionship as well as care. Staff recognised the importance of social contact and companionship and made sure they spent time talking with people on their visits. They told us they were informed promptly when there were changes to people's care and support, any additional visits or changes to visit times. This ensured they had up to date information about the care needs of people they supported.

We looked at care records of three people. We saw assessments had been undertaken before the registered provider agreed to provide care to people. These made sure that the agency knew whether they were able to meet their needs. The care plan outlined how the person's care and support was to be provided. We saw staff had supported and encouraged people to tell them or show them just how they wanted their help given. This enabled them to have the care they wanted.

Personal care tasks were recorded along with any other agreed activities. The care records were informative and personalised. They illustrated how staff supported people on their visits daily routines and personal care needs. Care plans were regularly reviewed and updated in response to any changes in care or support.

The registered provider said the complaints procedure was made available to people they supported and their family members. People confirmed they had a copy of this. They told us knew how to make a complaint if they were unhappy about anything. Everyone we spoke with said they were pleased with the service and had no complaints. One person said, "I have no complaints, but if I did I would talk to [the registered provider]. She would deal with any problems quickly."

People told us the registered provider was easy to talk with and would deal with the slightest concern promptly. One person said, "In fact [registered provider] comes and checks if anything is not quite right for us and asks us how the support could improve. I always say it is fantastic everything is brilliant." Another person said, "You don't have to complain, just a mention of anything and it is done."

The complaints procedure was clear and explained how a formal complaint could be made and how it would be dealt with. This gave people the information they needed to complain formally. When we undertook this inspection visit no complaints had been referred to CQC or received by the service.

Is the service well-led?

Our findings

People were positive about the service and said it was well managed and they were very pleased with the support they received. People told us the registered provider and staff team were friendly and approachable. They said they were easy to talk to and willing to listen to any questions or changes in care they wanted. One person said, "Thank you for being so understanding and supportive." A relative told us, "I highly recommend this service. [The registered provider] oversees everything. She contacts us to check things are ok, even when she is on holiday. She is amazing. She gives 200%."

The registered provider told us they did not want to expand the service too much. They were happy with a small team who they could support and monitor and service users who they had regular contact with. The registered provider was part of the team providing care to people. They regularly checked if people were happy with the service and encouraged people to give feedback, which was acted upon. One person told us, "[The registered provider] is so good. She runs a great team. They are all super." Another person said, "I see [the registered provider] frequently. If she is not supporting me she often visits and I can always talk to her on the phone."

We found the service had clear lines of responsibility and accountability with a small effective team in place. The registered provider understood their responsibilities. They were aware of the need to notify CQC and other relevant organisations of any incidents or issues relating to the service in a timely manner. The registered provider had almost completed a national diploma in care management to further develop their skills and knowledge. We saw they had a relaxed and confident style and gave instruction or guidance in a clear, friendly way. Staff were aware of the expectations that they supported people in a person centred way to a high standard. They were experienced, knowledgeable and familiar with the needs of the people they supported. They were motivated and supported people as the person wanted. People, their relatives and staff were encouraged to give their opinions on the care provided.

The agency had achieved the Bronze Investors in people (IIP) award in 2015. IIP is a nationally recognised framework that helps organisations to improve their performance and realise their objectives through the effective management and development of their people. The IIP assessment report for Angels Community Support Services identified there was an open, honest, people culture and practice and person centred care. It also identified the staff team regularly sought feedback so they could continue to improve.

The registered provider monitored the service informally as they met with people frequently. They checked with people to make sure they were satisfied with the care and support. They also checked records had been completed correctly and procedures followed. Where staff supported people with medicines the registered provider also checked this. They provided feedback to staff after speaking with people and after observing them supporting a service user. Any issues found were quickly acted upon and any lessons learnt to improve the service going forward.

The registered provider also sought the views of people who used the service, relatives and the staff team by questionnaire which people could submit anonymously if they wished. There were also regular staff

meetings, supervision and training to encourage staff to discuss people's current support needs, care practices, and improve knowledge and skills. Staff told us the registered provider was supportive and easy to talk with. One person said, "[The registered provider] is enthusiastic and helpful, very flexible and cares about service users and staff." Another member of staff told us, "I have never ever come across anyone like [registered provider]. She is just so supportive."