

Angel Care (Devon) Limited

Angel Home Care

Inspection report

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Devon
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Angel Home Care is a domiciliary care agency that provides personal care to people living in their own homes in the community. When we inspected they were providing the regulated activity, personal care, to 59 people in Bovey Tracey and surrounding rural areas in Devon. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff that were caring, compassionate and treated them with dignity and respect. Any concerns or worries were responded to and used as an opportunity to improve the service. Overall what people liked specifically about the service was the professionalism. People described the service as, "Courteous", "Wonderful", [Care workers] have time for a chat" and one person said staff always asked, "Is there anything else I can do before I go?".

People received person-centred care and support based on their individual needs and preferences. Staff were aware of people's life history, and their communication needs. They used this information to develop positive, meaningful relationships with people. One person said they loved seeing the care workers and showing them photos of their family.

People told us they felt well cared for by staff who encouraged them to maintain relationships and keep their independence for as long as possible.

The provider ensured, as much as possible, people had consistent staff visiting them.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role. One care worker said they had good training, especially in topics related to individuals such as advanced epilepsy. Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Staff spoke positively about working for the provider. One care worker said there was good, supportive, approachable management. They felt supported and could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt happy in their work.

Audits and an overarching service improvement plan (SIP) had been completed to check the quality and safety of the service. The provider was very passionate about providing good care and they and the staff team had worked closely with the local council quality and improvement team to ensure they were

embedding effective systems. The staff team worked well together with the provider in their roles and ensure people received a good service.

Rating at the last inspection and update

The last rating for this service was Requires Improvement overall with Well-Led rated as Inadequate (last report published 20 May 2019). We issued two warning notices in relation to breaches of good governance and safe care and treatment regulations.

The provider completed an action plan after the last inspection to show what they would do and by when they expected to have improved and were meeting the regulations.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was now well led.

Details are in our safe findings below.

Requires Improvement ●

Angel Home Care

Detailed findings

Background to this inspection

The 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.

Inspection team:

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Angel Home Care is a domiciliary care agency that provides personal care to people living in their homes in the community.

The service did not currently have a manager registered with the Care Quality Commission (CQC). The provider was in the process of recruiting to the post of manager, who, they would expect, to register with the CQC. The provider, and any registered managers, are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small agency and staff were often out of the office during the day. We needed to be sure they would be in at the time of our visit.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). 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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered

information that had been sent to us by other agencies such as the local authority's quality and improvement team (QAIT). Also the action plan sent to us following the previous inspection.

During the inspection, we spoke with five staff and the provider. Following the office visit we visited four people and a relative in their own home with their consent and spoke with a further 12 people on the telephone. Overall, comments were very positive about the care they received. Following the inspection, we received positive comments from seven care workers.

We looked at the care and medication records of four people who used the service. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, complaints, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

Safe –this means people were protected from abuse and avoidable harm

At the last inspection this key question was rated as requiring improvement. This was related to some areas of safety needing to be improved in medicines, risk assessments and policies. A breach relating to unsafe recruitment had now been met. At this inspection this key question has now improved to good and all improvements had been made.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People and their relatives explained to us how the staff maintained their safety. They all felt safe in the care of Angel Home Care. People said, "Wonderful, not intrusive", "They always listen to me, so I am safe" and "I am confident with the girls and they are very nice and mostly punctual". One relative said, "It's great peace of mind for me - I come down every few weeks to see mum but I know all is well".
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were identified, assessed and managed. Each person's care plan included relevant risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm.
- Staff understood where people required support to reduce the risk of avoidable harm.
- The office co-ordinator checked all accident and incident records to identify any patterns or trends and to see if any changes could be made to prevent incidents happening again.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had consistent staff who were familiar to them, as much as possible. Some staff had trained specifically to meet individuals' needs. One relative said, "We get a rota which is good as Dad gets anxious if he doesn't know who is coming in".
- People and their relatives told us they received care in a timely way. People commented, "Don't feel rushed" and "Staff don't watch the clock which I feel is important."
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers.

Using medicines safely

- Some people needed support or reminding to take their medicines. When staff supported people in this task, appropriate medicines records were completed by staff.
- People and relatives told us they were happy with the support they received to take their medicines.
- Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and regular competency checks were carried to ensure safe practice.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- Everyone told us staff practiced good infection control measures.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored to identify any trends. Any accidents/incidents were discussed with staff as a learning opportunity at staff meetings and supervision.

Is the service effective?

Our findings

Effective –this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as require improvement. This was related to the effectiveness of peoples' care, treatment and support not always being consistent. A breach relating to not ensuring peoples' mental capacity was assessed had now been met. A previous breach relating to lack of robust training had also been met. At this inspection this key question has now improved to good and all improvements had been made.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service began to provide support and people and their relatives confirmed this.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when their needs changed.

Staff skills, knowledge and experience

- People received effective care from competent, knowledgeable and skilled staff able to meet their needs. The provider had a system to monitor all staff had regular training to keep them up to date with best practice. This was shown on the training matrix. The provider said staff had feedback that they had really enjoyed recent face to face training and additional training was planned. Training methods included online, face to face training and competency assessments.
- Staff felt well supported and had supervision with the provider. Supervision showed staff were enabled to access further training for example, podiatry and literary courses. Annual appraisals were planned.
- New staff had completed an induction and worked alongside experienced staff until they felt confident to work alone and unsupervised. People told us, "The girls are just so lovely and know what they are doing" and "They, [care workers] don't take over."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to maintain good nutrition and hydration. One relative told us, "They let Mum do little jobs with them and help if she wants to" and one person said, "They peel potatoes for me, they don't have to, which is kind."
- The provider had also recognised that a local grocery service used by people had shut and had ensured people knew where to access other local services.

Staff providing consistent, effective, timely care within and across organisations

- People received care in a timely manner. No one reported staff rushing them in any way.
- One person told us, "They always stay the whole time" and "They do anything I ask them to do."

Adapting service, design, decoration to meet people's needs

- The service operated from a ground floor office on Bovey Tracey High Street. They were shortly moving to a

larger location down the road. This would allow people to access the office easily if needed.

- The service enabled people to remain as independent as possible by ensuring they had the equipment they needed. Staff were able to liaise with relevant health professionals if people required additional aids or adaptations to keep them safe as their needs changed.

Supporting people to live healthier lives, access healthcare services and support

- Care workers recognised when people needed a GP and called them if necessary with peoples' consent. Staff supported people to attend other health appointments as needed. One relative told us how the care worker had rung them to let them know about a skin condition that was being addressed, which they appreciated.

- People were supported to improve their health. Staff advised people on healthy eating options and assisted them with their medication and long term conditions if needed.

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.

Ensuring consent to care and treatment in line with law and guidance

People were supported by staff who knew the principles of The Mental Capacity Act 2005. Staff knew what they needed to do to make sure decisions were made in people's best interests. The service held records of any appointed Lasting Powers of Attorney who had been appointed to act on people's behalf when needed.

- Where people lacked capacity, staff worked with the local authority to make sure they minimised any restrictions on people's freedom for their safety and wellbeing.

- People were asked for their consent before they received any care and treatment. For example, before assisting a people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes. One person said, "I feel totally involved with my care and it's nice to have someone coming in".

- People's care plans clearly described what decisions people could make for themselves and where they needed support.

Is the service caring?

Our findings

Caring –this means that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remained good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who developed positive, caring and compassionate relationships with them.
- People told us staff knew their preferences and cared for them in the way they liked. Each person had their life history and individual preferences recorded which staff used to get to know people and to build positive relationships with them. People all told us the staff were "excellent" and clearly enjoyed spending time together. They also commented on the flexibility of care when it was needed.
- Staff were kind and affectionate towards people and knew what mattered to them. People's comments included, "They always ask if I need anything", "[Staff are] like family, especially nice as mine is a long way away" and "They are definitely caring and its not an easy job". A relative told us how the service "added" to their loved one's life.
- People were treated with kindness and were positive about the staff's caring attitude. One person said, "We have a laugh and they brighten up my day." We heard how a staff member had stayed with a person until the ambulance arrived with the provider covering any visits. Another person said, "We all get on like a house on fire. They even rub my arthritic bones."

Supporting people to express their views and be involved in making decisions about their care.

- People were involved in day to day decisions and in regular reviews of their care. Relatives confirmed staff involved them when people need help and support with decision making.
- Some people needed aids to help them communicate effectively. This was recognised and supported. Care plans recorded if people needed glasses or hearing aids.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld. People told us they were respected and care was taken to preserve their privacy.
- The provider recognised people's diversity, they had policies in place that highlighted the importance of treating everyone as individuals. People's diverse needs, such as their cultural or religious needs were reflected in their care planning. For example, one person was very happy saying, ""They [staff] like my little dog and he's part of my family".
- Staff were very aware that they were working in peoples' homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed. One person told us how staff had found a hairdresser to come to their home

which had made them feel much better about how they looked.

- People's confidentiality was respected and people's care records were kept securely.

Is the service responsive?

Our findings

Responsive –this means that the service met people's needs

At the last inspection this key question was rated as require improvement. This was related to peoples' needs not always being met. A previous breach relating to a lack of recording and auditing complaints had also been met. At this inspection this key question has now improved to good and all improvements had been made.

People's needs were met through good organisation and delivery.

Personalised care; accessible information; choices, preferences and relationships

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. The service was transferring onto new care plans so some were not in peoples' homes during the inspection. The provider confirmed these had been completed and were in place following the inspection.
- People were empowered to have as much control and independence as possible, including being involved in their own care plan reviews.
- Staff responded to people's changing needs. For example, staff had noticed one person had a sore area and ensured the person had the treatment they needed. Any changes were highlighted such as "don't put cream on today as has chiropodist."
- Daily notes were completed which gave an overview of the care people had received and any changes in people's health and well-being. These records were checked by senior staff to ensure people received appropriate and timely care. The provider was changing the system to make it clearer for care workers how to write in relation to the care plan. This had been highlighted during regular spot checks.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, if there were any visual problems or hearing loss and guidance for staff about how to help people communicate effectively. One person used a white board to communicate between staff, the person and relatives as an aide memoire.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care. People told us, "Angel Home Care are lovely people, we never need to ring to complain" and "They all do a very good job, [provider's name] will always sort things for you."
- People and their families knew how to make complaints. They felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service. Details of the complaints procedure were contained in their care plan files.

End of life care and support

- The provider informed us no one was receiving end of life care at the time of our inspection. The team would at times support people with end of life care and the service would work closely with other

professionals to ensure people had a dignified and pain free death.

Is the service well-led?

Our findings

Well-Led –this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as inadequate. This was related to lack of effective leadership and a culture that did not ensure the delivery of high quality care. A previous breach relating to improvements required in ensuring good governance had also been met. At this inspection this key question has now improved to requires improvement as the new systems needed time to embed further but all improvements had been made.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- People, relatives and staff expressed confidence in the management team. People told us, "They allow me to be me" and "They understand my little ways."
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. The provider said they had all worked hard as a team learning from the previous inspection, going through the report together as an opportunity to improve. They had worked closely with the local authority to ensure policies were right. For example, creating a bespoke medicines policy and ensuring staff knew what it meant in practice.
- The provider and senior staff spoke with us about individuals they supported and demonstrated a good understanding of people's needs, likes and preferences.
- Staff told us they had confidence in the management of the service and would not hesitate to report any concerns. Comments included, "I enjoy my job very much, the provider and all the office staff are very helpful in every way. I hope to be working for Angel's for many years to come." Peoples' comments included, "The staff and management don't generalise so it's all about me which is good."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider positively encouraged feedback and was keen on ensuring people received good care. There were now good audits in place to ensure systems were working well and to identify areas for improvement. For example, the provider had carried out audits of care plans and other records to monitor the quality of the service provided by Angel Home Care. The provider had found the local authority quality assurance team very helpful and they had used the information to devise a comprehensive service improvement plan.
- People spoke highly of the service and could not identify any areas for improvement.
- There was a good communication maintained between the care staff team, through regular team meetings, emails and text, supervisions and active notice boards.
- Staff felt respected, valued and supported and that they were fairly treated. For example, staff were supported in their personal lives so they could work effectively.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular satisfaction surveys were carried out and comments addressed.
- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff meetings were held to encourage good communication between the staff team.
- Staff reported positively about working for the service and did not identify any areas for improvement. Staff all spoke positively about working for Angel Home Care.
- People and staff were encouraged to air their views and concerns. People said they all felt listened to. For example, if visit times needed changing or they would like to use a walking frame.
- The service worked in partnership and collaboration with other key organisations to support good care provision. The provider was part of a parliamentary review White Paper that looked at challenges and the reality of social care on the ground.

Continuous learning and improving care

- Since the last inspection, the provider had devised a clear and comprehensive training programme which staff said they had really enjoyed. They used real life examples to learn and staff were now keen to complete further training.
- Staff also strived to ensure care was delivered in the way people needed and wanted it. They worked as a team to promote 'Proud to Care' a national scheme that promotes working in the care sector at schools and local venues. A 'Shout Out' notice board highlighted excellent staff working practices such as a care worker visiting on their day off as a person wanted to see them and cheering up a person who was feeling low.

Working in partnership with others

- The staff worked closely with the district nurses and GPs in the local area.
- Care plans contained records of meetings and assessments from external healthcare professionals and social care providers.