

Angelcare Uk Ltd

# Angelcare - Wakefield

## Inspection report

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23 April 2019

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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

About the service: Angelcare Wakefield is a domiciliary care agency that was providing personal care to 54 people at the time of the inspection.

People's experience of using this service:

People felt safe and were happy with carers. Carers knew how to recognise and report potential abuse. Risks was appropriately assessed and guidance reflected individualised need. If people required nutritional support this was offered, as was access to other health and social care services where needed.

People received support from a consistent staff team who arrived on time and stayed for the required duration of the call. Staff understood the importance of obtaining consent and people said they always had choices.

Staff were appropriately trained and knowledgeable supporting with all aspects of care delivery including medication safely. Regular competency checks including medication and moving and handling provided reassurance practice was safe. All staff said they felt part of a team.

People were properly assessed, and their needs and wishes were reviewed regularly. Privacy and dignity was promoted along with independence. Records were reflective of people's current needs.

Complaints were well handled with evidence of reflection and learning where necessary. The service had received many compliments. People all knew who to contact and staff felt able to raise any issues.

Views of both staff and those receiving support were considered in detail. Quality assurance systems assessed service delivery accurately and showed improvements were considered and implemented wherever possible.

Rating at last inspection: Good (report published October 2016)

Why we inspected: This was a planned inspection based on the rating at the previous inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. We plan to complete a further inspection in line with our re-inspection schedule for those services rated good. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 remained safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service remained effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service remained caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service remained responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service remained well-led.

Details are in our Well-Led findings below.

**Good** ●

# Angelcare - Wakefield

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of an adult social care inspector and an assistant inspector who made calls to people using the service, and also to staff.

#### Service and service type:

Angelcare Wakefield is a domiciliary care agency.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service one days' notice of the inspection because we needed the service to inform people we would be calling them. These calls were made on 4 and 5 April 2019.

Inspection site visit activity was completed on 23 April 2019. We visited the office location on 23 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

#### What we did:

We reviewed information we had received since the last inspection in August 2016.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the

service does well and improvements they plan to make. We found the information recorded on the PIR was evident during the inspection and everything stated was in place. We checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with five people using the service, and three of their relatives. In addition, we spoke with six staff including members of the care staff, the branch manager and the registered manager.

We looked at three care records including risk assessments, three staff files including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and trusted the staff who came to support them.
- Staff were able to recognise possible signs of abuse and knew how to report such concerns promptly.

Assessing risk, safety monitoring and management

- Staff had a good understanding of all possible risk facing people they were supporting including variable mobility and poor environment. They explained what action they would take in each instance. Risk assessments were personalised and provided staff with guidance to follow. We found risk assessed for medication, mobility, falls, premises and nutrition among other areas which considered all aspects of a person's situation.
- Staff were also aware to visually check equipment such as hoists or slings before each use to ensure they were fit for purpose.

Staffing and recruitment

- People told us the duration of calls enabled care support not to be rushed and they saw consistent staff. They also said if staff were running late, they were contacted.
- Staff explained they had specific rotas which were sent out in advance. All felt there was sufficient travel time allowed between calls, and if people required two care staff this was always pre-arranged.
- If extra shifts were required staff were asked and could also refuse if they were unable to do this. All told us this was rare.
- Recruitment checks were robust and interview questions were searching ensuring only appropriate staff were offered posts with the service.

Using medicines safely

- People told us they were supported with their medicines properly where this was part of their care plan.
- Staff were able to explain the process they followed for administering medicines safely and that they had their competency checked regularly.
- Medication risk assessments were detailed and provided staff with key information re side effects and descriptions of all medicines. Body maps were in place for topical medication.

Preventing and controlling infection

- People told us staff wore personal protective clothing when assisting with personal care, and staff undertook comprehensive training in regard to infection control practice.

Learning lessons when things go wrong

- The service had a low level of concerns but we saw learning from complaints and evidence of improvements sought after reviewing completed care documentation.

# 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

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

- The registered manager actively sought the latest guidance and practice standards by being a member of the local registered managers' network organised by the local authority. This provided an open forum where challenges and successes could be discussed.
- The registered manager accessed key journals and learned from others, taking advice on board where necessary.

Staff support: induction, training, skills and experience

- People said they were confident staff knew what they were doing. One person described them as "very knowledgeable."
- Staff undertook a two week induction programme which also included the commencement of the care certificate which is a set of minimum standards for all staff new to care delivery. They received quarterly supervision, the first of which was completed just after commencing their own shifts. This included feedback from people and other colleagues to ensure they were performing satisfactorily. Subsequent supervision sessions included knowledge checks about best practice.
- Staff told us, and we saw evidence of, regular and detailed training in all aspects of care delivery. Staff also said if there were any areas where they felt more training was needed, they just had to request it and it was arranged.
- Staff had regular spot checks by managers of the service where their practice and conduct was reviewed and feedback given. Staff also had annual appraisals.

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

- One person said, "They leave me a glass of water on my table. I have a special fork and spoon, and they always give me food I can eat with those."
- No one currently in the service was nutritionally at risk but staff were able to explain how they supported people if this were to happen.

Staff working with other agencies to provide consistent, effective, timely care

- Staff spoke positively of their colleagues and also the office staff. One staff member said, "We work as a team."
- One relative said, "You interact well with the multiple agencies who are involved with and I appreciate your pragmatic and practical approach. The consistency of your involvement and liaison with other agencies has been crucial in ensuring [name] gets the help they need."

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

- People said staff would advise if they needed to contact other professionals such as a GP or nurse.
- We saw one compliment where staff had delivered lifesaving first aid.

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

- 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. People told us, and staff understood, the importance of obtaining consent from people before undertaking any care activity. One staff member explained how they supported a person who was reluctant to eat by seeking agreement to eat with her. This proved positive for the person who then began to eat and family were very happy with the outcome.
- We saw signed documentation where people had consented to staff supporting with care or medicines for example.

# Is the service caring?

## Our findings

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

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 told us staff were friendly and encouraged them to discuss anything with them. One person told us, "You can have a laugh with them." Another said, "They are very, very good."
- Everyone we spoke with said they felt listened to and staff took time to listen to them. One person described staff as "extended family." One relative said staff were lovely, and another described them as "kind, compassionate and caring."
- Staff explained they conducted their visits in a non-discriminatory manner and one staff member said, "We are in their homes."
- People's life histories and family situations were recorded to ensure staff built relationships where needed. If people had cultural or spiritual needs these were also recorded.

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

- People told us they were part of the initial assessment for receiving help and their views about the service were obtained. Everyone we spoke with had their care record accessible and took part in regular reviews.
- People told us their preferences were taken into consideration such as gender of carer.

Respecting and promoting people's privacy, dignity and independence

- Staff emphasised how much they encouraged people to do as much for themselves as possible. One staff member said, "We are there to assist people, not take their independence away." This was confirmed by all people we spoke with.
- Staff were able to give examples of how they promoted privacy and dignity and told us how important it was to engage with people during all care interventions to provide reassurance.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were always offered choices, whether it was what to eat or wear.
- Staff ensured they checked before leaving if people required any further assistance.
- Care records showed people's aims and how staff were to support people to achieve these. Support tasks were detailed and gave staff clear guidance to follow.
- The registered manager advised records could be presented in any format the person chose to enable their participation such as Braille or another language. This showed the service was meeting the requirements of the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People knew how to raise any issues and had access to the office number in their care records. A couple of people said they had raised minor issues previously but both had been resolved quickly.
- We saw the service had received many compliments including describing the staff as "very friendly and helpful", "a great bunch of people," and "kind, understanding and compassionate."
- One relative had written, "I appreciate the fact you have gone above and beyond your duties in trying to find solutions to difficulties that arose [as their relation's needs were complex]." All compliments were shared with the specific staff member where mentioned.
- The service had received a small number of complaints in 2018 and 2019. All were investigated thoroughly, and apologies offered where the service had been at fault. Appropriate learning had taken place following each incident and staff offered further training if needed.

End of life care and support

- No one was receiving end of life support at the time of inspection. However, we read one compliment received which stated the service had enabled one person to remain at home during their last days which had been their wish.
- We saw people were asked about their end of life wishes, and it was recorded if they had chosen not to discuss them.

# 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

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; and how the provider understands and acts on their duty of candour responsibility

- People spoke positively of the service.
- All staff we spoke with said they would recommend the service to others.

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

- Staff said there was always someone available out of hours in the event of an emergency.
- The registered manager and branch manager conducted audits of all care hours provided, checking planned vs actual call times. Where there was a divergence of timing this was analysed per person and explanations given. In many of the instances the audits revealed staff had stayed longer than planned at calls.

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

- People told us they completed an annual survey about the service which considered service delivery and conduct of staff. Feedback was given to people of the key trends and progress made which was seen year on year, with over 70% of people in 2018 rating the service as 'excellent' and the rest as 'good.'
- Staff said they had regular team meetings which reviewed policy and practice issues and all felt supported. One staff member said, "I feel comfortable with any of the office staff." Another told us, "Angelcare is superb. We can't ask for better management."

Continuous learning and improving care

- Through the audits completed, we saw evidence learning was shared with staff. Staff were actively encouraged to 'brag' about their achievements and these were recorded in a file which was shared with other staff to promote good practice.
- The registered manager had recently reviewed their annual survey and developed a quarterly survey instead which was more focused in its questions and followed the key domains of a CQC inspection. Both people using the service and staff were asked their views and answers were compared with previous responses showing an overall improving trend where there had been niggles.

Working in partnership with others

- Care documentation showed where other services were supporting people and how these dovetailed with the care provision.

