Angelica Care Ltd

Angelica Care Ltd

Inspection report

1 The Parade
Bognor Regis
West Sussex
PO21 4TW

Tel: 01243859876
Website: www.angelicacare.com

Date of inspection visit:
13 March 2018
14 March 2018

Date of publication:
16 May 2018

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 took place on the 13 and 14 March 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection.

This was the first inspection of this service since they registered with the Care Quality Commission (CQC).

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to people with varying levels of need, including older people, people living with dementia and mental health, physical disability and sensory impairment.

There was a registered manager at this service. 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.

Angelica Care Limited provides personal care services to people living in the Bognor Regis and Chichester areas. Companionship and domestic support can also be provided. Not everyone using Angelica Care Limited received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection, 36 people were receiving personal care services from the agency.

People received a safe service and were protected from the risks of abuse. Staff received appropriate training and knew how to raise concerns if they felt people were at risk of being abused or mistreated.

People's individual needs and any identified risks to them and staff were assessed and managed effectively. People who were living with disability that made communication difficult for them were supported to communicate effectively by staff. Various communication aids were used, which included large print records, picture boards and staff were able to adapt their communication style to suit people's needs accordingly, such as asking simpler questions for those who may be living with cognitive difficulties. People were involved in the planning and review of their care. Medicines were given safely to people with medicines prescribed on an 'As required' (PRN) basis being given when people needed them. Staff used appropriate protective equipment such as gloves and aprons which kept people safe from the risks of infection.

There were enough staff to meet the needs of people. Technology was used effectively to schedule visits to people in their homes. The electronic system was also used to monitor actions taken by the agency in relation to the care of people which ensured that the service provided to people was monitored closely. This system also enabled the registered manager to observe the safety and whereabouts of staff while lone working.

People received care from staff who had undertaken training to be able to meet their individual needs and preferences, which included having enough to eat and drink. Staff were recruited safely. Checks were completed by senior staff which ensured staff performance and competence was closely monitored. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice.

People told us that staff were caring and kind in their approach and that staff treated them with dignity and respect. Staff were aware of how to protect people's privacy which ensured this was maintained. At times staff provided support to people that we were told was above and beyond the expectations of a healthcare professional.

Systems and processes were used effectively to monitor the quality and safety of the service. People and their relatives knew how to make a complaint should they need to. Complaints were addressed and handled appropriately and promptly to the satisfaction of the complainant.

At the time of this inspection the agency weren't actively supporting people at the end of their lives. However, the office manager had received training from a local hospice regarding effective end of life care for people and the registered manager was able to tell us how they would support people and their families to receive personalised end of life care using advance care planning. We spoke with a healthcare professional who provided a very positive example of how the registered manager had gone above and beyond to support a person and their family at the end of their lives. Appropriate documentation was seen for those people who did not wish to be resuscitated which ensured that people received the end of life care they wanted or that was required in their best interests.

The service was well-led, with a clear management structure and open, friendly culture among the staff working for the agency.

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.

People were protected by safe staff recruitment practices and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People received their medicines safely.

Risks to people were appropriately assessed and monitored. People were protected from the spread of infection, because safe practices were in place to minimise any associated risks.

Lessons were learned when things went wrong. The management made changes to mitigate further risks to people.

Is the service effective?

Good

The service was effective.

People's physical, mental health and social needs were assessed with technology being used to ensure that care was delivered effectively to people. Staff knew people well and had the knowledge and skills to meet their needs effectively.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible. Consent was sought before staff provided support and interventions for and with people.

People's eating and drinking needs, choices and preferences were known and supported appropriately by staff.

People were supported to access healthcare services as they needed them.

Is the service caring?

Good

The service was very caring.

People and their relatives were very positive about the service they received and said that staff treated them with respect.

People's dignity and privacy was understood and maintained by staff.

Staff had time to care for people and people were given information they needed.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support, which was responsive to their changing needs.

People and their representatives, as appropriate, were involved in the planning of their care and their views and wishes were listened to and acted on.

The complaints process was understood and people and their relatives knew how to make a complaint or raise a concern. Complaints were thoroughly investigated and learned from. People had no concerns about the service they received.

People and their relatives received positive support that went above and beyond expectations when at the end of their lives which enabled people to die well.

Is the service well-led?

Good

The service was well-led.

People spoke very positively about the management of the service.

The leadership within the organisation was open and transparent. The culture of the agency was inclusive and considered the views of others. People and staff felt listened to.

Systems and processes monitored and reviewed the quality and safety of the service provided to people. The management team were willing to learn and develop the service from feedback received.

The service worked openly with other agencies to support positive outcomes for people.

Angelica Care Ltd

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.

This was the first inspection that we had completed for this service since they registered with the Care Quality Commission (CQC).

This inspection took place on 13 and 14 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 13 March and ended on 14 March 2018. It included visits to two people's homes where we observed the care provided to them and the records held in their home. We visited the office location on 13 March to see the registered manager and office staff; and to review care records and policies and procedures. We spoke with the representatives of seven people using the service provided by Angelica Care Limited. We also spoke with the registered manager, the office manager, three care staff and we reviewed the records for three people and four care staff to ensure that these records reflected appropriate and positive practices in line with legislative and best practice guidance.

The inspection team consisted of 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 and of people living with dementia. The expert made telephone calls to the relatives of seven people who received services from Angelica Care Limited to seek their views of the service. People chose not to speak directly with the expert and were happy for their relatives to speak on their behalf.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law.

We reviewed the information the provider sent us in the Provider Information Return. 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 also spoke with a healthcare professional and social services representatives as part of the inspection process.

Good

Is the service safe?

Our findings

People and their relatives told us that they had confidence in the staff that visited and said that staff made people feel safe. One person said, "Yes, very much so. Yes. They all seem very kind." A person's relative told us, "Absolutely. She has multiple conditions, and mobility problems. They are very aware of what she can do and can't do. She has absolute confidence in them, and I have as well."

The service had systems and processes to help protect people using the services from abuse. These systems included safeguarding policies and procedures and staff received training in safeguarding. The agency complied with the local West Sussex County Council Safeguarding Adults policy and procedures. We spoke with staff and the registered manager who had a good understanding of safeguarding and how to report concerns about people's safety, should they arise. We had also received notifications from the registered manager to inform us of when they had raised safeguarding concerns appropriately to the local social services safeguarding department. All staff we spoke with understood what action to take if they suspected abuse. Electronic monitoring systems ensured that people received the care they needed with close monitoring by the management team in the office of staff whereabouts. People received essential care when they needed and expected it. We were told that people and their relatives were informed by the office management staff if staff were going to arrive with them later than they had expected. One person's relative said, 'Yes. In fact, the carer was 10 minutes early this morning. They are not very often late. They keep me well informed.' This meant that the systems and processes to safeguard people were effective.

Risks to people were assessed by the agency. Risk assessments detailed known risks to people and provided guidance to staff of how they could support people and manage risks safely. For one person who was identified at being at risk of falls, a falls pendant and front door sensor was used to keep them safe at home. The registered manager told us of how they had contacted the fire service for a person who had been identified at high risk from fire. New smoke detectors and a fire blanket were given to the person to keep them safe. A staff team meeting was being held to discuss fire safety for people in their homes so that all staff had an awareness of this risk to people. The registered manager told us of an example of when they had supported a person to have a handrail fitted following a fall in their home. Clear communication was shared with staff across the service which ensured that they were all aware of the risk of falling for the person and the preventative measures implemented to minimise risks of future reoccurrence of falls. This demonstrated that lessons were learned when things went wrong and changes made to keep people safe. Moving and handling instructions and correct use of equipment for people was clear for staff to follow which ensured that equipment was used safely and correctly to keep people safe from harm.

We asked the registered manager how staff were able to safely support people and protect themselves from any associated risks of behaviours that challenge. A restraint policy and policy for challenging behaviour, violence and aggression were seen, although staff did not use restrictive practices at the time of this inspection. These contained reference to current best practice guidance and a checklist to support staff to better understand how to reduce restrictive practices for people. The registered manager said that they did not currently support people who displayed very challenging behaviours and other behaviours displayed that may be associated with a person living with dementia were clearly recorded in their care plans. A

person's relative told us, 'She [person] can understand them [staff] and they can understand her. She has good moods and bad moods. They understand how to treat her with dignity and understanding.' Accidents and incidents were monitored. We looked at records which showed that only one accident had occurred for a fall which had not resulted in an injury to the person. Actions to avoid reoccurrence were recorded and staff were made aware of this via the agency's electronic monitoring system. This means that people's safety was maintained with effective systems and processes.

Equipment used by the agency for people was used and maintained safely. One person used a mobile hoist to support them to mobilise safely. Staff were observed using the equipment in line with the risk assessment and care plan which clearly detailed the person's individual wishes of how they could assist staff by placing their hand on the hoist to steady them. Staff were seen supporting this as the person wished. The risk assessment for the equipment also contained the dates that equipment was serviced and the contact details for the organisation whom staff could contact should there be any problems with the equipment. The equipment had been inspected with the required frequency to comply with legislative safety requirements. During one visit to a person's home we were told of how the hoist equipment had broken. One of the wheels had come lose. The staff member told us of how they were able to contact the organisation responsible for the hoist and ensured it was fixed without delay which enabled the person to continue to be supported by staff using the required equipment safely.

People were supported by familiar staff whom they knew well, that were suitably skilled and trained to meet people's needs safely. Staff received four days of office based induction training which included training in various areas of practice such as, moving and handling, health and safety, medication management, infection control, fire safety and health and safety and food hygiene. Staff were allocated to visit people regularly which ensured that staff knew people and their needs well. Safe staff recruitment practices were followed by the agency. Staff files reviewed showed that they contained appropriate checks that demonstrated that staff were of good character to work with vulnerable people.

People were safely supported with their medicines, when this intervention was required, and care plans and assessments were seen which detailed the medicine they were prescribed, the level of support staff were required to provide and where medicines were stored in people's homes. Staff who were responsible for administering medicines received training and their competency was checked and spot checks completed to ensure they were safe and followed the provider's medicine policy. Staff confirmed they understood the importance of safe administration and management of medicines. The registered manager completed audits of the Medicine Administration Records (MAR) on a monthly basis. They shared these with us. We found that there had been a medicine error which was a gap in the records where a staff member should sign to evidence if medicines are given to people. The registered manager confirmed that the people had received their medicines as prescribed but staff had not signed to evidence on this occasion. Lessons were learned and appropriate action was taken which ensured staff were aware that they must sign MAR's when medicines are given to people. This included one to one discussions with staff, additional spot checks and staff training. The agency's own medicines practice was in line with West Sussex County Council's medicines management policy and procedures. The registered manager was exploring new national guidance for the safe administration of medicines to people in their homes. This supported people to receive their medicines in a safe way in line with best practice.

People were protected by staff who were aware of safe infection control measures. Staff received infection control training and were seen wearing appropriate protective equipment which included gloves and aprons when supporting people with personal care. Sufficient supplies of protective equipment were available for staff to obtain from the agency's main office, as they required this. Staff safe use of gloves and aprons was also monitored during regular spot checks of their practice. This ensured that measures were in

place to protect people from the risks of infection.

Good

Is the service effective?

Our findings

People and their relatives said that the service they received was provided by well trained staff who were skilled to support them appropriately. One relative said, 'They [staff] are well trained in dementia care.' Another relative told us, 'They [staff] advised me that the sling on the hoist wasn't quite right, so I called in the OT. All been trained to change her bag [continence] and use the night time bag.' These examples demonstrated that the agency provided a staff team who were competent and who understood how to meet people's individual needs effectively.

People's needs were assessed to include their physical, mental health, social needs choices and preferences. The assessments involved the person and other people as appropriate. We saw records that showed appropriate representatives for people were involved in decisions about their care and treatment which included those people who had been nominated by the person to make decisions on their behalf or with them, such as Lasting Power of Attorney (LPoA). An LPoA is a person who can make legal decisions for or with a person regarding their health and welfare and/or their financial and property affairs when a person may lack the mental capacity to make these decisions for themselves. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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 spoke with staff who demonstrated a basic understanding of the principles of the MCA and of supporting people in least restrictive ways. For example, one relative told us, 'She [person] would make it known if she doesn't want anything done. Sometimes she gets a bit tired, and they encourage her to have a shower, but if she refuses they leave it to the next day.' This means that people are encouraged to maintain their independence and choice wherever possible.

Staff had completed training in relation to mental capacity as part of their induction and on-going training. We looked at some care plans and how people's consent had been gained. We observed staff asking people for their consent appropriately before supporting them with care and support that they required. We asked people's relatives if they observed staff seeking consent from people. A person's relative told us, 'Yes. 'Is it alright if I do this' they are very well trained'.

Staff received support and regular training from the management team. Staff had not received appraisals at the time of the inspection as this was a new agency and staff had not all been with the service for a full year. All staff had received regular spot checks and supervisions that were personalised to each staff member. Actions were recorded and taken when staff had been observed not always adhering to the agency's procedures. An example of this was when a member of staff had been implicated in a safeguarding concern. The registered manager took appropriate action to ensure the staff member did not continue to work with vulnerable people.

We saw records of a meeting between the registered manager and a staff member which effectively monitored their practice when their conduct had not been to the high standard expected by the agency.

This demonstrated that staff are proactively supported and encouraged to provide care in the right way for people and the agency.

People received a reliable service from well trained staff that they knew. The office manager maintained a detailed training matrix for staff. A Training Matrix is a tool that can be used to track training and skill levels within an organisation. A training matrix has a variety of uses from identifying gaps in training and monitoring staff required and actual knowledge levels and also tracking competency levels. We reviewed records that showed staff received effective induction training which took place over four days before they were permitted to work with people in their own homes. New staff also completed the care certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. New staff undertook a period of shadowing when they worked alongside an experienced staff member and were introduced to people they would visit. Staff were observed moving and handling people using appropriate equipment correctly and safely in line with the training they had received. Equality and diversity training was provided to staff as part of the care certificate. Staff confirmed they had received this training.

Staff sometimes provided people with support to eat and drink throughout the day if they required this support. Staff had received appropriate training in food safety. Care plans detailed people's meal support needs and their food and drink preferences and choices. A relative said, 'I put a menu out every day and stock the fridge and freezer and they follow the instructions. I don't get them [staff] to make her [person] a meal as such. She can't see, can't hold a drink, they hold the drink and she has a straw. Each visit they make sure she has a drink'. We observed a person being supported to eat their meal with staff support to feed the person. The staff member was patient and fed the person each mouthful of food slowly, allowing the person to finish before they offered them another mouthful. The person was not rushed to eat their meal. The person's meal was of their choice and had been prepared freshly for them. This showed that people were appropriately supported to maintain a balanced diet and fluid intake as they required.

People knew who was visiting to provide them with the support they required. A person's relative confirmed, 'There's a schedule in advance.' The agency also used people's preferred methods of communication when sending them information about the staff who visited them. One relative said, 'Yes. I don't think she [person] gets a paper rota, I think she may get one on her laptop.'

People received timely access to healthcare professionals when they needed this intervention. One relative said, 'They do monitor pressure sores and give cream if necessary, they write things in the book and advise me if the district nurse is needed'. The registered manager actively engaged with healthcare professionals to support people to access services as they required them. This included liaising with speech and language therapist (SaLT) when a person required a soft diet to manage their swallowing needs. The person was involved in the discussion regarding their needs in this area of their care. The registered manager told us how they used a picture board to communicate effectively with the person due to their communication difficulties. This ensured that the person was provided with appropriate equipment which enabled them to be understood by others and involved in their care decisions.

Good

Is the service caring?

Our findings

People, their relatives and a healthcare professional felt that staff were supportive and very caring. We spoke with a healthcare professional who stated that the agency's staff were, 'very supportive'. A person's relative said, 'They [staff] have full understanding of her [person] and she has full confidence in them. You can't do better. Another relative said, 'Yes, they are [caring]. They tend to be older ladies who can relate to someone of my mother's generation. In the book the other day [carer] wrote 'I gave her [person] a hug'. They seem to know more what my mother needs than I do. She seems to be very relaxed with them. They look at family photos and talk to her.'

People were treated with respect and their privacy and dignity maintained by staff. We asked people's relatives if they felt their loved ones were treated with privacy and dignity. A relative told us, 'My mother lives downstairs. They [staff] always close the curtains when hoisting or putting her [person] to bed, for personal care. They explain, they talk to her as they are hoisting her, make sure her arms are crossed on her chest.' Another relative said, 'When she [person] goes to the loo they [staff] always close the cloakroom door and say 'we will leave you' and then she calls out when she has finished.' Relatives confirmed that their loved ones were addressed by their preferred name by staff.' One relative said, 'She [person] prefers her surname, they [staff] are very good.'

Staff had time to care for people as recommended in the national guidance set out by the National Institute for Clinical Excellence (NICE) recommends that commissioners ensure that home care workers should be given enough time to do their job without being rushed or compromising the dignity of the person who uses services. This includes having enough time to talk to the person and their carer, and adequate travel time in between people they support in their homes. At Angelica Care, each visit to people was no less than 30 minutes long. People and their relatives felt listened to. One relative said, 'They [staff] take on board what I say. They give me information.'

There was a very caring ethos among the management team and care staff. We were told by the registered manager how the agency staff provided care to people outside of the expected planned care. One example of this took place at Christmas time. The registered manager was made aware that two people would be alone for Christmas Day so they personally prepared and took a Christmas meal to these people in their homes. A person's friend said how happy the person had been to have received such a thoughtful meal from the agency. The office manager said, 'The job doesn't end at the end of a call.' We were told how a staff member personally washed a person's duvet as they were not able to do this for themselves. A relative said, 'They [staff] always give her [person] a kiss when they come in, and say 'how have you been? They are part of the family. I can't thank them enough for what they do for her.' The registered manager told us that all staff and people receive birthday cards from the management team.

People's individuality and personal identity was promoted and maintained by caring staff. A relative told us, 'When they [staff] wash [person's name] hair they will blow dry it for her, ask how does she want it brushed. They will help her get her ready if she has an appointment, help her to decide what to wear.'

At the time of this inspection people did not require the support of an advocate. An advocate is usually a trained person who offers support to people who may be vulnerable, to have their voice heard on issues that are important to them. The agency provided people with a 'Customer Information Guide' which provided information to people regarding advocacy support and how they could access this service should it be required by them. This ensured that people were informed of their choices and options to ensure that they could be fully involved in their care and treatment if they were or felt unable to represent themselves confidently.

People's right to confidentiality was protected. Records were held securely for people and staff in the agency's office. Within people's homes, we saw records were kept where staff could access them and people were happy with where the notes were stored.

Good

Is the service responsive?

Our findings

The service was responsive and met people's needs in a personalised way as they required. People and their appropriate representatives were involved in the planning and review of their care. Records showed that people and their representatives, including those who hold relevant legal powers to act on a person's behalf if they lacked the mental capacity to make decisions or themselves, in their own best interests. We asked people's relatives if they and their loved ones were involved in their care plans. One person's representative told us, 'I did it all. I have Power of Attorney, I could legally do it. They [carers] note down a summary of the visit. They also put down medication and drinks.' Another relative said, 'Yes, she [person] was there. A review is due in April.'

Care plans reflected people's personalised preferences and communication needs. People and their relatives told us that communication with the agency was responsive and stated that they were responded to quickly when they contacted the office. A relative said, 'I communicate mainly by email and they always respond straightaway.' Since August 2016, all publically funded organisations that provide health and adult social care services are legally required to follow the Accessible Information Standard (AIS). This standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. It also aims to ensure that people understand how to meet people's communication needs appropriately if they transfer between services. For one person, staff used an accessible communication aid to help the person to express themselves more clearly to staff. The person's speech was limited due to the condition they were living with. The aid helped staff to understand the person's needs and choices more fully which enabled them to be as independent as they were able. Use of this was clearly recorded in the care plan for the person. For another person, we observed a staff member ensured that they followed the person's preferred routine during their lunch time visit. This included the staff member sitting down with a hot drink with the person as requested by the person. The person said they enjoyed it when the staff sat down with them during their meals. This evidenced that people received a personalised service in line with their preferred routine, choice and preferences.
People's records were accessible to them. Care plans were written in an accessible format and, where they were able, people signed their care plans to show their agreement. Where people were unable to understand their care plans in a written format, staff would sit down and explain care plans with people. We looked at care plans in the office and in two people's homes and information was consistent in each demonstrating that records were maintained and updated accurately for people.

People and their relatives knew how to raise a complaint and felt that complaints were handled positively and to their satisfaction. A complaints policy was seen which included contact details for the local social services department and the Care Quality Commission (CQC) so that people knew who to refer concerns to outside of the organisation. Complaints and compliments were reviewed during this inspection. We saw one complaint recorded. The registered manager had addressed this promptly by meeting with a staff member concerned the day after the complaint had been raised. We asked people and the relatives if they had had to make a complaint. A relative told us, 'Yes, on one occasion and that was dealt with pretty quickly and to our satisfaction.' Another person's relative said, 'I don't think I will ever need it. I know how to complain if

anything goes wrong.'

Care at the end of people's lives had been provided by the agency. At the time of the inspection, the agency was not actively supporting people at the end of their lives. We spoke with a healthcare professional regarding the quality of service provided to people nearing the end of their lives. We were told that, 'People speak very favourably of them [agency]'. We were given an example of when the agency had supported someone well at the end of their life. The healthcare professional said that the registered manager had been 'brilliant' and that 'they went beyond expectations' when they provided end of life care to one person. We were told how the registered manager had stayed overnight to support the person and their family and how the family were said to be, 'very grateful.' We saw that people's care plan folders contained information about those people who had appropriate documentation to instruct staff and healthcare professionals not to commence 'CPR' (Cardiopulmonary Resuscitation) should this be required. The form was a 'DNACPR'. This enabled people to have choice at the end of their lives which was either decided by them or in their best interests, with the support and agreement of an appropriate medical professional.

Good

Is the service well-led?

Our findings

The management team were very supportive and staff told us they felt supported by them. There was a clear person centred culture that ran through the organisation. Staff and the management team placed people at the centre of the care and support they received. A person's relative told us, 'I just feel [manager] listens, and it's a place that's not institutional, it's personalised.' Another relative said, 'I just think [manager] who runs it has a good grip on what goes on.' Staff were happy in their roles. A staff member told us that, 'They [management] are lovely. I'm happy' [in their role].' Staff were supported to attend personal and religious occasions that were important to them and their duty rota was developed by the management team which enabled staff to go to these events. Staff enjoyed their roles. One staff member said, 'I love coming to work. I really like working here' [Angelica Care].' Staff were involved in team meetings and felt that they influenced the service, which included being asked for their views regarding the reviews of people's care which helped to improve care provided to people.

There was 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. This was the first inspection that had been completed since the agency had registered with the Care Quality Commission (CQC). The registered manager met the requirements of their registration which included sending notifications to us when specific events happened that we expect to be informed of. A notification is information about important events, which the service is required to send us by law

The values of the service were clearly displayed within the agency's statement of purpose which outlined what services the agency provided to people and the way in which these services would be provided. The statement of purpose outlined that the agency would, 'Protect you [people] from harm by employing compassionate, capable, caring and reliable staff. We [Angelica Care] will only employ staff who have the right experience and skills and who are passionate about making a difference to your life.' The staff we spoke with and the staff training and recruitment records we reviewed supported this aim of the agency. Staff were well trained and all demonstrated how much they cared for the people they supported in their own homes.

A business plan detailed the plans for the gradual growth of this new service. This demonstrated that the registered manger understood the needs of the business which ensured its future sustainability. Emergency policies and procedures were in place which ensured that the service could still be delivered to people in the event of various incidents which included adverse weather conditions. This meant that people were able to continue to receive important care in the event of an emergency situation.

There was a culture of continuous improvement and staff were given appropriate opportunities to develop further in their roles to ensure they maintained their skills and abilities in line with current best practice. The registered manager told us how they maintained their knowledge of current best practice developments by reviewing the Care Quality Commission (CQC) website for updated information. Other management staff

were developing their skills and knowledge further by signing up to complete a management and leadership course.

Systems and processes supported the service to effectively monitor the quality and safety of the services provided to people. Audits were used to monitor the service. Medicines and daily notes were audited on a monthly basis with any actions required to improve noted and followed up by the registered manager. The quality of care provided to people was closely monitored by regular spot checks of staff competence in people's homes. People and their relatives were actively involved in the service they received and their views and feedback were used to improve the service. This meant that people received a good service with robust processes which ensured the quality of services provided to them.

People's relatives told us they would positively recommend the services provided by Angelica Care to others. One relative said, 'Absolutely. My mum has had care since 2007 and out of all the care organisations this has been by far the best organised she has had.' Another relative said, 'Yes, very much so [would recommend the service to others].'

People and their relatives were very positive about Angelica Care. Comments included, 'They [Angelica Care] are a wonderful service' and 'They [Angelica Care] are there if we want them and we are very pleased with them'. One relative said, 'It's [agency] a breath of fresh air, and long may it continue.'