

Angels Care Management Services Limited

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Inspection report

58 Station Road
Sandiacre
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19 May 2021

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Ratings

Overall rating for this service

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Angels Care Management Services Ltd is a domiciliary care provider providing personal care to 130 people at the time of the inspection. It provides personal care to people living in their own homes, so they can live as independently as possible.

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 had a support plan which recorded their personal preferences for the way they wanted their care to be provided and this was reviewed. People's communication needs had been assessed. People and their relatives felt concerns would be listened to, and that the registered manager would address these.

People were encouraged to share their views.

There were a range of improvements in auditing and documentation since the last inspection. Systems were in place to help drive improvement.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 20 May 2019).

Why we inspected

This was a planned inspection based on the previous rating. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Angels Care Management Services Ltd on our website at www.cqc.org.uk.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Angels Care Management Services Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses. 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

This inspection was announced. We gave the service two days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. We were mindful of the impact and added pressures of COVID-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as part of the COVID-19 pandemic.

Inspection activity started on 17 May 2021 and ended on 26 May 2021. We visited the office location on 25 May 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. A variety of records relating to the management of the service, including policies and procedures were reviewed.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people, or their relatives about their experience of using the service.

We spoke with the registered manager and six members of the care staff team.

We reviewed a range of records. This included parts of five people's care records and several medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training data and quality assurance records were considered in making our judgements.

After the inspection

We continued to seek clarification from the provider and other professionals to validate evidence found. We spoke with four professionals who regularly engage with the service.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's needs were person-centred, and documents agreed at assessment stage showed how they wanted to be supported and this was detailed in their care plan.
- People's needs were reviewed to identify any changes to the care and support they received.
- Relatives reflected on the care plans, one person noted, "Everything is in a special folder and I agreed to the contents and signed it. They document it all and log out."
- Staff opinions varied on the level of information available to them. Some staff told us the care plans included all the required information they required. Another said, the information was not always up to date. In the records we looked at, information was current.
- When people required support at the end of their lives, the provider worked with other health and social care professionals to ensure people's individual wishes were respected.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication records in their files which supported staff when people were unable to provide full information to their care needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- If it was part of the agreed care package, staff supported people to access the local community. Current COVID-19 restrictions had impacted on service delivery in this area.
- The provider could produce information in different formats if required. For example, information had been printed in large font for one person and on coloured paper for another.

Improving care quality in response to complaints or concerns

- Some people had raised concerns and told us they felt these had been responded to swiftly. Most relatives we spoke with, were confident any complaints would be listened to and acted upon.
- The registered manager had processes in place to act on any complaints that had been received. We reviewed some recent complaints, to ensure they were dealt with in line with the providers complaints

policy.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

During the last inspection we recommended the provider monitor the use of the new audit tool to identify any issues with care records, risk assessments and supervisions. We noted improvements had been made.

- People had been encouraged to share their views. During the last year, reviews had only been via a telephone call to discuss their care. However, written quality questionnaires were in the process of being sent out to obtain feedback, and consider any improvements suggested.
- Partnerships had been developed. The service worked with health and social care professionals such as the District Nursing Team, GP's and social workers to support people's needs.
- The registered manager had developed the auditing tool and we saw evidence that this was working, allowing issues to be picked up and actioned sooner. This now included reviews of care plans and auditing of medicines management, as well as supporting oversight of staff training.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Most people gave positive feedback of their experience with care staff and the office. One relative told us, "What they do well is engage with him, they always have a laugh together." Another said, "They always respond at the office they are nice and helpful."
- Staff we spoke with confirmed they felt included in the team and were easily able to speak with senior staff. One staff said, "I find management very approachable."
- Interim plans which were in place for new packages, allowed for information to be gathered during a longer assessment period. Care plans which we saw had followed this, were more detailed and had been reviewed in line with any changes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and was open and honest with us about the improvements they had made since the last inspection.
- The registered manager was aware of the responsibility of reporting significant events to us and other outside agencies.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff received ongoing training to ensure their skills and knowledge were kept up to date. Spot checks and competency checks were carried out regularly, to ensure they were providing good quality care for people.
- There was a structure in place for staff to escalate any concerns, the on-call provision made sure there was always support available out of office hours.
- The provider was looking at developing the business. This included changing to a fully electronic monitoring system. This will enable the staff to complete all records electronically. The provider had started this process, and planned a staged approach for different elements of the system to be activated. This was to ensure sufficient time was allocated for training all staff.