

Blue Angel Care Limited

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Inspection report

22b Picton House
Hussar Court, Westside View
Waterlooville
PO7 7SQ

Date of inspection visit:
21 April 2023

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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

The service is a domiciliary care agency which provides personal care services to people living in their own home. There were 22 people using the service at the time of the inspection. 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 told us they were safe with the staff who supported them. Staff were knowledgeable in safeguarding procedures and were aware of how to escalate concerns if needed. There were enough staff to provide safe care. Staff were recruited to the service safely. People's medicines were managed safely.

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.

Staff received effective training to meet people's care needs. People were supported with their meals appropriately. Staff worked with external professionals to ensure people's health care needs were met.

Staff were kind and caring towards people and people told us they were treated with kindness and respect. People's privacy and dignity was respected, and staff supported people to be as independent as possible.

People received person-centred care and were happy with the support they received. People were provided with information on how to make a complaint should they wish.

Systems were in place to monitor the quality of the service people received. The registered manager was committed to providing a high-quality service to people with an emphasis on continuous improvement.

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

Rating at last inspection

This service was registered with us on 30 April 2021 and this is the first inspection.

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Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

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.

Blue Angel Care Limited

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 Health and Social Care Act 2008.

Inspection team

One inspector carried out the inspection. An Expert by Experience supported the inspection by carrying out phone calls to people and their relatives to gain feedback. 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 and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 April 2023 and ended on 25 April 2023. We visited the location's office on 21 April 2023.

What we did before inspection

We reviewed information we had received about the service registered with us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 6 relatives about their experience of the care provided. We spoke with 6 staff including the registered manager, care specialist and care workers. We looked at a range of records. These included 5 people's records related to their care and support, medicines records, 3 staff recruitment records, staffing rotas and records related to the auditing and monitoring of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to ensure people were protected from the risk of abuse.
- People told us they felt safe receiving support from Blue Angel Care. For example, one relative told us, "I do feel [Person's name] is completely safe."
- Staff had received safeguarding training and could recognise and respond appropriately to concerns of abuse.
- Staff were confident the registered manager would act to ensure people were safe if they raised a safeguarding concern.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

- People's care plans included individual risk assessments, such as for skin integrity, falls and risks associated with people's health conditions. Plans were individualised and provided staff with guidance about how to reduce risks for people without restricting their rights and independence.
- Staff knew people well, understood their risk assessments and told us about the actions they took to ensure they kept people safe.
- Risk assessments of people's home environment and equipment used had been completed to promote the safety of both people and staff.
- A system was in place to review accidents and incidents, and to learn from them. One incident had taken place since the service was registered. Learning had been taken in response to this.

Staffing and recruitment

- There was enough staff to provide safe care.
- People and relatives except for 1, told us staff arrived at the time they expected and stayed for the agreed length of time. For example, one person said, "They [staff] are dead on time and always let me know if it is going to be otherwise."
- Staff felt there was enough staff to support people safely. They were positive about how visits to people were arranged.
- Staff were safely recruited. The provider carried out appropriate checks to ensure prospective staff were suitable to work with vulnerable adults.

Using medicines safely

- People received their medicines as prescribed. The provider had a medicines policy and procedure in place and staff had completed medicines training to help ensure they administered medicines correctly.
- People and relatives were overall happy with the support they received from staff with their medicines.

One relative told us, "Staff supervise [Person's name] taking her medicines. There has never been a problem."

- Where any medication issues had occurred, action had been taken to resolve them and learning applied to improve practice.
- The registered manager took prompt action when we told them that some people's medicine records could benefit from more accuracy and detail.

Preventing and controlling infection

- The provider had effective systems to help prevent and control infection.
- Staff completed training around infection control and were knowledgeable about what measures were needed to help prevent the spread of infection.
- Personal protective equipment (PPE), such as disposable gloves and aprons were provided to staff to minimise the spread of infection. People and their relatives confirmed that staff wore these when needed. For example, one person said, "They [staff] wear their PPE and take the dirty stuff with them when they go."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Assessments were completed before people started receiving support from Blue Angel Care, to ensure their needs and preferences could be met. A relative told us, "We did have a visit before we started with them [Blue Angel Care] to see how [Person's name] wanted to be cared for."
- Assessments were holistic and took into account people's physical and emotional needs. The protected characteristics of the Equality Act 2010 were also considered. Care plans were developed following the assessment taking place. These were added to as staff got to know people.
- People and their relatives told us care was being provided in line with people's needs.

Staff support: induction, training, skills and experience

- Staff were supported in their role through induction, training and supervision.
- Staff received an induction prior to working alone with people. This included completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Despite the induction that staff received, we received a mixed response from people and their relatives about newer staff members. For example, one relative told us, "Our biggest gripe is all the new carers, they are not as effective as the ones we had in the beginning." Whilst another relative told us, "The new staff shadow whilst learning and it all works like a dream." The registered manager had already recognised the induction needed adapting to suit the newer staff members and had begun rolling this out.
- People were positive about the skills of staff once they had got to know them and felt staff were well trained.
- Staff provided positive feedback about the training they received. A staff member told us how they been supported to develop and said, "The opportunity has been amazing."
- Staff told us, and records confirmed supervisions were taking place. Spot checks were also carried out to help ensure staff delivered appropriate care through good practice.

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

- People were consulted about their dietary needs and preferences. One relative told us, "We provide ready meals which staff prepare for [Person's name]." Records showed staff frequently asked people what they wanted to eat and drink, and these were prepared for people in line with their preferences.
- Care plans contained information on the foods and drinks people required. Any risks associated with people's dietary needs were also assessed and monitored.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live

healthier lives, access healthcare services and support

- The service was proactive in sourcing other local healthcare services if they recognised this would improve a person's quality of life. An example of this was referring a person to an Occupational Therapist for the person to have a ramp fitted and an iPad. This would result in the person being able to go outside and communicate more easily.
- Staff also referred people to healthcare professionals if they noted a change in a person's health. For example, a person had been referred to the community nurses due to a change in their skin integrity.
- People's medical and health needs were documented in their care plans to ensure staff working with people were fully aware of these. Information about people's health conditions were provided to staff to help them understand how it affected people.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Records demonstrated people had consented to their care.
- People told us they made their own choices and staff respected this.
- Staff understood the importance of gaining consent and involving people in decisions about their care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 were treated well and supported by staff who respected them. People and their relatives described staff as "kind", "caring" and "helpful".
- Staff spoke warmly about the people they supported. For example, a staff member told us, "The best thing about this job is the people I support, I absolutely adore them."
- Care plans reflected people's cultural faith, wishes and needs. Equality and any specific support needs were recorded and updated during initial assessments and ongoing reviews.

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

- People were supported and encouraged to express their views and make decisions about their care as part of regular reviews. One person told us, "I am in control of my care."
- Relatives also felt supported to be involved in their family member's care. For example, one relative told us of an example where staff had listened to them and acted on an aspect of care delivery. They said, "They have worked with me all the way."
- Staff provided examples of how they supported people to take control of their day-to-day activities such as what they wanted to wear and what they wanted to eat. Comments included, "I ask people what they want", "I follow their lead" and "It's up to them, it's their life, I'm there to support them."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and people were encouraged to maintain their independence where possible.
- People and their relatives were positive about how staff protected people's privacy and dignity. For example, a relative told us, "They [staff] do respect [Person's name] dignity as they close the bathroom door for her and leave her in privacy when she is on the toilet."
- Staff described how they protected people's privacy during personal care. This included listening to people, respecting their choices and closing doors and curtains.
- Guidance was recorded in people's care plans which promoted independence, and staff were able to describe ways of maintaining people's skills. A relative told us, "Their [staff] approach is to help rather than to take over."
- The registered manager told us about 1 person who had originally come to the service as requiring end of life care. They described how care staff had been working with them for over a year to regain some skills and was "amazed at how far they had come."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People received personalised care which met their needs and reflected their preferences. People and relatives were happy with the care they received. One relative said, "They [staff] come right in do their job They are marvellous, really good. They have made our lives much simpler." A person told us, "They [staff] are helpful, I shower myself, but they help me. I choose how I want things doing."
- Care plans contained enough information and guidance for staff to support people in a person-centred way. The registered manager acted promptly when we noted areas of care plans that would benefit from more detail or accuracy.
- The staff we spoke with knew people well and what mattered to them. They also understood the importance of providing person-centred care. One staff member told us, "Everyone's an individual so I put their needs first."
- The provider carried out regular reviews with people which ensured they continued to receive care that was in line with their needs and preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were assessed and included in their care plan.
- Staff told us how they communicated with people and described methods that people used other than verbal.

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

- Many people using the service did not require support to follow activities, however, the staff took an interest in people's hobbies and spent time discussing what was important to them.
- Records demonstrated that staff played games with 1 person. This supported the person's well-being whilst improving their physical health.
- Care plans included information about people's social history, culture, religion and interests which helped the staff to understand about the people they were caring for.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint if needed. One person told us "If I had a concern I would go straight to the managers. I haven't had any complaints so far."
- Care was improved when concerns were raised. The registered manager provided examples of how improvements had been made for people in line with their preferences.

End of life care and support

- The service worked alongside other agencies to ensure people's needs were met at this stage of their life to enable them to remain comfortable and pain free.
- Staff had received training in end of life care. One staff member told us how they had undertaken enhanced training and would be available to support carers if they needed this. They told us, "The training was brilliant, I've never had training like it."
- Although the service was not providing end of life care at the time of the inspection., the registered manager told us they would implement end of life care plans if people required it.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider worked hard to create a culture that was open and inclusive. People were supported to make decisions about the level of care they received.
- People and their relatives were positive about the support they received. For example, one relative said, "Blue Angel have been brilliant. It is a huge weight off my shoulders. They have changed our lives for the better."
- People were pleased with all aspects of care delivery although some people told us they preferred having the same carers. The registered manager explained that new staff had just started and as part of their induction, they were asked to work with a variety of people to support their learning. The registered manager said this would settle and staff would be placed on dedicated 'rounds' so people would have consistent carers.
- Staff enjoyed their work. They told us they felt valued and listened to and were proud of their team and the contribution they made.
- The registered manager ensured an inclusive culture and embraced diversity. For example, some staff were celebrating a religious holiday so the registered manager adapted the rotas to ensure they could have the time off work. Staff from different cultures were also being supported to understand and work with people's individual cultural needs, particularly if they were different from their own.
- When we asked people, relatives and staff if they would recommend Blue Angel Care as a place to receive support from and a place to work, they said yes. One relative also said, "I hope they get top marks because they deserve it." We saw the service had been recognised as in the top 20 of care providers in the locality by an independent body.

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 provider understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong. There were policies and procedures in place to respond to incidents, safeguarding alerts and complaints

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

- The provider had effective quality assurance systems in place. They were also in the process of rolling out new audits which were due to start soon at the Fareham location. The registered manager was confident

these new audits would identify the minor issues we picked up with medicine records and care plans.

- The registered manager understood their regulatory responsibilities and had notified CQC when required.
- The provider, registered manager and staff team were committed to continuous learning and improvement. For example, the registered manager said, "For us it's just about constantly improving. The main point is to learn and improve."

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

- People's views were sought through regular contact. This included care plan reviews and telephone monitoring. People's equality characteristics were considered. For example, the registered manager recognised one person struggled to use the phone, so they ensured their reviews were always face to face.
- The provider sent out surveys for people. We saw people provided positive feedback about the service and if there any areas that could be improved, this was acted on.
- Staff felt valued and supported by the provider and registered manager. One staff member told us how the registered manager often asked for their opinion and acted on this as appropriate.
- The service worked well with other professionals, so people received good, joined up care.