

Guardian Angel Carers Ltd

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Inspection report

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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

Guardian Angel Carers Ltd is a domiciliary care agency providing personal care to people in their own homes. 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. At the time of our inspection there were 70 people receiving personal care from the service.

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

People told us they felt safe when carers visited them and the service they received helped them to keep safe and manage risks. The service carried out risk assessments and put in place measures to reduce the risk of people coming to harm.

People told us staff were kind, caring and thoughtful and that they benefited from having a group of regular carers whom they knew well.

There were sufficient numbers of staff to meet the needs of the people using the service. Staff were recruited safely and had appropriate training for the role.

Medicines were administered, managed and monitored 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.

People told us they knew how to make complaints and felt confident that the service would act on these. There was a suitable complaints policy in place and a system for investigating and responding to these.

Leadership throughout the Covid-19 pandemic was exceptional. The provider went over and above with ensuring staff moral and health was the best it could be which enabled the service to continue to provide continuous, quality care in the most challenging of times.

There were robust systems in place to oversee the quality of the service and ensure people received consistent high-quality care.

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

Why we inspected

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

Rating at last inspection

The last rating of this service was outstanding. (Published 22 February 2018)

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Good ●

Guardian Angel Carers 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by an 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

Guardian Angel Carers Ltd 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 May 2023 and ended on 19 May 2023. We visited the location's office on 9 May 2023

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. 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 17 people who used the service and 4 relatives. We spoke with 7 staff members including the registered manager and care staff. We reviewed 4 people's care records and 2 recruitment files. Multiple records relating to the quality, safety and monitoring of the service were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of harm or abuse. A person told us, "I feel safe with my carers. They know me, I know them"
- Staff understood safeguarding, the different types of abuse and their responsibility for protecting people. Staff told us they knew how to access the safeguarding policy. A staff member told us, "I know the types of abuse, physical, financial, emotional and we get refresher online training too."
- The service identified incidences which were potentially safeguarding concerns and took appropriate action in response to these.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Risks to people and their health conditions were well managed and processes in place to learn from incidents. Where people lived with health conditions, such as diabetes and incontinence, care records had enough information for staff to follow to keep people safe. People that needed specialist equipment, such as hoists, were used safely with the appropriate slings. A person told us, "Carers are very gentle when they move me."
- Environmental risk assessments were completed for people's homes to ensure the safety of people and staff. Staff were able to tell us that it was important for people to be able to move around their home when we are not there, without the fear of falling for example. A staff member told us, "If I thought there was anything dangerous in any of the homes I visit, I would phone the office for advice."
- The service had robust systems in place to record and analyse accidents and incidents that happened in people's homes. Lessons would be learned and shared during staff meetings, supervisions or newsletters should something go wrong. Staff told us that most incidents seem to be around people falling trying to get up from chairs or going to the toilet. A member of staff said, "We encourage people to use any aids available to them, or if needed, we may add another call for specific times of day that people may need more support."

Staffing and recruitment

- There were enough safely recruited staff to support people. People and their relatives told us staff always attended on the agreed days and that they had a regular group of staff they knew well.
- There were robust recruitment procedures in place to ensure that prospective staff had the right character and background for the role. This involved carrying out Disclosure and Barring Service (DBS) checks and obtaining references from previous employers. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were calculated by the number of people using the service and their specific health needs.

Office staff were available to support people in the event of staff shortages. The service made sure there were surplus levels of staff before accepting a new package of care.

Using medicines safely

- Medicines were managed safely. However, not everyone using the service had support with their medicines. The service undertook an assessment at the time of taking on the care package to see what support, if any, the person may require. A person told us, "I trust the carers with my medication, they know what, how and when I take them."
- We reviewed Medicines Administration Records (MARs) for 3 people using the service and found that these were completed correctly and indicated that medicines were being administered in line with the prescriber's instructions.
- The provider used an electronic system for recording the administration of medicines. This meant the registered manager was able to pick up any missed doses of medicines promptly. We saw evidence of audits carried out to check medicines were being administered properly.

Preventing and controlling infection

- All care staff had received training in infection control and had regular refreshers. Spot checks were also carried out by senior staff which checked whether staff were wearing the correct uniform and PPE when providing care.
- Staff had access to appropriate stocks of personal protective equipment (PPE) and people told us staff wore this when they visited them. This helped to reduce the risk of the spread of infection.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People's needs were holistically assessed. Care was delivered in line with best practice and within Equality Act 2010. Assessments were completed by senior members of staff suitably qualified to carry out assessments of care.
- People and their families told us they were involved with the assessment process. Records showed that comprehensive information was recorded to ensure people's choices were individual and respected. One relative told us, "[Relative] had an assessment while in hospital, the staff from Guardian Angels were great. Before [relative] left we checked that everything was in order."

Staff support: induction, training, skills and experience

- People were supported by staff who were skilled and received training relevant to their role. A person told us, "I've worked at different agencies and training here and ongoing training is superb."
- Staff received spot checks and regular supervisions. Staff told us they were able to contact the registered manager to request further training if required. A staff member said, "We have supervisions and spot checks. I like the checks as it lets me know I'm doing this properly."
- New staff members received a thorough induction and had completed 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. It is made up of the 15 minimum standards that should form part of a robust induction programme. Newly recruited staff shadowed an experienced staff member until they were assessed as competent to work unsupervised.

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

- Staff supported people to maintain a healthy diet. However, not everyone using the service had support with eating and drinking. Where they did, the service carried out assessments around the risks of malnutrition and dehydration and put in place clear plans to reduce these risks. Some people were supported to go shopping for food of their choice.
- Where people needed support with eating and drinking, the level of support was clearly set out in care records, along with their preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had developed good relationships with other healthcare professionals such as district nursing teams and GP surgeries to ensure people received joined up care.
- The service made referrals to other healthcare professionals where required to ensure that people

received the guidance they needed to stay healthy.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service assessed people's capacity to make decisions. People's abilities were clearly recorded in their care records and there was a focus on supporting people to be in control of their lives and make decisions independently.
- People told us that they were given choice and felt in control of their care. A person said, "The carers always ask my permission and whether I want help with this or that to encourage my independence."
- People's care plans made clear how they made decisions. This meant people were supported to give consent in whatever method of communication was best for them.

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.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to 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 supported by staff who were respectful of their individual needs. Staff had received equality and diversity training. The provider implemented different training programmes, ensuring staff understood the values of different religions or beliefs.
- Staff supported people to express their identity and consciously started to use more gender-neutral language. For example, the service wanted to change how people referred to people in a marital relationship. They moved away from calling people, husbands or wives instead, referring to them as spouses. It was hoped this small change would enable people to be more open and candid about their sexual orientation, should they wish.
- Staff explained how they changed their approach and manner depending on who they were supporting. A staff member told us, "I try to get a rapport with clients I support. Especially new people. I don't know them, they don't know me, I try to quickly put them at ease and let me gain their trust."

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

- People were supported to make decisions in having control over their lives. Senior members of staff carried out reviews of care and made changes if appropriate with consent of people and relatives. A person said, "I know what is in my plan, I used to refer to it often but now the girls know how it all works. It has been reviewed regularly though."
- People told us they felt listened to at care review meetings. They were encouraged to participate as much as possible. Staff told us it was important to them that the people they support were in control of their care at all times and should be able to make changes as when they feel like it. A relative told us, "At the beginning, they had so much information about [Person] the plan was easy to write up. The reviews were really helpful when [Person] returned from hospital."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. Staff told us, "This is a big part of the job, we are in people's homes and providing intimate, personal care. Privacy and dignity is so important."
- People and relatives told us that staff were fantastic at creating an environment that promoted dignity and privacy. A person told us, "They always knock, they don't rush. Let me do what I can do. They know to leave the room and come back in when called."
- Care records made clear what tasks people could complete independently and what parts of tasks they needed support with. This reduced the risk of people being over supported.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed 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

- People's care was planned in a personalised way which reflected their individuality and their wishes. People's goals were reflected, for example, if people wanted to live more independently, this type of goal was being worked towards.
- The timing of care visits were planned in line with people's preferences. Staff told us, "Not everybody wants to get up at the same time. People eat at different times of the day for example. Visits were planned to accommodate people's individual wishes." Staff told us that if times did not align with people's wishes then the office staff would try their utmost to get a visit planned as near as they could that was acceptable for the person.

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 were given numerous ways to communicate their views and wishes to the service. These were acted upon by staff.
- The service introduced "Top Tips" for staff to follow with respect to communication. This included the use of clear face to face communication, printed information provided in an accessible format and 'Key Word' signing systems such as Makaton and Signalong. These were used when appropriate.
- Care records made clear the ways in which people communicated their needs and preferences.

Improving care quality in response to complaints or concerns

- There was a clear system for recording, investigating and responding to complaints. The service had only received few any complaints since the last inspection. These were resolved satisfactorily. The registered manager told us of a concern received at the service, although not a complaint, they recorded the concern as a formal complaint and dealt with it through the provider's complaint procedure. During a period of changing systems, schedules of care were delayed. A review was implemented and schedules were sent in two week blocks and office staff notified people of any short noticed changes by phone.
- The registered manager encouraged people to feedback on the service. People told us they were comfortable to approach the registered manager or staff to raise a complaint. A relative told us, "[Person] didn't want to have a male carer anymore, but one was sent, this was a while ago now, the office apologised

and it never happened again."

- Everyone we spoke with said they knew how to make a complaint and had every confidence with office staff and management that if they raised an issue it would be looked into.
- Staff and management received multiple thank you cards and compliments; these were shared with staff for ongoing learning.

End of life care and support

- Some people had end of life plans in place in anticipation of a possible health deterioration. There were plans in place to work with outside organisations to ensure people received the care they required to have a comfortable and pain free death.
- Staff worked closely with healthcare professionals, so people had the right support and equipment in place to ensure a comfortable and dignified death. The registered manager gave examples where they had worked with professionals to arrange suitable medicines, additional visits for people's comfort.
- Staff attended people's funerals as a mark of respect. Staff had received thank you cards and emails from relatives thanking them for their kindness and the care provided.

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 our last inspection we rated this key question outstanding. The rating for this key question is now 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; and managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The registered manager worked hard to instil an exceptional culture of care. This was particularly evident throughout the covid pandemic. There was a clear vision right from the very outset that the registered manager wanted to ensure the safety of her staff both mentally and physically. In doing so, the registered manager strove to ensure people using the service would still have the best support possible. The registered manager pledged to give all members of staff free vitamin D supplements. During the pandemic, the government advised people to take these supplements if they were frail and housebound. These supplements were known to boost immune systems. The provider also took steps to ensure they always had enough staff by creating a 'Care Angel' Reserves campaign that had over 60,000 views on Facebook. Initially, 32 new members of staff were recruited, designed to back fill any shortfalls due to staff sickness through covid.
- The registered manager was passionate about improving peoples outcomes. The hard work in ensuring staff and people remained as healthy as they could be through the covid 19 pandemic, meant the service was able to offer packages of care for people ready for discharge out of hospital which freed up bed space and eased the burden on a heavily relied upon NHS.
- The registered manager was extremely innovative in ensuring that the service had enough PPE to deliver a service during the pandemic. When PPE supplies, nationwide were in short supply, the registered manager sought ways to ensure they did not run out. This included, accessing washable face masks and collaborating with a local company with printing 3D face masks. These are just a few of the things that made this service stand out during the pandemic, but these interventions and forward planning ensured people still received the best possible care during extremely testing times. There were no fatalities as result of covid to either people or staff during this period, which was testament to everyone involved, especially the registered manager and her leadership. As a result, the registered manager was recognised for her services to homecare and charity by being awarded an MBE.
- The registered manager had implemented robust systems to monitor the quality of the service. It was clear that these systems were extremely effective and that there was effective oversight of the quality of the service. This ensured consistent and positive outcomes for people. One person was supported to be able to mobilise again after a sporting accident. They held a party to thank the carers for their support over the last 10 years.
- Positive comments about the management team were made by people who used the service, their relatives and staff. One person said, "Sometimes the office girls come and see us when regular carers are off."

It's nice to see them." A relative also told us, "We are very happy with the service provided. Communication from the office is good."

- The service also allowed the attendance of staff at funerals when people passed away sending flowers and condolences to relatives.

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

- People were regularly asked to feedback about the service. This was done informally and more formally using surveys.
- People were provided with surveys in which they could anonymously share their views on the care they received. People also had a copy of the complaints procedure in their home as part of a welcome pack.
- We reviewed the responses to the most recent surveys of people's views and found these were positive.
- The provider also sent monthly newsletters to staff keeping them up to date. This included information about service updates and wellbeing support.

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 demonstrated a full understanding of the duty of candour. The service had apologised to people, and those important to them, when things went wrong. They fully investigated incidents and acted with honesty and integrity with people and their family members providing appropriate apologies.
- When discussing the duty of candour, the registered manager said, "We are open and honest. We don't always get it right but we act appropriately, and that's important to me."

Continuous learning and improving care

- The service is continually exploring innovative ways to provide piece of mind for people that may not be ready for support within their own home. They are currently trialling a sensor system for home environments which notifies loved ones when a relative is moving around their home or has an unusual incident like a fall. For example, if someone was to fall out of bed or out of a chair, and a sensor detects, it would send an alert to an agreed recipient that a particular sensor has been activated. This is in its early stages, but its hoped it will be rolled out soon.
- The registered manager reviewed incident records regularly and implemented any changes required to reduce the risk of repeat incidents and to identify any instances where changes in staff practice were required.
- The registered manager had plans in place to continually grow and develop the service.
- The service was committed to supporting staff with improving skills. This was recognised with a Paragon Skills award.

Working in partnership with others

- The service had good links with other outside organisations to ensure people received joined up and effective care.
- The service communicated well with organisations such as commissioning County Councils.