

Gabriel's Angels Limited

# Gabriel's Angels Limited

## 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

This inspection took place on 11 January 2017 and was announced to ensure the registered manager was available.

Gabriel's Angels is a domiciliary care agency providing care and support to 60 people living in their own homes. A registered manager was 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 of the service at its current address.

People were very happy with the care and support provided by the care staff although some felt the office administration could be improved. People felt safe and that staff knew them well. They felt staff respected their dignity and sought consent before providing support.

People were kept safe by staff who understood how to recognise the signs of abuse and how to report them. Any concerns that had arisen were reported to the local authority safeguarding team.

Staff were provided with detailed and up to date care plans and other information to enable them to deliver personalised care to people. People's care plans had been devised and were regularly reviewed with them or their representatives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice .

A robust recruitment system ensured, as far as possible, the service recruited appropriate staff. Staff received a thorough induction and regular training to equip them to perform effectively and received regular ongoing support through supervision and appraisal.

The management had effective systems to monitor care practice and seek people's views about the service. Surveys were carried out and complaints were addressed appropriately. Plans were in place for the future development of the service.

## 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 all felt safe and well cared for.

Staff understood how to keep people safe and report any concerns. Staff said the service would respond appropriately to any concerns reported. Where issues had arisen the service had worked with external agencies to ensure they were fully investigated.

Where risk to a person was identified, appropriate assessments were completed to minimise the risk of harm.

A robust recruitment system helped ensure people were cared for by staff who were suitable and safe.

### Is the service effective?

Good ●

The service was effective.

People felt the care provided by the service was very positive and effective.

Staff received regular and effective support and development through induction, supervision, appraisals and training.

People's rights were protected and their consent sought for the care provided.

### Is the service caring?

Good ●

The service was caring.

People and relatives all felt staff were very caring.

Staff had received training on respecting people, person centred care, dignity and other areas to help them deliver individualised care.

People's cultural and individual wishes and preferences were recorded and respected in the way they were supported

### Is the service responsive?

The service was responsive.

People found the service responsive and flexible and felt they related well to staff.

People's wishes and needs were identified in their care plans and associated documents, which were kept up to date through regular review.

The service had a complaints procedure and people knew how to use it if necessary. People's concerns had been listened to and addressed.

Good 

### Is the service well-led?

The service was well led.

Most but not all people felt management were accessible and the service was well led. People were all happy with the care provided.

Staff were motivated and positive about working for the service and felt valued. They clearly understood the vision, values and expectations of the management team.

Management systems to oversee the operation of the service were in place and in the process of further development.

Good 

# Gabriel's Angels Limited

## 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.

The service had not previously been inspected at its current address.

This inspection took place on 11 January 2017. The provider was given 24 hours' notice because the location provides a domiciliary care service and we wanted to be sure the registered manager was present to assist with the inspection.

The inspection was carried out by one inspector. We reviewed the information received from our pre-inspection survey of the views of people, relatives, staff and external health and care professionals and any notifications made by the service. Notifications are reports of events that the provider is required by law to inform us about. We reviewed the report of the previous inspection.

We reviewed the care plans and associated records for four people, including their risk assessments and reviews. We examined a sample of other records to do with the service's operation including staff records, surveys, meeting minutes and monitoring and audit tools. We looked at the recruitment records for four of the more recently recruited staff. We also spoke to the registered manager and registered provider in the course of the inspection process.

After the inspection we contacted twelve of the people supported or their representative, to seek their views about the service. We also contacted eight staff for feedback about their experience of working for Gabriel's Angels.

## Is the service safe?

### Our findings

All of the people and relatives who provided feedback felt people were safe from harm and well cared for. This was also reflected in the feedback from staff and external professionals, who felt appropriate systems were in place to address any possible concerns, should they arise. One person commented, "All the care workers are very professional and their attitude makes me feel safe and I enjoy their company." Another told us they always felt safe, and gave the example that they were reassured because staff, "...talked [them] through the hoisting process." A person's representative told us, "[Name] feels very safe and supported by Gabriels' Angels visiting staff."

People were kept safe because staff understood their role in protecting them. They knew how to recognise, record and report any safeguarding concerns to the management team. Staff said management would take reported concerns seriously and would act appropriately on them. Staff had attended safeguarding training on various dates since 2013 and refreshers of the training were ongoing.

Where safeguarding issues had arisen they were fully investigated and appropriate steps taken to address them. However, two instances had not been notified to the Care Quality Commission at the time, although this had no impact on people's wellbeing. This was rectified immediately following the inspection. The registered manager undertook to ensure any future safeguarding issues were notified as required and created new safeguarding record form to log the steps taken.

A detailed policy and procedure on safeguarding people was provided to staff. It included relevant contact numbers for reporting any concerns and a written questionnaire which staff had completed to demonstrate they understood their responsibilities.

Following complaints about staff arriving late for care calls, the registered manager and provider were introducing a more effective system to monitor the arrival of staff for care visits. This would ensure the office could provide alternative care staff in a timely way if the scheduled staff were delayed or unable to attend.

Appropriate risk assessments were carried out for key risks such as moving and handling, choking, infection control and medicines. A specific risk assessment had been completed, where appropriate in relation to a recent safety alert about one medicine. Where people required a hoist to assist transfers, guidelines and training were provided to ensure staff understood how to use the equipment safely. Staff had attended moving and handling training and 17 were booked to attend a refresher study day between January and May 2017. Staff had completed a written questionnaire to confirm their understanding.

Any risks associated with the home environment were assessed and guidance provided for staff on minimising them. Additionally, individual risk assessments had been completed for people, around specific activities where an element of potential risk had been identified.

The service had experienced low staff turnover and had been able to recruit successfully to vacant posts. Feedback from staff about their experience of working for the agency was very positive. One staff member

said, "All in all one of the best care companies I have worked for" and another described the agency as, "Very client focused." In the event of an emergency, members of management had maintained their core training and were available to carry out calls if other staff were unable to provide cover. The policy of management was to ensure they operated within the capacity they had, as dictated by staff numbers and to avoid the risk of taking on too many care packages.

People were protected because the service had a robust recruitment process to check potential staff were suitable for the role. Checks included a criminal record checks, obtaining a full employment history and the take-up of references from previous employers, as well as completion of a health questionnaire. Staff files also contained evidence confirming the person's identity, a completed application form and a record of their interview.

The service supported 15 people with their medicines to varying degrees. Some people required only prompting while staff administered medicines to others. Medicines administration was recorded on the service's medicines administration record (MAR) sheets. To maximise people's safety the service only administered medicines from original pharmacy labelled containers, blister packs or dosettes filled by the pharmacy. The dosettes contained people's medicines in separate labelled containers for each time of administration. In this way they helped enable people to retain independence with regard to their medicines. People's files contained detailed medicines guidelines to ensure they received what was prescribed appropriately. The administration of prescribed creams was included in care plans to ensure this was completed as prescribed.

Staff received medicines training which included completion of a written questionnaire to ensure their understanding and they were signed off by one of the management team once deemed to be competent. The service's medicines policy required staff to report any medicines errors or omissions. Where medicines issues had arisen, they had been followed up and action had been taken to reduce the risk of recurrence. Most recorded errors related to recording omissions. Two administration errors identified in the past 12 months were managed appropriately including discussion with GP and family and led to no harm. A medicines error analysis form was devised to assist management to identify causes and reduce the risk of recurrence.

## Is the service effective?

### Our findings

People and relatives praised the care provided by staff. The feedback included, "I can't fault them", "Really pleased with them" and "Standard of care is outstanding." Relatives told us, "They have transformed our lives" and "I can't praise them enough." One relative said of the support provided to their family member, "She has taken [name] a long way, has rebuilt him."

People felt staff had the skills they needed to support them and treated them with kindness. People told us they usually had support from a core group of known staff, except at times of sickness. One said they had, "One consistent carer, we have become good friends". Two people said staff sometimes arrived late although they were usually called by the office to let them know. A relative said of staff, "We've been delighted by their professional and caring support."

People were involved in planning and reviewing their care as much as they were able to be. One person said of staff, "They are receptive and listen to me." If the person wanted family involved, or a relative had power of attorney, they were involved in planning the person's care. On occasions, the service had involved an external advocate as part of a best interest decision making process. This was when the person lacked capacity and had no one with power of attorney. For example, a best interest discussion had taken place around planning outings for a person with dementia who was at risk of harm whilst in the community. The process had included a representative of the local authority mental health team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People signed a consent form for their care, when they were able to do so. The registered manager understood the issues of mental capacity and consent. She had checked whether relatives had power of attorney, where people had been assessed as lacking capacity, although the service hadn't retained evidence of this. The registered manager agreed to obtain a copy of power of attorney where it applied to ensure views about the person's care were always sought appropriately. Copies of completed mental capacity assessments were on file where they had been completed.

The service used the care certificate framework (which is a set of 15 standards that new health and social care workers need to complete during their induction period) as their induction tool. The care certificate induction was accessed via the local authority 'Log On To Care' training system. All but the two most recent recruits had completed their Care Certificate comprehensive induction.

People were supported by well trained staff. The training records provided immediately following the inspection showed the service had an effective rolling programme of training. The programme provided a mix of face to face and on-line training. Staff had periodic updates to core training and additional more

specialist courses were available and encouraged. One staff member had completed podiatry training and through them a basic nail care service was offered, which had proved a popular element of the available service. Where specialist equipment or techniques were required to support people, written and pictorial guidance was provided to staff, together with any necessary additional training.

The service positively promoted and encouraged training and funded staff to undertake level 2 of a nationally recognised care qualification. The service had won an award from the local college for their commitment to staff training.

People benefitted from care by staff who were well supported in carrying out their work. The provider supported staff through regular supervision. Supervisions took the form of a mixture of sit down discussions and observations of elements of care practice (community supervisions). Records showed staff received regular supervision, at least four times per year, with some attending them much more regularly where necessary. Staff were provided with written explanations about the supervision and appraisal processes and standard formats were used to record these.

Periodic spot checks were carried out by management to monitor uniform, use of protective equipment and infection control practice. Staff also attended an annual development appraisal to review their progress and set future targets.

People were happy that staff monitored their health, and would where necessary suggest or seek medical advice. Where staff supported people with their meals, no concerns were raised.

Where people had additional nutritional needs, these were described clearly, including detailed information about the preparation of dietary supplements, based on advice from dietitians. Where a person was subject to risk of choking, this was assessed and guidance provided to staff on minimising the risk.

## Is the service caring?

### Our findings

People and relatives felt staff were kind and caring and treated people with respect. One person said, "They are kind and patient." A relative told us the agency provided, "A good match of staff, really nice people." Another said, "The two regular carers are just lovely." Staff were described as, "Friends, as much as carers" and "Brilliant."

Staff respected people's individuality and culture. They were provided with very detailed information about people's individual personality, wishes and preferences. Staff described how they asked people how they wanted things done and encouraged them to make choices about their care. Staff also sought people's consent before going ahead to provide care. Staff said, "Yes I always ask and explain what I'm about to do." Others described how they referred to the care plans in the course of their work.

People were treated with respect. Staff had completed training on person-centred care, equality and diversity, privacy, dignity and confidentiality as part of their induction to equip them with these skills. Information was also provided to staff on appropriate care within the staff handbook. Spot checks and practice observations enabled management to monitor whether staff were working appropriately and any issues were discussed in supervision meetings.

Care plans were regularly updated and a paper copy was kept in the person's home so it was accessible to them, while they were kept on computer at the office. Staff were happy with the level of information available to them. To promote people's wellbeing the care plans included sections addressing "How I want to be cared for", "I Don't like" and "Things I'd like to try."

To promote people's independence and skills retention, they were encouraged to do what they could for themselves, where possible, rather than staff taking over and doing things for them. Where people were unable to take part in significant decisions about their care, their rights were protected through the involvement of advocates or family members with power of attorney. Family were also involved informally with the person's consent.

The service promoted people's rights in various ways. For example they had advocated on behalf of people to obtain additional funding where this was needed in order to meet their increasing needs. They had also worked positively with individuals to encourage them to broaden their dietary range or activities experiences. One person had been supported to attend swimming sessions at a specialist service to promote their health. Another had successfully been encouraged to undertake shopping trips, where they had not done so previously.

People and relatives said staff treated people with dignity. One said, "They treat me with dignity," a relative said, "Oh yes, top notch." With regard to staff respecting people's dignity another person's representative said, "Very much so, [name] loves having Gabriel's Angels staff assist him every day."

## Is the service responsive?

### Our findings

People and relatives found the service to be flexible and responsive to changes in people's needs. One relative said the service had been both, "Responsive" and "Proactive," at times. Other relatives said the service had kept them, "Up to date with changes" and had, "Liaised positively with healthcare." People and relatives had been involved appropriately in planning and reviewing care and their views had been heard. One relative said, "[Name] was very unwell at one stage, the staff have been amazing." Another said, "We work as a team."

People had detailed care plans which were kept on computer and updated at least every three months. People had paper copies in their home so they could see the content and had consented to the care plan. Care plans and associated records contained a good level of detail about people's wishes and preferences to help ensure the care delivered was respectful of these. People's care plans reflected their known choices and referred to staff asking the person what they wanted before offering support.

Specific sections of the care plan, such as 'How I like to be cared for' and 'I don't like', helped to ensure the staff approach was appropriate. Care plans went further, and included some information about aspirations within a section entitled, 'Things I'd like to try' to encourage staff to support people to have new experiences and a more fulfilling life. Some people were additionally supported to take part in activities outside the home as part of their care package.

Staff said the care plans were up to date and detailed and contained the information they needed to give individualised care. They told us updates on people's wishes, needs or wellbeing were recorded, passed on to the management team and incorporated in the care plans.

With the exception of one relative, people and relatives felt they had been listened to when they had raised any issues and the matter had been resolved in a timely way. One relative did not feel this had always been the case, although they praised the actual care provided by the staff. Other people and relatives comments included, "Issues are resolved, the manager is available on the phone," "One stand-in carer wasn't as good, but was removed," and several said they had not had any cause to complain.

People were provided with the complaints procedure within the terms and conditions and contract. A copy was also in the care file in their homes. The information provided included the contact details for the Care Quality Commission, the Local Government Ombudsman and local authority safeguarding teams.

Prior to the inspection the service stored complaints individually rather than logging them collectively. The registered manager set up a centralised complaints record following the inspection to assist with monitoring. Complaints had been investigated and followed up appropriately. For example one person had complained about staff not arriving on time. The registered manager explored the causes and made changes, including highlighting time-sensitive calls in the call booking system to avoid them being changed. Appropriate communication had taken place with the complainant explaining the changes made. The service had also received positive feedback from people and their families about the care provided by staff.

## Is the service well-led?

### Our findings

People and relative's views about the management of the service were variable. Nine of the people and relatives we spoke with were happy the service was well led and that the management team were accessible and supportive. People told us, "I've never had a problem," described the manager as, "Positive" and said the management team were accessible and phoned them back if not initially available. One relative said, "I would have no hesitation in recommending them to anybody. Absolutely the tops." Three people's experience was not as positive. One said, "The admin. could be better, but the care is good." Another said, "The office support leaves something to be desired, they don't communicate well." A third person had sometimes had issues with the timekeeping of calls and changes to call times. The management team had identified these issues and were working to address them.

Staff were very positive about the way the service was managed. They felt they received "Clear guidelines", "Very clear expectations" and the service was "People centred" and had, "A positive reputation." Staff found the registered manager supportive and felt she promoted good care. One said the manager was, "Very helpful," another described her as, "Supportive and encouraging". Other staff described the service as, "A warm and pleasant company," and one said, "I'm proud to be part of the team."

The service's vision and values were communicated well to staff in writing via handbooks, policies, procedures, supervision and training, and staff found the management team approachable. Staff did note that only a few team meetings had taken place. However, the registered manager was aware of the shortfall and told us they planned to introduce regular minuted meetings between groups of staff to address this. The service was in the process of restructuring staff into teams with team leaders to help enable this. Management team meetings had taken place, most recently in October and December 2016.

In order to help ensure staff worked to the standards set, members of the management team carried out joint care calls and regular spot check visits to observe staff in the course of their work. The views of service recipients were sought as part of this process. Alternate supervisions with staff also consisted of observations of care practice.

A survey of the views of people and relatives had been carried out during 2016. Individual issues had been addressed although no overall report had been compiled to draw the results together and highlight any trends. To address this management team planned to carry out another survey and produce a report of the findings. Surveys were due to be sent out on 16th January.

Management monitoring took place on a daily basis by the management team who were in day-to-day control of the service's operation. However, the process wasn't recorded systematically. Immediately following the inspection the management team began devising a more systematic monthly record to demonstrate their audit checks.

A business development plan was in place which identified the priorities and future plans for the service. It included reference to addressing the administrative issues highlighted by some service recipients as well as

the developments discussed with us during the inspection. For example the planned reorganisation of staff into teams and scheduling regular team meetings.