

Blue Angel Care Limited

# Blue Angel Care Limited

## Inspection report

First Floor 4 King John House  
Kingsclere Business Park, Kingsclere  
Newbury  
RG20 4SW

Tel: 01256592593

Website: [www.blueangelcare.com](http://www.blueangelcare.com)

Date of inspection visit:  
17 June 2021

Date of publication:  
15 October 2021

## 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

Blue Angel Care Limited is a home care agency supporting people with personal care in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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 this inspection there were 67 people receiving support from the provider.

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

Feedback from people and their families was positive. One person told us, "They are the best company I have been in." A family member said, "They always look after [Name] well." Another person said, "They are always very helpful, happy and careful. They do anything I ask them to."

People received care and support that was safe. People were protected from avoidable harm and abuse by staff who were aware of their responsibilities to report any concerns. People felt safe and were protected against other risks to their health and welfare, including risks associated with infectious diseases such as COVID-19.

People received care and support that was effective and based on detailed assessments and care plans. 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 were supported in a caring way. The service focused on people's independence and dignity, and respecting them as individuals. People said they would recommend the service to others. One person's relative said, "They perform very well. The carers have got people's well-being uppermost."

People received responsive care. There were processes in place to make sure people received care according to their agreed plans, needs and preferences. The provider had arrangements in place to make sure people could communicate their needs and preferences, taking account of their individual needs and any sensory impairments.

People told us the service was well managed. The provider had effective systems in place to manage the service, and to monitor and improve the quality of care people received. They made use of technology and computer systems to monitor and review people's care and make sure it was of a high standard. Staff felt valued, supported and empowered to deliver high quality care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

This service was registered with us on 6 February 2019 and this was the first inspection.

#### Why we inspected

This was a planned inspection based on the time the service had been without a rating since it was registered with us.

#### 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 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 well led.

Details are in our well-led findings below.

Good ●

# 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 Care Act 2014.

#### Inspection team

The inspection team comprised 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

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

The service had a manager registered with CQC. 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

We gave a short period notice of the inspection to give the provider time to contact people we wanted to speak with about their experience of care.

Inspection activity started on 15 June 2021 and ended on 25 June 2021. We visited the office location on 17 June 2021.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and five family members about their experience of the care provided. We spoke with eight members of staff including the registered manager and managing director.

We reviewed a range of records. This included people's care records and staff files in relation to recruitment and staff supervision. We looked at a variety of other records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records the provider sent us online. We followed up with professionals who worked closely with 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 for 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

- The provider had systems and processes in place to protect people from the risk of abuse. Staff were trained and empowered to respond promptly to safeguarding concerns. Staff we spoke with were aware of the risk of abuse and signs to look out for. Staff were confident concerns would be addressed appropriately if they reported them.
- People we spoke with told us they felt safe. People told us they felt safe with their care workers. One person's family member said they were "most definitely safe".
- When concerns were raised about people's safety, the provider engaged positively with the local authority multi-agency safeguarding hub. The provider worked with local NHS organisations and, where necessary, legal professionals to make sure people lived in a safe environment.

Assessing risk, safety monitoring and management

- The provider had processes in place to assess individual risks to people's safety. People's care plans included guidance on how to manage and reduce a range of risks, such as choking risks, falls risks, and risks associated with using a wheelchair and people's medicines.
- Staff knew people well and had the required information to support people safely. The provider had assessed risks associated with people's home environment, and had acted to reduce the risks, such as notifying the fire service if there was an increased fire risk in the person's home.
- The provider had an online monitoring system which allowed the registered manager and senior staff to remotely check all tasks had been completed in care calls to ensure safe care was being provided.

Staffing and recruitment

- The provider had processes in place to recruit people safely. These included tests to assess candidates' attitudes and abilities related to working in the care sector. The provider had continued to follow these processes during the COVID-19 pandemic.
- The provider carried out the required checks to make sure staff were suitable to work in the care sector. Recruitment files contained the necessary records.
- The provider had made sure there were sufficient numbers of staff to support people safely during the COVID-19 pandemic. There were no complaints about missed care calls. Office staff were available to cover sickness or other unplanned absence. The provider had reported during the pandemic when they had capacity to take on extra care hours to support care in the local area.

Using medicines safely

- The provider had suitable processes in place to make sure people received their medicines safely where

this was included in their care plan. These were based on a thorough and detailed policy. People we spoke with either looked after their own medicines or had support from their family to do so. One person told us, "They always ask me if I have had my tablets."

- The provider gave staff training in how to administer medication and their competency was assessed via spot checks. Training was refreshed regularly and where needed, there was specific training for medicines such as pain relief patches. Senior staff confirmed in spot checks that the correct process was followed, and record keeping was accurate and up to date. There were also checks that staff knew what to do if they had any concerns about people's medicines.

#### Preventing and controlling infection

- The provider made sure sufficient quantities of personal protective equipment (PPE) were available for staff to use when supporting people. People told us that staff had high standards of cleanliness and hygiene, washed their hands, and wore aprons, gloves and masks when supporting them with personal care. Staff told us they had received appropriate training in infection prevention and control and had enough PPE to provide care safely.

- The provider found creative ways to maintain stocks of hand sanitiser when there were shortages in the early stages of the COVID-19 pandemic. The provider made their own sanitiser from sourced ingredients to international standards. The provider received supplies of sanitiser from a distillery, sharing surplus supplies with other local social care providers.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for staff and checking for symptoms of COVID-19.

- We were assured that the provider was promoting safety through the layout and hygiene practices in the office.

- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- There were processes and procedures in place to learn from accidents and incidents. Staff reported incidents, including those that happened when there were no care workers present in the person's home.

- The provider responded to accidents and incidents appropriately, for instance by arranging additional training for care workers.

# 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

- People had care and support based on individual assessments, and detailed care plans. Care plans were reviewed regularly and kept in line with people's changing needs.
- People could access their computer-based care plans if they wanted to. One person's family member told us, "They have given me access to the system so I can see who is coming and what time."
- People's care was based on current guidance and standards. The provider had a comprehensive set of policies, processes and procedures. These were based on relevant legislation, and standards and guidance from the government, NHS and other national bodies. The provider had also carried out their own research into areas such as best practice in hand hygiene.

Staff support: induction, training, skills and experience

- The provider had a comprehensive programme of training in place to make sure staff had the necessary skills to support people. There was a variety of training methods in use, including face-to-face, distance learning and teach the teachers. The provider worked with their training supplier to develop bespoke courses for staff with the intention of seeking relevant accreditation for the training.
- The provider's training and development officer was accredited to deliver training and led the induction of new staff. Staff induction was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector. There was regular follow up training to make sure staff kept their knowledge current.
- Staff had specialised training to support people with specific needs. This included training in tube feeding, and the use of specialist equipment. The provider's training room was equipped with examples of other equipment used to help people move, an anatomically correct dummy to help with training in personal care, and an adjustable bed.

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

- The provider supported people to have a balanced diet based on their own choice where this was included in their agreed care package. Staff prepared meals according to people's preferences and encouraged people to eat and drink enough.
- Where staff had concerns that a person was not eating enough, they monitored the person's intake and used their knowledge of the person to find creative ways to encourage them to eat a full portion

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other professionals to deliver effective care when people moved between services. When people were ready to be discharged from hospital, the provider aimed to assess their care

needs within 48 hours. Staff advised people when it would be appropriate to contact the community nursing team or other healthcare services.

Supporting people to live healthier lives, access healthcare services and support

- The provider supported people to live independent lives in their own homes while taking care of their physical and mental health needs. There was particular focus on mental health with care workers having completed accredited training with an external supplier. Where appropriate, the provider shared with people training relevant to maintaining good mental health during lockdown. This had a positive effect on their health and wellbeing.
- The provider made people aware of other services relevant to their needs, such as community nursing. One person's relative told us their care worker had contacted the relevant healthcare service when it appeared the person had difficulty eating. They said, "One carer noticed [name] eating and contacted the speech and language team. It wasn't needed in the end but the carer still noticed something and did something about it."

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 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 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. Care workers and managers were aware of their responsibilities under the MCA, which was covered in induction training and the provider's staff handbook. Care workers were aware of the need to obtain people's consent and described how they did this while supporting people with their personal 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 told us they were well treated and supported in a caring manner. One person said, "The younger ones are like my granddaughters; the older ones are like sisters to me." Other people talked of having built up a "good relationship" and having a "good rapport" with their care workers.
- Family members said their care workers were "definitely caring", and "always very kind and caring". Others said they were always listened to, and the care workers were "quick to follow instructions". Another relative felt that their care worker understood how to support people with dementia because they had family experience of dementia.
- The provider took into account the need to respect equality and diversity in their care assessments and support. The staff handbook described the provider's policies around equality, diversity and human rights. Staff we spoke with were aware of the need to support people appropriately according to their culture, religion, sexuality and sexual orientation.

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

- Records showed people were able to express their views and participate in decision making. There were regular service reviews and telephone monitoring calls. One service review record showed how staff involved a person who did not communicate verbally in the review. Staff addressed their questions to the person, and their family members helped to interpret their response. They confirmed that care workers gave the person time to communicate during their support calls.
- People we spoke with were happy they or their families were involved in relevant decisions and could express their views. One person said, "I tell them they're rushing sometimes. I don't like to be rushed."

Respecting and promoting people's privacy, dignity and independence

- People we spoke with and their families all said staff respected their dignity and privacy. One person's family member described how care workers ensured privacy by making sure doors were closed while they supported people with personal care. All staff members we spoke with were aware of the importance of dignity and privacy, and knew ways to support people with dignity and respect.
- Staff took account of the need to preserve people's independence as much as possible. People and their families appreciated that people had as much control over their care and support as possible. Where appropriate the provider had involved people's families in training in equipment used to support people to move and reposition themselves. This allowed family members to assist care workers, and for the people involved to stay independent in their own homes.

# 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

- Staff supported people according to their care plans in ways that met people's needs and reflected their preferences. Care plans were detailed, individual to the person and contained information about people's preferences.
- People we spoke with told us the care they received met their needs. One person said, "They are sensible. You don't need to tell them what needs doing, they can see it." Another person's family member told us, "They carry out the tasks they're supposed to, you don't need to ask."
- The provider used an online system to keep records of the care delivered at each call, and these records were checked and audited by senior staff daily. People and their relatives could read relevant parts of their care plans online.

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 (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.

- The provider's assessment process identified people's individual communication needs. Where appropriate people's care plans included guidance for staff about how to communicate effectively, for instance by speaking slowly and clearly, or by involving people's families. Staff also used individual techniques and equipment such as letter boards to ensure they communicated effectively.

Improving care quality in response to complaints or concerns

- The provider had a system to log, follow up and close complaints. People told us they knew how to complain if they needed to. People we spoke with had not used the formal complaints process, but some had raised concerns, for instance with call timings or continuity of care workers. Where people had raised concerns, they felt the provider had listened to them, but it had not always been possible to address the concern completely.

End of life care and support

- The provider had processes in place to support people during their last days. Staff had training in end of life care which focused on keeping people comfortable, dignified and pain-free during this period. At the time of our inspection there was no-one receiving end of life support.

# 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

- There was a positive, person-centred approach to care, which was based on the provider's values and vision. The management team worked to communicate these values throughout the organisation through recruitment, training, and their personal example. People and their families had a high opinion of the service they received. The provider shared with us a number of case studies which demonstrated good outcomes for people.
- Staff were motivated, and told us they felt valued, empowered, and supported to deliver high quality care. The provider had supported staff to keep themselves and people using the service safe during the COVID-19 pandemic. The provider's processes and practices supported a fair and open culture for staff.

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 was aware of and understood the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had established a clear management system in the service. There were clear job descriptions for all care and office staff roles. A computer-based rota system made sure staff were aware of the calls assigned to them each day. People who used the service told us they were happy with the quality of service they received.
- The registered manager had a system for monitoring and managing service quality. This was based on their online care planning and rota system which allowed them to track calls in progress as they happened, and to see the care workers' notes on care provided. Some of this information was also available to people's families. The system generated automatic alerts if a task to support a person was not recorded as complete in a timely fashion.
- The registered manager used reports from the online system to monitor and report on quality trends. There were weekly checks to make sure staff supervisions, spot checks and service reviews were up to date. The registered manager reported to the board of directors quarterly. They told us the directors were "happy" with their quality performance.
- The provider had a balanced board of directors with relevant expertise. Directors actively monitored the quality of service through regular meetings and annual audits.

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

- The provider engaged regularly with people who used the service and their family contacts. People told us the service was "approachable", "helpful" and "friendly", and they replied promptly to emails and phone calls. One family member said, "I have spoken with the manager. They are always quick with their answer."
- The provider had carried out a client survey in March 2021. This showed that people were happy with the care and support they received, felt safe, and were treated with respect and dignity. Everybody who replied said they would recommend the service to another person.
- Staff told us they were able to make suggestions and contribute to the quality of the service people received through supervisions and other contact with senior staff and managers. Within the constraints of the pandemic lockdown, there were regular team meetings. A recent staff survey prompted 75% of staff to reply. There were 90% positive responses.

Continuous learning and improving care

- The provider had a positive approach to continuous learning and improvement. One of the company directors was a registered nurse who was available to advise on improvements to people's care plans. The provider had taken steps to improve communication with community nurses by making sure records such as body maps and fluid intake charts were available at the person's home.
- The provider had successfully implemented a computer system which allowed them to avoid using paper records in the office. The system allowed the provider to make sure that up to date information about people's care was available to staff, families and people themselves. The provider had received an award from their software supplier as a positive example of how to implement and use their product to improve the service they delivered.

Working in partnership with others

- The provider worked together with other agencies to make sure people experienced good quality, joined-up care. The registered manager had positive working relationships with other healthcare providers, including community nursing teams.
- The provider had worked with other agencies and suppliers to adapt training and computer software products for the adult social care sector. The provider showed leadership in driving improvements in the wider sector.