

Gabriel's Angels Limited

Gabriel's Angels Ltd

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? | Outstanding ☆ |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Gabriel's Angels is a home care service providing personal and nursing care to 60 people aged 18 and over 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 received support from exceptionally caring staff. Staff knew people extremely well, were highly attentive to people's needs and had developed caring bonds with them over long periods of time. Staff often went 'the extra mile' to ensure people received highly personalised care and support. Staff upheld people's privacy and dignity and worked with people to improve their independence and supported them to stay in their own homes.

People were protected from the risk of harm and abuse by trained, competent staff. People received care from the same members of staff at regular times. There were enough staff to support people and meet their needs. Medicines were managed safely.

People were supported by skilled staff with the right knowledge and training.

People's care and support met their needs and reflected their preferences. Staff upheld people's human rights. People received personalised care and support at the end of their lives to enable them to have a dignified death. Staff acted as advocates for people to ensure they received timely care and pain relief at the end of their lives.

There were clear, robust processes for managing quality and safety in the service. There was strong leadership in the service and a positive, empowering culture. Staff were clear about their roles and responsibilities.

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

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

Rating at last inspection

The last rating for this service was good (published 9 March 2017). At this inspection the service was rated good.

Why we inspected

This was a planned inspection based on the previous rating.

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Gabriel's Angels Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector and one assistant inspector.

Service and service type

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

Notice of inspection

We gave the service four days' 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.

What we did before the inspection

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.

Inspection activity started on 5 September 2019 with telephone calls to people and ended on 19 September 2019. We visited the office location on 9 and 10 September 2019. We also visited people in their homes on 10 September 2019.

During the inspection

We contacted 12 people who used the service and eight relatives. We received responses from two people and eight relatives about people's experiences of using the services provided. We spoke with seven members of staff including the provider, registered manager, office manager, rota manager and three members of care staff.

We reviewed a range of records. This included seven people's care records and four people's medication records. We looked at five staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service including policies and procedures, daily handover records, the provider's business continuity plan and the provider's complaints log.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed documents related to medicines management as well as examples of staff's practice in providing care and support.

We contacted eight professionals with experience of working with staff from the service. We received three responses. We also contacted a further nine members of care staff and received two responses.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same, good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe whilst being cared for by staff.
- The provider had policies and processes in place to support staff to report and record safeguarding concerns.
- Staff told us they were confident to take action if they suspected someone was at risk of harm.
- The registered manager understood their regulatory responsibilities and appropriately reported any safeguarding concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Risks to people were fully assessed and documented by competent staff.
- People's care plans contained detailed, individualised risk assessments with specific guidance for staff. For example, for people at risk of developing a pressure ulcer, care plans contained detailed instructions and guidance for staff, including suitable types of equipment to use to prevent pressure damage, such as pressure relieving mattresses.
- 'Body maps' were included in people's care plans so staff could note any skin damage and provide appropriate care and treatment. Staff also made records of treatments and support from health professionals such as district nurses.
- In another example, one person did not have the capacity to go out independently. Their care plan contained detailed risk assessments for staff to support them to go on trips out. Instructions and actions for staff were documented clearly and were sufficiently detailed. This helped the person have safe, enjoyable experiences.

Staffing and recruitment

- People told us they received support from consistent staff.
- There were enough staff to support people safely and meet their needs and preferences. The provider employed a rota manager who was responsible for ensuring people received consistent care from the same members of staff. For example, two staff had been supporting the same people for three years. An additional staff member having supported the same person for five years. They used an electronic scheduling system to schedule care visits.
- The provider used safe recruitment practices, in line with legislation. This ensured only suitable staff were employed.

Using medicines safely

- The provider used safe systems for managing people's medicines which were in line with best practice

guidelines.

- People told us they received support to take their medicines from competent, trained staff. One person said, "They are always reminding me about my medication, making sure I've taken it."
- People's medicines administration records had been completed by trained staff. The provider audited these regularly to detect any errors. If errors were identified, the provider took action to prevent reoccurrences.
- People's care records contained lists of their prescribed medicines as well as any allergies. These lists were reviewed and updated regularly, ensuring each person's care record contained an accurate list of their prescribed medicines.

Preventing and controlling infection

- People were protected from the spread of infection by staff with the right training.
- Staff used infection control prevention techniques such as appropriate hand washing, gloves and aprons to ensure people were protected.

Learning lessons when things go wrong

- Staff were supported to reflect on practice to make improvements.
- Where staff made mistakes with people's medicines records the registered manager asked them to complete a written, reflective account to identify actions they would take to prevent similar mistakes happening in future.

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 the last inspection this key question was rated as good. At this inspection this key question remained the same, 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 and choices were thoroughly assessed in line with legislation, standards and evidence-based practice.
- Care records were individualised and contained evidence of people's and where applicable their relatives' involvement. People's interests, social histories, likes and dislikes were documented. It was possible to 'see the person' through reading their care plan.
- People's care records showed staff regularly reviewed people's needs to anticipate and respond to any changes in people's care and support needs.
- Care records showed staff had taken a 'whole person' approach to assessing people's needs and delivering care. People's physical, mental, emotional and spiritual needs were accounted for.
- The provider used evidence-based tools to assess people's health and wellbeing. This helped identify any potential risks for people and supported staff to refer to the appropriate professionals.
- Records of people's preferred care routines were detailed which helped staff give individualised support.

Staff support: induction, training, skills and experience

- People and their relatives told us they were supported by trained, competent staff.
- Staff had been given the right training and skills to help them deliver evidence-based, individualised care.
- Staff completed a thorough induction and spent time shadowing experienced carers before delivering support to people independently.
- If people needed specialist equipment to help them move, the provider ensured staff completed training on the equipment in the person's home. This helped prepare staff to use the equipment confidently in the person's own environment.
- Staff were encouraged and supported to complete additional qualifications and training. Staff told us they felt well-supported by the senior team and that they had access to relevant training to help them do their jobs well.

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

- People were supported to maintain a healthy dietary and fluid intake.
- Staff monitored people using evidence-based tools to assess their risk of malnutrition and dehydration when appropriate. If people were identified as being at risk, they were referred to the appropriate professionals.
- Staff were trained to support people with specialist diets, including those in need of a Percutaneous endoscopic gastrostomy, which is a tube placed directly into a person's stomach through which they can

receive, food, water and medication.

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

- People received the support they needed to access healthcare services.
- Staff monitored people's health and wellbeing carefully and acted promptly to ensure appropriate referrals were made to health care professionals as soon as people needed support and treatments.
- With people's consent, staff acted as advocates for them to ensure they received timely, specialist support from healthcare professionals. For example, staff, liaised with an occupational therapist to ensure a person received a specialist bed. This enabled the person to move independently and helped to prevent pressure damage to their skin.
- The provider collaborated with health care professionals to ensure staff had the appropriate training to support people who needed specialist health care equipment. The provider arranged training sessions with professionals such as district nurses where required, to develop staff's skills and competencies.

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

- The provider was working within the principles of the MCA.
- Staff had completed training in the Mental Capacity Act. They understood how to apply its principles and gave examples of how they had done so when providing care and support for people.
- Care records contained consent forms which had been signed by people. Where people were not able to sign consent forms due to lack of capacity, their legally appointed representatives had signed on their behalf.
- The provider had maintained a record of people who did not have the capacity to make decisions related to their health or finances. Copies of the appropriate legal documentation were held securely by the provider.

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 the last inspection this key question was rated as good. At this inspection this key question remains the same, 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, their relatives and professionals told us staff were very caring. One relative said, "[Relative] benefits from caring relationships with carers; an extremely good relationship. They are more like friends and that's really good and takes the pressure off from me. I don't know what we'd do without [the] care staff." A health care professional commented, "They're [staff] very attentive to the people in their care."
- Staff displayed considerable compassion and genuine empathy for people. We observed that staff had developed an excellent rapport with people and went to great lengths to make people feel valued and supported. This was confirmed by relatives we spoke with. "I always say to [staff member] you do a wonderful job - an extension of us as a family - our link with [relative], our eyes and ears when we're not with [relative]...[staff member] is the crème de la crème."
- People and their relatives gave several examples of how staff had gone 'the extra mile' to support them. One person told us staff supported them to collect their medicines from a pharmacy. This ensured the person received their medicines on time which helped promote their health. A relative told us staff had supported a person when they went to hospital. They said, "There was a time there were concerns that [relative] needed to go to the hospital. The care staff supported [relative] and went with [relative] to the hospital and care staff visited whilst [relative] was in hospital." This helped the person feel valued and cared for.
- In a further example staff had organised a birthday party for a person who was caring for two family members. Staff had bought balloons and a cake and surprised the person with a celebration at their home.
- The registered manager and senior team used robust recruitment processes and specific interview questions to ensure only staff with compassionate, caring values were recruited. They said, "We must feel an applicant is open, friendly, caring and puts us at ease as this will be how they make our customers feel. The culture at Gabriel's Angels is open and caring towards staff and customers."
- Staff told us the registered manager and senior team also maintained a compassionate and caring approach with staff. One staff member said, "We're like a family - they're brilliant. The [registered manager] has done nothing but welcome me into the company. ... she'll often send us a text to make sure we've got home ok." Another staff member told us, "[Registered manager] is probably the best manager I've ever had. I wouldn't work for anybody else."

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

- Staff were skilled at supporting people to explore their preferences and express their views to ensure their full involvement in care delivered. The registered manager told us their assessment process included conversations with people, and where appropriate their relatives, to explore exactly how they wished their

care and support to be delivered.

- Staff went to great lengths to support people to communicate their needs and help them make decisions about their care using assistive technologies.
- Staff supported one person with additional needs to use a specialised communication system. The person slapped the heel of their hand on a device to complete different tasks such as turning on the TV or calling important phone numbers. Staff had also obtained an electronic tablet and smartphone to support the person's communication needs. The registered manager commented that the person loved using the technology and that it supported them to express themselves effectively to staff.

Respecting and promoting people's privacy, dignity and independence

- Staff were very aware of people's needs for privacy and dignity and upheld these when providing care and support. One staff member told us, "[People are] covered in a way so that their privacy is protected...making sure they consent - I talk whilst I'm doing it so I can let them know exactly what I'm doing there and then."
- Relatives told us staff were very sensitive to people's needs and maintained their independence as much as possible. One relative described the support their family member received, stating the staff member ensured the person's wishes were respected if they did not want to go out. The staff member also ensured they took the person out to local cafes and places of interest at quiet times, to prevent the person feeling anxious or overwhelmed.
- The provider upheld their responsibilities to record and store people's information confidentially. They used secure electronic and paper based systems to do this.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us they were fully involved in planning care and support. One person said, "I was involved in the assessment process." A relative said, "We were involved in the assessment process, we agreed on the level of care [relative] needs and [we are] happy with everything". Staff ensured care plans remained up to date through a structured system of regular reviews.
- Staff supported people to express and explore their social histories, cultural needs, religious needs and interests to provide a truly personalised service. Care records were highly individualised and included a 'personal history profile' which was completed by people and their relatives where appropriate. This helped staff understand people's social histories and individual traits to provide personalised support and enhance people's quality of life. This meant the registered manager was able to carefully match staff with people who shared similar interests, cultural and religious backgrounds and life experiences to provide a highly individualised service.
- For example, one staff member was matched to a person living with dementia who spoke the same first language as the staff member. Previously the person had been reluctant to receive personal care, however, the staff member spoke to the person in their own language. This helped develop a bond between the person and the staff member, resulting in the person willingly accepting support with personal care.
- In another example, staff with experience and interests in animals were matched with a person who had worked as a vet. In a further example, a person was matched with a staff member who shared the same faith as them. The staff member accompanied the person to religious services once a week.
- The registered manager was responsive when people expressed their preference to receive care from a different staff member. They told us, "When [we] assess someone we are immediately thinking who will this client like, it is an integral part of our service, however sometimes we are wrong and unexpected people like each other, for that reason we sometimes say to clients it is good to meet a few carers then you tell us who is your favourite."
- Staff were also highly adept at working efficiently with health care professionals to arrange care packages for people with high levels of need at short notice. A health professional told us, "They've actually provided an overnight care service at the last minute...this [person] was really high risk - they had a care package set up on a Friday afternoon...within two hours. The carer [was] completely consistent, professional...they were one of the only ones who could meet the [person's] need."
- In another example staff had worked with health care specialists to support a person who needed a percutaneous endoscopic gastrostomy (PEG), which is a tube placed directly into a person's stomach through which they can receive, food, water and medication. As the person expressed a wish to delay the PEG and carry on eating solid foods, staff had worked with a speech and language therapist to identify softer

food options for the person. This enabled them to continue eating food for two more years. This supported the person's dignity and independence as they were able to continue to maintain their chosen lifestyle for longer.

- The registered manager told us risks for people were managed positively to enable them to maintain their independence. For example, staff had worked closely with one person and their social worker to develop a detailed plan and risk assessments to support them to go to their favourite places. Previously the person had been unable to go out due to experiencing difficulties with their mental health. However, due to the support put in place by the provider the person was able to go to their favourite locations regularly. This gave the person an enhanced quality of life and greater sense of wellbeing.
- Staff at the service worked with staff had worked with an occupational therapist to ensure the right equipment was in place to support a person to stay living in their own home. The person's relative told us, "They go way beyond...all this [equipment] my [relative] has downstairs is down to [staff member]... they make it so easy, they don't get enough credit. I can't fault them."
- In a further example staff had supported a person who had not been out of their home in years. A staff member had worked carefully with the person to support them to build the confidence to attend a health appointment. They had also supported the person to clean and organise their home. Due to the support received from staff the person was able to continue living in their own home.

Meeting people's communication needs

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

- Staff were skilled at supporting people with a disability or sensory loss such as a visual impairment to communicate using a range of technologies.
- Staff supported people to communicate using specialised technology and applications. For a person who was unable to read, staff used a mobile phone 'app' to help them communicate using pictures and social media. In another example staff used an electronic tablet to help a person living with autism to communicate.

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

- Staff actively prevented isolation and supported people to build social networks. The registered manager told us staff organised a Tuesday pub lunch for people to help them meet others.
- The registered manager also held coffee mornings for people and staff in their offices. This helped ensure people had positive relationships with staff and knew them well. They said, "We hold coffee mornings and pub lunches for our clients and staff because everyone gets so much out of it...everyone just accepts everyone as they are, no one judges anyone it is so relaxing and rewarding, the clients and staff love it! It helps with people who have dementia to eat with other people- the social element is lovely for them."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which clearly laid out actions for staff to take to address complaints.
- People knew how to complain and said they felt comfortable approaching the office team with any concerns or queries. One relative told us, "[Staff are] very efficient and I think [registered manager] is lovely - if I've got any queries she responds quickly on anything we've raised, we're more than happy."
- The registered manager maintained a log of complaints which had been investigated and resolved. This was used to help staff reflect on practice to make improvements to care delivery and to respond to concerns

or complaints raised.

End of life care and support

- People received highly individualised support at the end of their lives to help them have a dignified, comfortable and pain free death.
- Care records we reviewed showed staff had used evidence-based assessments to plan and provide high quality, sensitive care to people in their last days.
- The registered manager told us about the ways in which they supported people and their families in the last stages of people's lives. They said, "Either myself or one of the care managers sit down with each person or their representative...to check...their understanding and then to seek their opinion of what they would like happen. We often find people have not thought about this...I explain they have choices [and] people often feel empowered and relieved when they hear this and are grateful that someone spoke openly to them about this subject that is often avoided."
- Staff completed detailed assessments to explore people's needs and wishes at the end of their lives. This included the type of support people wanted and the place they wished to remain in during their last days.
- In addition, staff had liaised promptly and appropriately with professionals to ensure people's pain and symptoms were managed effectively.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remains the same, 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 registered manager was committed to their aim of delivering high-quality, personalised support. This was communicated with the staff team who shared the same values.
- Each member of the staff team demonstrated their aim was to continually drive service improvement to give people the best possible experience. Staff acted as advocates for people to ensure services, support and equipment were all available to meet people's needs and support their wellbeing.
- There was an open culture of learning and development and all staff agreed the registered manager was highly approachable, available and supportive. Staff commented that the registered manager understood their roles because of her first-hand experience. They also told us the registered manager set a positive example and would not ask staff to do anything she was not prepared to do herself, therefore often assisting and delivering care role modelling to new 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 clear in their understanding of the duty of candour and knew the actions to take should something go wrong.
- The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply.

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

- Staff responsibilities were clearly defined. The registered manager was supported by a skilled office team which included the provider, an office manager and a rota manager. The registered manager and provider delegated responsibilities appropriately.
- The registered manager and senior team used a system of robust audits and checks to ensure quality and safety in the service was maintained, and to drive service improvement.
- The registered manager understood and met the regulatory requirements. This ensured resulted in safe, effective care for people.

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

- People who used the service were regularly invited to feed back about the quality of care provided. The

registered manager and senior team effectively used a system of reviews to evaluate people's feedback on care delivered to make improvements.

- Staff felt involved and engaged in the service. They told us they were encouraged and supported to express their opinions and that these were valued by the registered manager and senior team.
- The registered manager used team meetings as a way of sharing updates and recognising good practice. Each month a member of staff was nominated to be 'angel of the month'.

Continuous learning and improving care

- Staff were supported and encouraged to reflect on care provided to identify improvements.
- The senior team completed a daily 'handover record' to ensure any updates or changes relating to the service and provision of people's care were shared between the staff team.

Working in partnership with others

- Staff maintained close working relationships with professionals from health and social care to meet people's health and wellbeing needs.
- People's care records contained evidence of communications and meetings with professionals to review people's needs and ensure the right equipment and support was in place.