

Hampshire Healthcare Services Ltd

# Angelus Homecare

## Inspection report

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Date of inspection visit:  
10 November 2022  
15 November 2022

Date of publication:  
30 December 2022

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Angelus Homecare is a home care service providing personal care to people in their own home. The service provides support to older adults who may be living with dementia, a physical disability or mental health diagnosis. At the time of our inspection there were 13 people using the service. The service supported people living in the Hampshire area.

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

The registered manager had made improvements to the quality and safety of the service since our last inspection. There was a clear management structure in place and an effective system to oversee the quality of care. People and staff told us senior staff were professional, approachable and had worked hard to make improvements to the service.

Staff received appropriate training in line with their role. There were systems in place to monitor staff's ongoing training needs. The provider made assessments of people's needs prior to care commencing and worked with healthcare professionals to ensure staff had the right training, guidance and equipment in place to provide safe care. There were appropriate processes to gain people's consent to care. 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.

There were sufficient numbers of staff in place to meet people's needs. The registered manager had made responsible decisions in relation to the speed of growth of the service, with the current challenges recruiting new staff. Risks related to the delivery of care were assessed and reduced and people felt safe receiving care from staff. The provider had systems in place to safeguard people from suffering abuse or coming to avoidable harm. There were processes in place to monitor the care people received in real time through the use of electronic care planning systems. This helped to ensure people's care and medicines records were monitored by senior staff and incidents could be identified and resolved quickly.

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

The last rating for this service was requires improvement (published 15 June 2021) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found enough improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

At the last inspection we found the provider was in breach of regulations. This inspection was carried out to review actions the provider told us they would take to comply with the regulations and improve the service. As a result, we undertook a focussed inspection of the key questions, safe, effective and well-led to review the quality and safety of the service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Angelus Homecare on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Angelus Homecare

## 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

The inspection was completed 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.

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

We gave a short notice period of the inspection so that people could consent to take part in the inspection by giving us feedback by phone.

Inspection activity started on 8 November 2022 and ended on 15 November 2022. We met with the registered manager remotely on 10 November and visited the location's office on 15 November 2022.

#### What we did before the inspection

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 sought feedback from the local authority. We used all this information to plan our inspection.

#### During the inspection

We spoke to 17 people and relatives via telephone to gain feedback about their care. We spoke to 9 staff including the registered manager, office staff and care staff. We also spoke with 1 health and social care professional.

We reviewed records relating to people's care and the running of the service. These included care records for four people, three staff recruitment files, audits, policies, incident reports, quality assurance records and medicines administration records.

# 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. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People told us they were happy with the consistency and timing of their care calls. Comments included, "They [staff] come pretty promptly at 8.30am, which works for me", and "The carers come twice a day and they are pretty prompt most of the time."
- The provider had taken responsible decisions when growing the size of the business, by carefully considering whether it was safe to take on additional care packages. The registered manager told us they had experienced ongoing challenges when recruiting staff, which had impacted upon the number of care packages they could safely provide. They told us, "We won't take on anything unless it is safe."
- The registered manager had worked to address issues to ensure staff had sufficient travel time between care calls. They told us these challenges were ongoing due to the location of care calls and the amount of traffic in built up areas.
- The provider had safe recruitment processes. The appropriate recruitment checks were carried out to help determine candidates' character, experience and conduct in previous employment. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers ensure suitable staff are employed.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe when receiving care from staff. Comments included, "'I feel safe with them[staff]", and, "I can honestly say that I am now 100% happy that [my relative] is safe in their care."
- People told us they were only cared for by staff they knew, and that new staff were always introduced by existing staff. Comments included, "'I have never been sent anyone I didn't know. Everyone shadows with someone before they are let loose on their own", and "They would never send new staff on their own." This helped people feel safe and assured about the staff who were allocated.
- The provider's safeguarding policy outlined the actions required to keep people safe from abuse or coming to avoidable harm. Records of safeguarding alerts received demonstrated the provider investigated concerns appropriately to promote people's safety.
- The provider promoted people's personal security and safety. Steps included advising people when staff had left the provider's employment and advising them to change key safe codes to ensure only authorised staff could access their property.

### Assessing risk, safety monitoring and management

- Risks related to the delivery of care were assessed and reduced. This included risks around falls, eating and drinking and people's home environment. This helped to minimise the risk of harm to people and staff.

- Staff received training on how to safely use care related equipment, such as hoists. Senior staff regularly assessed staff's competence in the use of equipment, which reduced the risks.
- The provider had a business continuity plan. This identified key risks which could affect the safe running of the service and how the provider would overcome these challenges. People's care needs were risk assessed to ensure the most vulnerable were prioritised in the event of circumstances, such as staff shortages or extreme weather. This helped to ensure there was effective contingency planning.
- Senior staff operated an 'out of hours' telephone service, people, relatives or staff could call in the event of an emergency at evenings or at weekends. Senior staff were responsive and pro-active in ensuring people received care as planned in the event of circumstances such as, staff absence. This ensured the provider had effective systems in place to respond to incidents or emergencies.

#### Using medicines safely

- People were happy with the support they received for the management of their medicines. Comments included, "They [staff] give me my medication. I am happy [with support provided]."
- People's care plans detailed how independent they wished to remain with their medicine's management. This ensured staff had a clear understanding of the support they required.
- The provider had a medicines policy. This included policies for the use of topical creams and homely remedies. This ensured staff administered people's medicines in line with best practice guidelines.
- Risks related to the management of people's medicines were assessed and reduced. For example, the provider had risk assessments in place for the use of emollient creams and any fire risks associated with their use.

#### Preventing and controlling infection

- We were assured the provider used personal protective equipment (PPE) according to the guidelines in force at the time. People's comments included, "They [staff] are always using their masks, gloves and aprons. The uniform wouldn't look right without them", and, "PPE is on all the time and gloves are on changed regularly."
- We were assured the provider's infection prevention and control policy was up to date. People and relatives told us staff followed good infection control practice. Comments included, "They [staff] are always very aware of infection control, so I feel safe with them."

#### Learning lessons when things go wrong

- The registered manager reviewed all incidents and accidents that occurred to promote learning and reduce the risk of reoccurrence.
- The registered manager ensured all incidents were reported to the appropriate professional bodies as required and any learning from the outcome of investigations was shared with staff.
- Staff were confident they had received the training and guidance to respond appropriately to incidents when they occurred. One staff member told us about an incident where they were required to call an ambulance for a person, "Your training just kicks in. You just know what is needed and it is automatic."



# 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 requires improvement. At this inspection the rating for this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received appropriate support, training and professional development relevant to their role. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People and relatives told us they felt confident staff were appropriately trained in their role. Comments included, "They [staff] are unbelievable. They are made for the job and it means that I can keep [my relative] at home with me, because I couldn't cope with it all on my own", "They [staff] have put me at ease and totally won my confidence", and, "They [staff] may be young, but they seem very well trained for their job and are always very respectful. I am delighted to have them in my home."
- New staff completed a training and induction programme in line with 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 sector. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff training was a combination of classroom based and online training. The provider had an in-house trainer, which meant training was tailored to individual staff's needs. Staff were positive about the quality of training they received. Comments included, "Training gives a good overview of what is needed [in my role]", and, "Training has been very good, and I can always ask for support if I'm not sure about anything."
- There were systems in place to assess staff's competency and knowledge of their role. This included observations of working practice and reviews of their knowledge during staff supervisions.
- Senior staff monitored staff's ongoing training needs and supervised regular training updates. This helped to ensure their knowledge was in line with current best practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us their needs were fully assessed by the provider prior to care commencing. Assessments included details of people's physical, mental health and social needs. Comments included, "The senior carer sat with me and we went through the care plan so that anything I couldn't do by myself could be added to the plan. She asked all sorts of questions about my life. It was obvious to me they really care."
- Assessments reflected needs arising from people's protected characteristics. This ensured people received

individualised care.

- The provider ensured people were provided with appropriate care related equipment. This included working with professionals to ensure people had mobility equipment such as stand aids or hoists where appropriate. Comments included, "The staff were so good at building up my confidence in getting used to the [mobility] equipment and only going at my speed until it felt safe." This promoted people's safety and independence.
- The provider had incorporated technology to enhance the delivery of care. They had an electronic care planning system, which enabled them to send staff updated rotas to help ensure changes to schedules were managed safely. The system also enabled senior staff to monitor care call times, durations and medicines administration.

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

- People were happy with the support they received from staff with eating and drinking. Comments included, "They [staff] always ask me if I need anything cooked or heated up to eat", and, "[Staff member] is friendly and helpful and will do whatever I want. She sometimes offers to cook my microwave meal."
- People's nutrition and hydration needs were detailed in their care plans. These included instructions for staff to ensure people had sufficient food and drinks available after they had finished care calls. One person said, "They [staff] do check I have eaten and leave me with a drink when they go."

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

- People told us staff provided effective support with maintaining and improving their health. Comments included, "My health has certainly improved under their care and everyone is so nice to me."
- Staff carried out care tasks in line with healthcare professionals instructions to promote positive outcomes in people's health. One person told us, "The physio sessions are due to start again today, so the carers will then help me with my exercises if I need them to." Another person said, "The staff are very good with [my relative] and all know how to take care of his catheter and keep it clean. There has never been a problem."
- The provider worked with healthcare professionals to ensure staff received training in the use of care related equipment. One relative told us how staff had received training from district nurses in the use and maintenance of a continence aid. They said, "The registered manager organised 2 staff to come and meet the district nurse at our home so that she could train them [in the use of this equipment]. I feel totally confident about it now."
- The provider supported people to ensure they had the right care-related equipment available to promote safe staff practice. This included hoists and other mobility aids. Staff told us they were confident in identifying and reporting any concerns around people's mobility. One staff member told us, "I always assess whether it is safe [to use mobility equipment]. If I have any concerns, I call [the registered manager], who always sorts 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 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.

- People and relatives told us staff always asked their consent before carrying out care tasks. Comments included, "All the carers are very flexible and will do whatever I need done and will ask before doing anything", and, "The carers are totally respectful and always asking [for consent]."
- Where people were assessed as lacking capacity to give consent to care, the provider consulted with the person who had the legal authority to act on people's behalf.

# 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 requires improvement. At this inspection the rating for this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure they operated effective systems to oversee the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People told us senior staff were professional, well organised and efficient. Comments included, "There is great leadership. Absolutely thumbs-up to all the team. They are wonderful; well organised and I wouldn't want to be without them", and, "I think it is well run, and the registered manager seems good."
- People and relatives told us communication with the provider had improved since our last inspection and senior staff were accessible and available when needed. Comments included, "I have always found them [senior staff] very efficient, whether it's email or the phone. If you leave a message, they soon get back to you."
- There was a clear management structure. The registered manager had joined the service since our last inspection and assembled a team of senior staff who were clear about their roles and responsibilities.
- The registered manager personally completed audits of all care records, care plans and medicines administration records. They told us they did this to enable them to quickly pick up any issues or emerging trends associated with people's care. They said they planned to delegate some of these tasks to senior staff if the number of people the service supported increased. This ensured there was a sustainable system in place to audit the quality of care records.
- The provider had met the requirement to clearly display their rating from CQC's last inspection.
- The provider had notified CQC through statutory notifications about significant events which occurred at the service.

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

- People and their relatives told us they would recommend the service to others. Comments included, ""I really would wholeheartedly recommend them", "They have provided much needed support at a difficult time in our lives. I wouldn't hesitate to recommend them."

- People and their relatives told us the registered manager and senior staff were very approachable and helpful when they contacted them. Comments included, "[The registered manager] is amazingly helpful and kind. She just knows what to say [to comfort me]", and, "[The registered manager] is absolutely marvellous, as are the lot of them [staff and senior staff]. They are doing such a good job."
- The registered manager and senior staff had a hands-on approach and a good understanding of people's needs. All senior staff were trained to deliver care and regularly worked alongside staff or covered care calls in the event of staff absence or sickness. One person told us, "I see the registered manager sometimes because she comes out (to compete a care call) if someone is off sick. She's very friendly but professional."
- Staff told us they enjoyed working for the provider and the registered manager had made improvements since starting their role. Comments included, "It's been a rocky road, but [the registered manager] has definitely made the service better", "[the registered manager] talks to me with respect. If I go to her with an issue, she listens", and "There is really good teamwork here now, I enjoy coming to work."

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

- People and relatives told us the registered manager promoted an open and transparent approach, communicating when incidents occurred, or things went wrong. Comments included, "We had a letter of apology from the [registered] manager about the recent complaint and now they have organised that [my relative] has a regular team of carers instead of just anybody. It has renewed my confidence in them."
- The registered manager understood their responsibilities under the duty of candour. There were open communications with people using the service, their families and representatives.

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

- People and their relatives were asked to give feedback about their care through, questionnaires, visits and phone calls from senior staff. Comments included, "They [the provider] did send me a questionnaire which I sent back", and, "The registered manager will always ask me how things [the care] is going when they visit and they sometimes give me a [telephone] call too."
- We compared the results from quality assurance questionnaires sent from 2021 and 2022. People were much more positive about the service and quality of care in the most recent survey compared to feedback from 2021. This reflected that the quality of service had improved.
- The provider gave the staff a chance to share good practice through team meetings, memo's and supervisions. Recent staff meetings included addressing issues to help ensure staff had sufficient travel time between care calls.

Continuous learning and improving care

- People and relatives told us the registered manager had gradually improved the quality of care and the service they received. This included improving communication, consistency of care and quality of staff. Comments included, "They have worked to get it right and I praise them up now", and, "I must say that at first their staff were not the best at all and I had to complain more than once about their lack of respect. The [registered manager] has certainly worked hard to improve things and the staff I wasn't happy with are no longer (working) there."
- The registered manager had developed an action plan, which identified how improvements would be implemented and sustained since our last inspection. The registered manager told us, "When I joined, we needed to put some basics in place. We have slowly and surely changed things to try and make it better. This is always ongoing, and we will continue to work hard to improve [the service] further."
- The provider had made improvements since our last inspection to ensure the service was meeting the requirements of regulations. This included improvements around; staff training, auditing, communication

and staffing.

Working in partnership with others

- The provider had worked alongside other agencies to meet people's needs and liaised with other healthcare professionals such as, GP surgeries, social workers and hospital discharge teams. This ensured staff could meet people's changing needs.