

Teign Angels Ltd

Teign Angels

Inspection report

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Date of inspection visit:
16 January 2023
20 January 2023

Date of publication:
27 February 2023

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

Teign Angels is a domiciliary care provider, registered to support adults with dementia, physical disabilities, and sensory impairments. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection there were 19 people receiving a regulated activity.

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

People received safe care and support. Risks to people were assessed and mitigated against. For example, people received their medicines as prescribed. Staff were recruited safely and received training to ensure they provided safe 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.

People and relatives told us staff were kind and caring, and spoke highly of the carers.

People received person-centred care and there was a high level of satisfaction with the service. This was reflected in the feedback we received about the service. One person told us the care they received was "First class." One professional told us "If ever I or my family needed care, they would be my first choice. I don't say this lightly. They are more concerned about getting it right for people than taking on more packages of care."

The service was well-led. The registered manager had systems and processes in place to monitor and maintain the quality of the service.

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 the service under the previous provider was Good, published on 8 February 2018.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

Teign Angels

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 carried out by one 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 48 hours' 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.

Inspection activity started on 16 January 2023 and ended on 25 January 2023. We visited the location's office on 16 January 2023 and people on 20 January 2023.

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 and professionals who work with the service. We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

During the inspection

We spoke with 4 people about their experience of the care provided, and 9 relatives. We spoke with 9 care staff, including the registered manager (who is also the nominated individual) and the team manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from 4 healthcare professionals, the local quality assurance team, and the local authority commissioners. We reviewed a range of records which included 4 people's care plans and medicine records, 2 staff files, and a variety of records relating to the management of the service including policies and procedures.

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 of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

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

- Risks to people were identified and mitigated against appropriately. Thorough risk assessments were carried out when someone joined the service or as their needs changed, for example, mobility, moving and positioning, and skin integrity.
- Care plans clearly told staff how to protect people from risk. Staff told us the training they received specific to each person meant they understood risks to people and how to mitigate against them. We suggested some of the care plan risk information be presented as specific risk assessments, for example, for stoma or catheter care. Before the second day of inspection the registered manager had acted on this.
- Changes to risk or people's care records were made quickly and communicated to all staff in a timely way via an electronic system, to which all staff had access.
- There were policies and procedures in place to ensure accidents and incidents were recorded, actioned and analysed, if they occurred.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse because the provider had effective safeguarding systems in place.
- Staff had completed safeguarding training, knew how to recognise signs of abuse, and understood the process for escalating any concerns.
- People and their families told us the care they received was safe. When asked if they could change staff if they didn't like someone allocated to them, one person told us, "I'm perfectly sure I could but I've never wanted to."

Staffing and recruitment

- Staff were recruited safely. The registered manager ensured the appropriate pre-employment checks were in place before employment started. This included DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by small staff teams. Senior staff who understood everyone's care needs were able to support everyone in the service, and regularly did so. These measures ensured continuity of safe care for people.
- Staff had enough time in their visits to carry out the responsibilities of their role. One relative told us "They stay until they complete it, there's no rush."

Using medicines safely

- People received their medicines safely.
- Staff received relevant training and spot checks were made of their competency in relation to medicines.
- Correctly completed medicine administration records were present in people's homes.

Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely.
- Relevant policies were in place.
- Staff had received training in how to prevent and control infection.

Is the service effective?

Our findings

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

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's needs and preferences were thoroughly assessed. Care plans contained detailed information for staff to ensure people's care was delivered in line with their needs and preferences. For example, where they preferred to get dressed after bathing, or which side they preferred to lie on.
- People's care was reviewed monthly, whenever there was a change in their needs, or at their or their relative's request.
- When staff noticed changes in need, the electronic system was used effectively to highlight concerns, for them to be assessed swiftly, and for guidance to be distributed to all staff quickly. This meant people's care was up to date with their current needs and choices.

Staff support: induction, training, skills and experience

- Staff completed a 14-week induction when their employment began. This included senior staff demonstrating how to provide care for each person, as well as new staff being observed. A programme of competency checking and supervision was also in place.
- Staff were encouraged and supported to complete The Care Certificate, and NVQ qualifications. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- One staff member told us the training they received was, "The best I've ever had in 25 plus years in the care industry."
- People and their families told us they thought staff had the skills required to do their jobs well. One person told us, "I know they do courses. Everything they do, from my point of view, is the best they can do." One relative told us "The carers are knowledgeable, I am of the opinion they have been taught how to do things."

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

- People were supported to eat and drink and their preferences were supported. One person told us "They're good, they'll do whatever I want."
- Staff had received training in food hygiene, hydration and nutrition.
- We observed that people had food and/or drink within their reach if they weren't able to fetch it independently.

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

- Staff supported people to access health care services when required.

- Staff knew people well which meant they noticed even minor changes in mood or appearance. Consequently, people received timely referrals for support from specialist professionals.
- Professionals gave positive feedback about the service. One told us that if the service had any concerns, "They're really good actually, they do body maps and send photos, then we advise them what to do." This meant people accessed health care in a preventative and effective way.

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.

- The service was working within the principles of the MCA.
- Staff, people, and their relatives all told us consent was requested before carrying out care.
- Staff had identified where someone with capacity to make decisions about their medicines had missed some doses. The service discussed with the person what support they required to ensure further doses weren't missed, rather than taking the decision making out of the person's hands.

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; Respecting and promoting people's privacy, dignity and independence

- Staff supported people well, and people spoke highly of their carers. One person told us staff stayed with them after a fall until the ambulance arrived, which had taken 24 hours. During that time the person was supported to meet all their needs for dignity and comfort.
- Staff received training in dignity, equality and diversity. The importance of these elements was reinforced by a senior staff member who told us they, "Wouldn't permit staff to do it their way in order to do the task quicker. They need to do things in the routine the person needs."
- One relative told us how polite and kind the carers were, and that, "[Person's name] always say they cover [them] up when giving [person's name] a wash." Another told us carers were, "Absolutely lovely, warm and easy to talk to." Another family member told us carers were, "Lovely, very efficient and professional."

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

- People were involved in their care and encouraged to express their views about it. For example, one person asked for the timing of a visit to be changed to suit them better. The service responded well and will make the change as soon as possible.
- People are asked to choose their preferences for care over significant holidays, for example, Christmas. Sometimes people wanted to cancel visits if family were visiting, and the service tried to meet people's requests.
- One relative told us they had contacted the service about the amount of time needed at a visit because they thought it was too long. In response the service shortened the visit and the relative told us, "I am happy with the result."

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

- Care plans were personalised and devised with the person and their family if appropriate.
- They identified what was important to people, and staff told us they provided good detail about people's preferences, for example, how they liked their personal care to be carried out.
- One person told us "They know what to do, I'm always happy with what they're doing."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were receiving information in ways they could understand. They were also supported in terms of communication. For example, a senior member of staff spent time with a person and their family to learn the person's particular way of communicating. The senior staff then worked with the person alongside other staff so they could learn. This meant there was continuity in communication whilst new staff were learning.
- Staff amended their approach for one person who was sometimes able to communicate verbally and at other times not. This came from discussion with the person and identifying the adjustments needed.
- All people using the service received a weekly printout of their visits which included the names of each member of staff who would be attending them. One person was also provided with a whiteboard on which staff daily wrote the names of staff and the times they were due to visit. This helped the person manage their anxiety.

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

- People were supported to follow their interests. For example, one person was able to keep a pet with support from staff to maintain its health. Another person was enabled to visit a local pub following the service investigating suitable equipment to make it possible for the person.
- One relative complimented the service, saying their family member had, "So loved their outings and you take such good care of [person]."
- The service had just re-started Daisy Chain, a monthly newsletter, which ceased during the pandemic. Its purpose was to keep people informed about the happenings in the "Teign Angels community".

Improving care quality in response to complaints or concerns

- People knew how to make complaints, and where to find information about doing so. However, they told us they hadn't needed to complain.
- One relative told us an improvement had been made to the service received by their family member as a result of their complaint. The same relative also told us that now the matter was resolved, "I have no complaints, they're unbelievable, you can't fault them."

End of life care and support

- The service worked to support people who were at the end of their lives.
- People's preferences and choices were discussed with them and their families and relevant information was cascaded to staff supporting the person.
- Staff worked collaboratively with external professionals. For example, sharing their knowledge of the person to ensure their preferences were taken into account when decisions were being made.

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

- Staff provided people with person-centred care. The registered manager, director, and team manager were passionate about, and worked hard to make sure people received high quality care which achieved good outcomes for them.
- One person told us the organisation was well managed and that it was, "First class." Another told us "I think they are very good."
- One relative told us, "I think they all work incredibly well as a team." Another relative told us, "They are very approachable and flexible. I just asked if they could cover an evening for me and they were very accommodating."
- One professional told us, "If ever I or my family needed care, they would be my first choice. I don't say this lightly. They are more concerned about getting it right for people than taking on more packages of care."

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 understood the need to be open with people and apologise to them when things went wrong.
- Notifications had been submitted to CQC appropriately.

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

- The registered manager had systems and processes in place to monitor and maintain the quality of the service. This included audits of medicines, staff training, any missed or late visits (there hadn't been any) and safeguarding concerns. It also included policies and plans, including a business contingency plan.
- There were also systems in place to ensure the quality of care remained high, for example, if a staff member hadn't worked with a person for a while. Before they were cleared to carry out the care themselves, either the registered manager, director, or team manager would demonstrate how care was to be delivered. One relative told us, "New staff are guided from the top, which keeps the standards high."

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

- People were frequently asked for their views about the service they received. Surveys were sent to people, their views were also gained in the monthly reviews of their care plans, and on a day to day basis staff asked

people about their care.

- Staff told us they were able to express their views at staff meetings, in individual supervision, and anytime they needed to if they had concerns. One staff member told us, "They are happy to try anything that might work better for the client." Another member of staff told us "We do feel part of a team and you feel valued, everyone listens to what you've got to say."
- Relatives told us they had been asked for their feedback about the service verbally and in the form of annual questionnaires.

Continuous learning and improving care

- The registered manager was committed to improving care and continuous learning.
- In response to current events, a blackout contingency plan was being developed to try and ensure people continued to receive safe care should a power blackout take place.
- Staff were encouraged to attend additional training to develop their knowledge and skills. For example, people were finding it difficult to get their toenails cut. The director was, therefore, undertaking training which would qualify them to cut people's toenails.

Working in partnership with others

- The service worked collaboratively with external professionals.
- The feedback we received from professionals was that the service "Always return telephone calls very quickly." Also, that, "They always do what the person needs for them to be safe. For example, they will call the GP, or ambulance, or relevant professional and make sure the person is safe."