

Angel Touch Care Agency Limited

Angel Touch Care Agency

Inspection report

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18 July 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Angel Touch Care Agency is a domiciliary care agency that was supporting 40 people at the time of the inspection. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; 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:

People received their care from regular staff who knew their needs well. People praised the caring nature of staff and said they looked forward to their visits. Relatives told us their family members benefited from the social contact they had with their care workers.

Staff treated people with respect and maintained their dignity when supporting them. Staff encouraged people to make choices about their care and respected their decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff supported people to be independent where this was important to them. Staff supported some people to attend appointments and to maintain their involvement in their community.

Staff provided care in a safe way. They had received the training they needed to perform their roles and followed people's care plans. Staff were recruited safely and understood their roles in protecting people from abuse.

People were encouraged to be involved in developing their care plans to ensure the support they received reflected their wishes and preferences. Care plans were reviewed regularly to ensure they accurately reflected people's needs.

People received a flexible service that was responsive to their individual needs. People said the agency responded well if they needed to change their care arrangements.

The agency was well run. The management team communicated effectively with people, relatives and staff. People and their relatives were encouraged to give feedback through surveys, quality checks and at reviews. If people had suggested changes, the registered provider had implemented these.

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

Rating at last inspection:

At the last inspection the service was rated Good. The report of the last inspection was published on 30 December 2016.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence 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 ●

Angel Touch Care Agency

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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 the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be available to support the inspection.

Before the inspection

We used the information the provider sent us in the provider information return (PIR) in May 2019. 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 reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the inspection

Inspection site visit activity started and ended on 18 July 2019. We visited the office location on this date to speak with the registered manager and the registered provider and to review records, policies and procedures.

We checked care records for three people, including their assessments, care plans and risk assessments. We looked at four staff files and records of staff training and supervision. We also checked records including satisfaction surveys, complaints, quality monitoring checks and audits.

After the inspection

We spoke with five people who received care and three relatives by telephone to hear their views about the agency. We received feedback from six staff about the training and support they received from the agency to carry out their roles.

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 Good. At this inspection this key question has remained the same.

People were safe and protected from avoidable harm. Legal requirements were met.

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

- People told us staff provided their care safely. They said staff followed the guidance in their care plans. One person told us, "I certainly feel safe. They are very good in that respect."
- People told us they could rely on their care workers and that staff timekeeping was good. None of the people we spoke with had experienced missed calls.
- The agency's electronic call monitoring system enabled the management team to monitor call times and to respond to any concerns.
- Risk assessments had been carried out to identify and mitigate any potential hazards, such as any equipment involved in people's care. If risks were identified, guidance had been produced for staff about how to provide care in a safe way.
- The agency had an appropriate procedure for the recording and reviewing of accidents and incidents. This ensured that any accidents or incidents that occurred would be reviewed to identify learning and improvements.
- The agency had a business continuity plan to ensure that people would receive their care in the event of an emergency.

Staffing and recruitment

- The agency employed enough staff to ensure all care visits were completed as scheduled. The registered provider told us that staffing capacity was always considered before new packages of care were agreed.
- The agency operated safe recruitment procedures. Applicants had to provide proof of identity, proof of address and details of two referees. The provider obtained a Disclosure and Barring Service (DBS) certificate for staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training in their induction and attended regular refreshers. The provider had a safeguarding policy, which had been updated in 2019. Staff were issued with a handbook which contained the agency's whistle-blowing procedure. Staff understood their responsibilities in safeguarding people from abuse and knew how to report any concerns outside the agency if necessary

Using medicines safely

- People who received support with medicines told us staff helped them manage this safely.
- People's care plans detailed the level of support they needed medicines, such as prompting and

administration. One person said, "I manage my own [medicines] but they help me with any changes and they collect my prescriptions." A relative told us, "They manage all her medicines. We've never had an issue, they make sure she takes them." Another relative said their family member had been prescribed painkillers 'as required'. The relative told us staff made sure their family member was offered these when they needed them.

- Staff received medicines training and their competence was assessed before they were authorised to support people with this aspect of their care.
- Staff recorded the medicines they administered electronically via an app on their mobile phones. This enabled the management team to monitor people's medicines in real time and respond to any issues.

Preventing and controlling infection

- Staff maintained appropriate standards of infection control. People told us staff helped keep their homes clean and wore gloves and aprons when necessary. Staff received training in infection control in their induction and regular refreshers.

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 Good. At this inspection this key question has remained the same.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices

- People's needs had been assessed before the agency provided their care. The PIR stated, 'We carry out assessments which always involve the client, and their wishes and preferences are always recorded.' We found evidence to support this statement.
- People and their relatives confirmed that they had been involved in their assessments. They said they had been encouraged to express their preferences about their care. One relative told us, "They did an assessment where we decided the level of care [family member] needed. They asked me to be there. They talked to [family member] independently of me, too. They had a good chat with [family member] to get to know her and find out how she wanted things done."

Staff support: induction, training, skills and experience; delivering care in line with standards, guidance and the law

- Staff had an induction when they joined the agency which included mandatory training and shadowing colleagues.
- Staff received the training they needed for their roles. This included mandatory training, such as health and safety, and training specific to people's needs. Staff were expected to complete the Care Certificate unless they had already completed an equivalent qualification in care. The Care Certificate is a set of nationally-agreed standards that health and social care staff should demonstrate in their work.
- Staff received one-to-one supervision, which provided opportunities to discuss their performance and training needs.

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

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

- Staff monitored people's health and highlighted any concerns they had to the management team. Relatives told us staff were observant of any changes in their family member's health. One relative said, "They are good at picking things up, they are very on the ball."
- The registered provider told us any concerns highlighted by staff were referred to relevant professionals, such as the district nursing service, and discussed with people's families. We saw evidence of this in people's care plans. Staff supported some people to attend hospital appointments.
- Relatives told us the agency had communicated well with other agencies to ensure continuity of care for their family members. One relative said their family member had support from the local authority reablement service following a hospital stay. As the reablement service was time-limited, Angel Touch

agreed to provide the person's ongoing care. The relative told us, "They kept in touch with the reablement team and it moved seamlessly to Angel Touch. It worked very well."

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

- People were supported to maintain their nutrition and hydration. The PIR stated, 'We assess people's ability to feed or hydrate themselves. This includes whether or not they are able to physically make themselves food or drink or if they are able to manage themselves if fluids/snacks are prepared and left for them within reach. We monitor and record fluid intake at each visit if we are concerned that a client is at risk, and we also keep weight charts.'
- We found evidence to support this. People's needs in relation to nutrition and hydration had been considered at their initial assessment and recorded in their care plans. Where necessary, staff maintained records of people's dietary and fluid intake.
- One person said the encouragement of staff had been beneficial in improving their dietary intake. The person told us, "I used to sit here and think I couldn't be bothered [to eat] but they make sure I'm eating. They make my breakfast and make sure I've got something for lunch."
- Relatives told us staff monitored their family member's food and fluids as part of the care they provided. Relatives said staff encouraged their family members to eat and drink enough to maintain good health. One relative told us, "They don't provide her meals but they do keep a check on what she's eating." Another relative said, "They encourage [family member] to eat and drink. They've taken into account her changing palate. They've brought up the issue of food with me and what they have tried that she likes and will eat."

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. We checked whether the service was working within the principles of the MCA.

- People's care was provided in line with the MCA. People said staff asked for their consent before providing their care. A relative told us their family member was sometimes reluctant to receive the support outlined in their care plan and that staff respected their family member's decisions. The relative said, "They encourage her but they respect her choice if she refuses."
- The agency ensured that people consented to their care plans before these were agreed. The registered provider told us that if there was doubt about a person's capacity to consent, they would seek advice from the local authority regarding a mental capacity assessment.
- The agency communicated effectively with others who were legally authorised to make decisions in people's best interests. For example, the agency maintained contact with the local authority deputyship team and a solicitor regarding two people's 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

At the last inspection this key question was rated Good. At this inspection this key question has remained the same.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's care was provided by consistent staff who understood their needs. People told us they received their care from a small team of staff, which they said was important to them. One person said, "It's always someone I know. It's small enough that everyone knows each other." A relative told us, "[Family member] sees a group of four or five [staff]. They've been so good. They are all brilliant. Some of them have become like personal friends to her."
- The agency recognised the importance of providing consistent care. The PIR stated, 'We try to ensure that carers that are placed have some common ground with the clients, and that we minimise the amount of carers going in, in order to build a professional caring relationship.'
- People were happy with the care they received and told us staff were kind and caring. All the people we contacted spoke highly of the staff who visited them. One person told us, "I'm getting very good care from all the girls. I'm very happy with everything they do." Another person said of staff, "They are all very nice, very helpful."
- Relatives also provided positive feedback about the staff who visited their family members. One relative said of staff, "They are remarkably friendly and consistently so." Another relative told us, "The carers have a lot of empathy."
- People had established positive relationships with their care workers and enjoyed their visits. One person told us, "I get on well with them; we have a laugh and a joke." Some people said they benefited from the social contact they had with their care workers. One person told us, "They are very cheerful, which makes a difference at the start of the day. The girls have helped me no end just by coming here and being so nice. It's nice to have them to talk to."
- Relatives told us staff spent time talking to people during visits as well as providing the care they needed. One relative said, "I like the way I hear them interacting with [family member]. They focus on the important things. They do all the practical things but I see them prioritising spending time with her. She really values that."
- People were able to express their religious and spiritual beliefs. The registered provider told us an individualised care plan would be developed if people needed support to practice their religion.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff treated people with respect and maintained their dignity when providing care. The PIR stated, 'When delivering personal care, clients are covered with towels, bathroom or bedrooms doors are closed, and they

are asked if they would like to wash/dry any parts of their body themselves or if they would like to be partially dressed before moving on to the lower half of the body for example.'

- People confirmed that staff were respectful and maintained their dignity. One person said of staff, "They are very polite and respectful." Another person told us, "Their attitude is very good; they don't treat me like a child."
- We asked staff what they understood the agency's values to be. Staff responses focused on providing care in a safe way that reflected people's rights and choices and supported their independence. Responses from staff included, "Rights, choice, safety, equality, respect, fulfilment" and, "Promote independence allowing our clients to continue to live in their own homes."
- People were encouraged to maintain their independence. For example, one person wished to continue to shower independently but was anxious about the risk of falling when alone. Staff supported the person in a flexible way, enabling the person to shower independently as they wished while being available for support if required. Staff supported another person to remain active in their community, supporting the person to visit the supermarket, the library and the cinema.

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 Good. At this inspection this key question has remained the same.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- Care was planned to meet people's individual needs. People confirmed they had been involved in developing their care plans and relatives said their input was encouraged.
- Care plans recorded people's preferences about their support and provided guidance for staff about the delivery of care. Care plans also contained information about people's lives, including their family, education, employment and interests. The registered provider told us this enabled staff to engage with people about their personal history. The registered provider said, "It's not always easy to establish a relationship when you first meet someone so we give staff information so they can find some common ground."
- Staff had access to people's care plans via an app on their phones and relatives were able to access their family member's care notes if people had given their consent to this. A paper copy of the care plan was also maintained in case emergency services needed access to information about people's needs and healthcare conditions.
- People told us the agency had reassessed their care plan if their needs had changed. One person said the agency had recently adapted the care staff provided following a hospital stay. The person said, "I was worried they wouldn't be able to take me back but [registered provider] was very reassuring. They liaised with the hospital and they managed to accommodate me. They stepped in and did more for me." A relative said, "They've had to cope with a change in [family member's] needs and they did so without any problems."
- People's care plans were reviewed annually unless their needs changed. People and their relatives told us their views at reviews were encouraged and listened to. A relative said, "If there's anything we want to change, add or stop, all I have to do is pick up the phone."
- People said the agency responded well if they requested changes to their care arrangements. One person told us they often had to change their visit times due to hospital appointments. The person said the agency always accommodated their requests for changes. Another person told us, "They are willing to change arrangements if I need them to."
- People said staff were willing to do any additional tasks they asked of them. One person told us, "They're always willing to do whatever I ask of them." Another person said, "Before they leave they always say, 'Is there anything else we can do for you?'" A relative told us, "They are willing to do anything we ask of them. [Family member] has to do exercises before she goes to bed and they help her with those." Another relative said, "Anything we've asked for, they have been happy to do."

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the

Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The PIR stated, 'We can offer our information in large print, and without hesitation would endeavour to source alternative forms for information provision as required.' No-one using the service required information in a language other than English.
- If people had specific communication needs, care plans had been developed setting out the support people needed to communicate effectively.
- The registered provider told us that one person who had a hearing impairment preferred to communicate using a notebook and that the agency had facilitated this. The agency had also communicated with a person's relative who had a hearing impairment through e-mail or text messaging, as the relative had expressed this as their preferred means of communication.
- People told us they were able to obtain any information they needed about the service in a way that was accessible to them.

End of life care and support

- The agency was not providing end-of-life at the time of our inspection although had done so in the past, working collaboratively with a 'care at home' team from a local hospice. The agency's compliments file contained thanks from relatives for the kind and compassionate care staff had provided towards the end of their family member's lives. One relative had written, 'We were lucky enough to have [registered manager] looking after [family member] while he was able to stay at home. [Registered manager] made such a positive difference to his final months and we will be forever grateful for that.'
- Staff had access to end-of-life care training. The registered provider told us the local hospice had recently released details of further end-of-life care training and that the agency would enrol its staff on the course.
- The agency's care plan format included provision for end-of-life care planning, including medical, cultural and spiritual needs. The registered provider told us people were given the opportunity to discuss their wishes about their end-of-life care and that these were recorded when specified.

Improving care quality in response to complaints or concerns

- The agency had a complaints procedure which was given to people and their families when they began to use the service. This set out how complaints would be managed and action complainants could take if they were dissatisfied with the agency's response.
- The complaints log demonstrated that the registered manager had investigated any concerns people raised and used these as opportunities to improve the service.

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 Good. At this inspection this key question has remained the same.

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; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received well-planned and consistent care. The agency's management team maintained an effective oversight of the service, which included monitoring the quality of care.
- The registered manager understood their responsibilities as a registered person, including duty of candour and the requirement to submit statutory notifications when required.
- People and their relatives told us the agency was well run and communicated with them well. People said they always had a good response from the agency's management team when they contacted the office. One person told us, "The girls at the office are very good. I can always get hold of someone when I ring." A relative said, "The people in the office always seem up to speed. It seems to be a steady ship." Another relative told us, "The communication is very good. On the odd occasion they've had to juggle the schedule, they have always given us plenty of notice. They always make sure we know exactly what's going on."
- Any changes or updates to people's care plans were communicated to staff via an app on their phones. Relatives told us staff communicated with one another effectively to ensure their family members received consistent care. One relative said, "They are good at keeping in touch and staff seem to keep in contact with each other." Another relative told us, "It's reassuring that I know the staff who are going in are talking to one another."

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

- People and their relatives had opportunities to give feedback about the service they received. The provider distributed surveys each year which asked for people's views about their care, including the care workers who visited them.
- The registered manager and registered provider had addressed any issues people raised in surveys and used feedback to improve the service. For example, the results of the most recent survey were very positive but some people commented that they did not know how to access the complaints procedure. The registered provider had shared the results of the survey with people and relatives and explained how to register a complaint.
- People told us the management team contacted them regularly to check they were happy with their care. One person said, "They phone me to check I'm happy."

Continuous learning and improving care; Working in partnership with others

- The management team carried out spot checks to observed and monitor the care staff provided.
- Staff were well-supported by the management team. They said they had access to advice and support when they needed it. One member of staff told us, "From my experience being a relatively new carer with no previous experience I have been supported brilliantly." Another member of staff said, "The management/office team communicate, help and support is there when I have needed it. I always know the door is open with 100% confidentiality."
- Team meetings were held twice a year and were used to discuss working practices and any issues relating to people's care. Staff told us they were encouraged to contribute to team meetings but some staff said they did not always receive feedback on their suggestions in a timely way. For example, one member of staff commented, "They always welcome suggestions and on the occasion I have raised a concern it has been noted down. Occasionally I have had to repeatedly ask if my concern has been dealt with but understand it can take time." Another member of staff said, "I would like more staff meetings and for us carers to share our concerns and suggestions freely on a regular basis." We shared this feedback with the registered provider, who agreed to increase the frequency of team meetings to four times a year.
- The agency was one of the local authority's preferred care providers and had regular communication with the local authority as a result. This included submitting monitoring data to the local authority about call completion and any complaints or safeguarding issues. The PIR stated, 'We have a very good relationship with our local Adult Services team, and they feel able to call us to discuss current or potential clients. At least once a year the Development Co-ordinator visits us at our offices to discuss how things are going and any future developments.'
- The agency was a member of Surrey Care Association and had access to updates from relevant bodies, such as Skills for Care and the UK Home Care Association (UKHCA), to keep up-to-date with good practice and developments in the care sector.