

Angel Care Southern Limited

# Angelcare Southern Limited

## Inspection report

Unit F, William Booker Yard  
The Street, Walberton  
Arundel  
West Sussex  
BN18 0PF

Date of inspection visit:  
13 September 2018

Date of publication:  
19 October 2018

Tel: 01243952400

Website: [www.angelcaresouthernlimited.co.uk](http://www.angelcaresouthernlimited.co.uk)

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

Angelcare Southern were inspected on 13 September 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because we wanted to make sure key staff would be available to speak with us. This was the first inspection of this service.

Angelcare Southern is a domiciliary care service situated in Arundel, West Sussex. It provides personal care to people living in their own houses and flats in the community. It provides a service to 21 older adults. Not everyone using Angelcare Southern receives the regulated activity of personal care; 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 take into account any wider social care provided.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager worked many hours delivering care. This meant they had developed good working relationships with people using the service and supported staff well. However, due to the time they spent delivering the care the registered manager acknowledged that this had impacted on their time to be able to implement a robust quality assurance system. Audits were not consistently completed to provide the registered manager with full oversight of the service. This was an area of practice that needs improvement.

People told us they felt safe. One person told us, "They're brilliant. Very caring and always ask before doing anything. I feel perfectly safe." Staff were knowledgeable in safeguarding adults and people were protected from the risk of abuse. Risk to people were assessed and known by staff. Staff had a good understanding of infection control and had been provided with appropriate equipment to support people safely. There were safe systems in place to manage, administer, store and dispose of medicines.

People's needs were assessed before they used the service and regularly thereafter. 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 understood people's needs and preferences. Staff received training to support the needs of people using the service. A relative told us, "I'd say the staff totally all know what they're doing." People were assisted to eat healthy and balanced diets.

People told us they felt well cared for. People received kind and compassionate care and support. A relative told us, "Angelcare are really committed to care, they genuinely are kind and do care." People and their relatives were encouraged to share their views of the service provided. People's privacy and dignity were respected.

Staff were responsive to people's needs. Staff knew people well and spoke about their routines and preferences in detail. Care was delivered with a person-centred approach. Staff were responsive to people's health needs. One person told us, "A couple of weeks ago I had a pill that didn't agree with me. It was awful, I felt dreadful, they have supported me through this and encouraged me to get back on my feet." People were aware of their right to complain and had access to the provider's complaints policy and procedure. People received dignified end of life care.

People and staff told us they thought the service was well-led. They spoke highly of the registered manager and their leadership. One person said, "She's a marvellous manager. She works hard and she delivers what she's promises." Staff told us they felt supported by the registered manager. There was a clear 'family and person-centred' vision for the service. The provider's vision and values were embedded in the staff's practice.

## 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.

People were safeguarded from abuse.

There were enough suitable staff to support people safely.

There were safe systems in place to manage, store, administer and dispose of medicines.

Accidents and incidents were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were offered choices and were asked their consent for day-to-day decisions.

People were cared for by staff that had the skills, knowledge and training to meet their needs.

People had access to healthcare professionals when needed and were supported to maintain a healthy diet.

### Is the service caring?

Good ●

The service was caring.

People were supported to maintain their independence.

People were treated with dignity and respect.

People and their relatives were involved in making decisions about their care.

People were treated with compassion and kindness.

### Is the service responsive?

Good ●

The service was responsive.

People received responsive and personalised care to meet their individual needs.

People and their relatives were aware of their right to complain and had access to the provider's complaints policy.

People and their relatives were involved in the development of care plans.

People were supported with dignified end of life care.

**Is the service well-led?**

The service was not consistently well-led.

Quality assurance processes were not consistently embedded. The registered manager did not have consistent oversight of the quality of the service.

There was a positive culture at the service. The provider's values were embedded in staff practice and service delivery.

People, relatives and staff were complimentary of the registered manager and their leadership of the service.

Staff felt supported and understood their roles and responsibilities.

**Requires Improvement** 

# Angelcare Southern Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection site visit activity started on 4 September 2018 and ended on 13 September 2018 and was announced. It included speaking with people and their relative on the telephone and visiting the registered location. We visited the office location on 13 September 2018 to see the registered manager and office staff; and to review care records and policies and procedures. We gave the service 24 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of 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. The expert by experience on this inspection had experience of supporting older people.

Before the inspection we reviewed information relating to the service, including notifications submitted by the registered manager. A notification is information about important events which the provider is required to tell us about by law. We also used information the provider sent to us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager, a director, two care staff, four people who use the service and six of their relatives. We looked at four care plans, staff duty rosters, three staff files and reviewed records relating to quality assurance, health and safety, safeguarding, infection control, compliments and complaints, medicines and staff training.

After the inspection, we asked the registered manager to send additional information relating to evidence of two people's care plans, training matrix, policies and medicines audits. The registered manager provided this information within the requested time frame.

This was the first inspection of Angelcare Southern since they registered with us in April 2017.

# Is the service safe?

## Our findings

Risks to people were assessed and understood by staff. Staff we spoke with knew about people's individual risks and actions they would take to keep people safe. People received consistent care from regular staff which reduced the risks to them as staff knew people and their needs well. For example, one person was identified at risk of not taking their medication. A staff member told us, "We are calm in our approach and keep to their routine. This reduces the risk of them not taking their medicines." Guidance to mitigate risks for people was not always consistent, for example guidance in risk assessments for people's homes were generic. However, there was no impact for people in terms of safety due to people having continuity of care staff who knew them well. This is discussed further in the Well-Led section of the report.

People told us that staff supported them safely. One person told us, "They're brilliant. Very caring and always ask before doing anything. I feel perfectly safe." Another person said, "I feel safe enough. The care is very good. I like them all. I'm at risk of falls and I know if I do fall there's always somebody going to come in." A relative told us, "Mum isn't very mobile and they're very hands on with support. They are very clear and concise with her, I feel she is in safe hands."

People were protected from the risk of abuse. Staff knew what constituted abuse and what to do if they suspected someone was being abused. One member of staff told us, "There are many different types of abuse. I would report anything I deem suspicious to my manager. I would go back to the manager if it isn't resolved and I would call social services or CQC." Staff confirmed that they had received training in safeguarding to support their understanding.

There were systems in place to manage accidents and incidents safely. The registered manager told us, "We log and review all incidents to make sure we know what happened and we can reduce the risk of it happening again. We use the information to build and review the person's care plan." We observed this in practice. For example, one person had recently had a fall, staff had followed the process for managing incidents. A body map was put in place to monitor the person's bruise, this was monitored weekly and was improving. The registered manager reviewed the person's risk assessment and considered a referral to the falls team. This showed that staff had taken measures to reduce the risk of a similar incident happening again.

There were suitable levels of staff to support people safely. The registered manager ensured people and staff were matched to suit their needs and people received care from regular members of staff to aid continuity of care. One person told us, "There's two carers in the morning, two at dinner time and two at night. We've never been let down. If someone goes sick there's always back up to fill in." A relative said, "I'd say he does feel safe. I think that's because of two factors; 50% he's in familiar surroundings and 50% he usually has the same carer morning and evening."

There were safe recruitment practices in place. They completed pre-employment checks to ensure staff were suitable to work with people. These checks included requesting references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing



staff who are potentially unsafe to work with people using the service.

Medicines were managed safely. There were safe systems in place to manage, administer, store and dispose of medicines. Medicines Administration Records (MAR's) showed that people received their medicines on time and when needed. A relative told us, "They deal with all the medicines. They're all in blister packs and it's all written into book so that we all know what he has taken." Another relative said, "They have a book with the medicines in which they sign when they give them out so that the next one in knows they've been given and at what time." One person was living with Parkinson's disease, their care plan gave staff good guidance regarding their medicines and the importance of them taking medicines at specific times to treat their condition. Their care call times were reflective of this guidance.

People were protected from risks relating to infection control. Staff had a good understanding of infection prevention and control. The provider ensured staff had access to the appropriate personal protective equipment to reduce the risk of spreading infection. One relative told us, "They completely know hygiene routines." A person said, "The staff are all good....I think they are wonderful. They'll wash or shower me, they always wear gloves."

## Is the service effective?

### Our findings

People were supported by staff with the skills and knowledge to deliver effective care and support. One person told us, "They're very good and on the whole proactive, they can think for themselves. I'm very satisfied." A relative said, "I'd say the staff totally all know what they're doing." Staff received training to support them within their role. They were provided with training in key areas as well as specific training to meet people's individual needs, such as person-centred support and mental health. One member of staff told us, "The training really supported me to understand people's needs and how to provide good care."

Staff received an induction when they started their job, which included getting to know people's needs and shadowing more established staff. One person said, "This was a new field for me and the induction was at my pace and I got to know the people well before I worked alone. The induction made me feel confident in my abilities." Staff followed the 'care certificate' training. The care certificate familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life.

People were cared for by staff that were suitably supported within their roles. Staff received regular supervision from the registered manager. One member of staff told us, "We discuss issues, performance, what we are doing well and areas to improve." Staff described supervision as a two-way, open conversation and felt it improved their practice and the support they provide to people. The registered manager observed staffs practice and assessed how the knowledge and skills gained by the staff were being put into practice to ensure people were receiving a good standard of care.

People's needs were assessed before people used the service. This ensured staff understood their needs, backgrounds and preferences before they used this service, this information informed the care they received. People were involved in their assessments. One person told us, "My husband and I have both been involved in discussing what care I get." A member of staff told us the registered manager always informed staff of new people using the service and their needs and wishes. Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of the assessment process, according to people's wishes.

People's needs in relation to food and fluid were assessed and guidance provided for staff. For example, one person's care plan said they like, toast in the morning and tea but not coffee. This guidance helped staff know what the person's preferences are in relation to food and drink at their morning call. People said staff offer them choices of meals. One person told us, "I'll let them know what I fancy and in the evening, cook me a snack if I want it." A relative said staff went out of their way to make their relative food of their choice.

Staff worked effectively within the team and across the organisation. A member of staff told us staff morale was good and said, "We are a very open and honest team and have open conversations." Another member of staff said they felt supported by their colleagues. People had access to healthcare professionals as and when they needed. One person told us, "They would call the surgery and get a nurse out if I needed it. They keep a very good eye on me." A relative said, "I'm confident if they were there they would phone the doctor if they had any concern and keep me informed."

Staff understood the Mental Capacity Act (MCA) 2005. 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. A member of staff told us, "I would always assume someone has capacity and offer choice. We are in people's homes and I would never make assumptions about how people want to be treated." Staff were aware of what to do if they suspected people lack capacity to make certain decisions. People were offered choices in their care. One person told us, "They always ask me how I am and what can they do to make me more comfortable." Another person said, "They will ask me what I want and if it's possible they'll do it for me."

## Is the service caring?

### Our findings

People told us they were treated with kindness and compassion. One person told us, "We're on first name terms. We all get along very well and can have a good laugh and joke but the care always comes first and they do listen." Another person said, "I feel so much better and more relaxed knowing somebody is interested in me." A relative told us, "Angelcare are really committed to care, they genuinely are kind and do care."

Staff had a good understanding of people's backgrounds and interests and knew people well. One member of staff told us of a person's interests and background. They told us of how the person liked "To go shopping, spend time with their family and watch TV." We saw this reflected in the person's care plan. Another member of staff knew the person they supported well and said they were anxious about having to move into a home, "He was so worried about going into a home as he loves his things and routine. The continuity of my care makes him feel safe. That has made a big difference for his wellbeing."

Equality, diversity and human rights were part of the core values of the service. People were treated fairly and in a non-discriminatory way. For example, people's religious beliefs and personal identities were known by staff. One person told us, "They talk to me, not at me. Some people don't understand how important that is." Another person said, "They call me by my Christian name which is what I asked them to call me." Staff had access to equality and diversity training to support their interactions with people. One member of staff told us, "We treat people how they want to be treated, how we would expect our mum's and family to be treated." The registered manager checked people were being treated in line with equality and diversity principles when observing staff deliver care.

People's independence was promoted. Care plans guided staff to offer people choices and support their independence. For example, one person's care plan said their goal was to keep their independence and safety within their home. Guidance was provided to staff to support this goal.

A relative told us, "They provide absolutely excellent care and it gives my father the independence of continuing to live in his own home... There is no doubt in my mind they are effective and proactive and keep dad independent." Another relative said, "The care is very good. Mum used to have carers coming in three times a day, she has improved with their help and has reduced to once a day, six times a week, to promote her independence."

People and their relatives, if appropriate, were fully involved in discussions about their care. Care plans were regularly reviewed and people and their relatives were involved in this process. A relative told us, "They will talk to my father as his needs change, discuss any possible risks and be flexible and go with his wishes." The registered manager said, "I have a very hands on approach to speak to people and relatives regularly and have ongoing open conversations about reviews."

People's privacy and dignity was respected. One person told us, "The girls are always respectful and ask me if it's alright to go ahead and do things... My privacy is totally respected." A relative told us, "My mum is a

proud woman and doesn't want me to do the personal care. If, for example, she soils herself there is absolutely no fuss made at all. They just slip off with mum, they close the door, I hear them reassure her and they bring her back all fresh and changed. They're very good with dignity and privacy."

Staff respected people's confidentiality and recognised the importance of not sharing information inappropriately. New legislation became effective from the 25 May 2018, namely the General Data Protection Regulations 2018 (GDPR). The GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. The registered manager and director were aware of this legislation and were embedding this within their practice.

## Is the service responsive?

### Our findings

People and their relatives told us that the staff were responsive to their needs. One person said, "They help get me dressed. Wash my hair. Paint my nails. Put cream on my body, hands and face. They do what they can to look after me and make me feel good about myself." Another person said, "There have been a number of reviews with the care plan, it's organic really, but they switch things quickly as needed. They are very proactive."

Care being received was person centred and responsive to the person's individual needs. People's care plans contained information about their life history, preferences and the way in which they like to be supported. Staff were aware of this information and knew people well. For example, one person's care plan detailed their specific care needs in relation to their diabetes. Their morning call provided staff with detailed guidance to support the person with their medicines. The member of staff who regularly supports this person was fully aware of this guidance and how the person likes to be supported. One person told us, "A couple of weeks ago I had a pill that didn't agree with me. It was awful, I felt dreadful, they have supported me through this and encouraged me to get back on my feet."

Staff had access to information to support people's specific needs. For example, one person living with Parkinson's disease had a detailed care plan providing staff with information to support their specific needs. This included, how to notice if their condition was deteriorating or if they were experiencing side effects from their medicines.

Staff had a responsive attitude to people's needs. People and their relatives were assured that should people's needs change, staff would respond appropriately. One relative told us, "I'm confident if they were there they would phone the doctor if they had any concern and keep me informed. The registered manager told us that earlier in the year the area experience bad weather and lots of snow meaning people could not get out. They contacted all the people using the service to see if they were ok and went out to fetch supplies for them at the local shop and delivered these as needed."

People were given information in a way they could understand. The registered manager assessed people's communication needs prior to them using the service. This information was provided to staff so they could be responsive to their needs. For example, one person living with Parkinson's disease has been noted to be 'independent' with their communication but staff were guided they may need support 'when required' due to the nature of their condition.

The registered manager had considered the use of assistive technologies to improve people's experience. They had introduced a new electronic care planning and monitoring system. This allowed staff to have live access to care plans, this system also added additional safeguards to medicines management as it would flag alerts to staff if tasks had not been completed. The registered manager told us this was being embedded into practice at the time of the inspection.

People were informed of their right to make a complaint when they first used the service and were given a

copy of the provider's complaints policy. No one had made a complaint at the time of the inspection. The director told us, "We have never lost a customer, no one has ever terminated their contract with us." One person said, "I haven't had to make a complaint but if I had to I've only got to pick up the phone." Another person told us, "It would be very sad indeed if we had to make a complaint but I know [manager] wouldn't take it personally and I'd speak with her. She'd get it sorted out."

People received dignified end of life care. The registered manager told us, "We work with families and nursing team to support people at the end of their lives." The registered manager had developed links with the local hospice and staff had received 'Six Steps' training from them. This training improved staff knowledge of how to support people at the end of their lives. One person received end of life care in December 2017. The registered manager and care staff provided the person with care over the Christmas period to support the person to have their last Christmas at home with their family. The person wanted to sit by the fire with their grandchildren and the staff supported them to do this. The family said, in a thank you letter, 'I valued your extraordinary warmth towards her, your commitment and your skills. Your daily visits became a great source of support.'

## Is the service well-led?

### Our findings

The service was not always consistently well-led. The registered manager worked many hours delivering care. This meant they had developed good working relationships with people using the service and supported staff well. However, due to the time they spent delivering the care the registered manager acknowledged that this had impacted on their time to be able to implement a robust quality assurance system. The registered manager's approach to quality assurance was inconsistent and systems were not always in place to identify issues in service delivery. For example, Risk assessments were not always completed to the level of detail to enable staff to mitigate risks for people. Although this did not have an impact for people, at present, due to the continuity of care staff and their knowledge of people's needs. This inconsistent documentation increased the risk of staff not having access to sufficient information to be able to mitigate risks for people, should they be new or supporting people they do not know as well.

There were audits in place with the aim of ensuring good governance. these were not always consistently completed to provide the registered manger with full oversight of the service. For example, medication audits had not been consistently completed. Although the registered manager checked medicines, whilst providing care, the lack of an embedded regular process increased the risk that medicines issues may be missed, which could have a negative impact for people. Following the inspection, the registered manager completed medicines audits and evidenced they had acted to embed this practice. The registered manager told us, "I need to get on top of auditing, I am developing an action plan and know what I need to do." They were in the process of training another member of staff to provide office support to give the manager more time to focus on the governance of the service. The oversight of the governance of the service is an area of practice that needs improvement.

The management team were approachable and known by people and their relatives. People spoke very highly of the registered manager and their leadership. One person told us, "She's a marvellous manager. She works hard and she delivers what she's promises." Another person said, "I think she's quite hands on. I expect it must be well-managed because people turn up when they say they will and she must organise that."

Staff told us they felt supported by the management team. One member of staff said, "The service is well managed. The manager is efficient and communication is very good. We get what we need to do a good job." Another member of staff told us, "I think the service is run well, I am one of the most organised people I know and I don't know how they manage it. Hats off to both of them, they are very competent." Staff felt valued by the management team and had regular opportunities to provide feedback to the manager. There is an 'employee of the month' system to recognise staffs' achievements. One member of staff told us, "I feel valued, I won carer of the month award and they were very grateful that I picked up hours. Your hard work is recognised."

The provider had a clear vision. The service was a family run service and the feeling of family was embedded within the team and staff ethos. One member of staff told us, "There is a sense of family and we provide care as we would if people were our family." The registered manager told us, "We are family run and the personal



approach comes across. We meet people's requirement...People are drawn to us because we care and are people focussed." One person told us, "Most of all they've taken away my loneliness. Before I didn't realise how lonely I was and having the 'pink ladies' come into my life has made a huge difference and improvement in my life in so many ways."

People, their relatives and staff were involved in the running of the service. People received annual surveys to complete. The registered manager told us they analyse the results and make improvements in any areas identified by people. Survey results from this year were positive in all areas. One person said, 'The care has been exemplary in all respects.' People were involved in the assessment, planning and review of their care. A relative told us, "My father dealt with drawing up his own care plan." The registered manager received regular feedback about the service whilst providing care for people. They told us, "Our biggest pride is that we are so hands on. It is to our benefit as with any issues immediately and we put our customers first before anything else."

The registered manager and staff worked well with other professionals to meet people's needs. We saw good evidence of how staff have supported people to access their doctors and support people to receive their medicines safely by developing a good relationship with their pharmacy. A member of staff told us of the positive links the service had with the district nursing team and this relationship had led to the nurses providing training for staff which has been specific to people's needs.