

Angel Care North Limited

Angel Care North Ltd

Inspection report

Unit 1, The Greenhouse
Greencroft Industrial Park
Stanley
DH9 7XN

Date of inspection visit:
26 June 2019
01 July 2019
04 July 2019

Date of publication:
22 July 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Angel Care North Ltd is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection 18 people were using the service.

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

The service was exceptionally caring. Everyone had immense praise for the staff and the registered manager. There were significantly high levels of trust and confidence in the staff. People and their relatives told us they benefitted from working with the service. Staff had received high praise for working in compassionate and culturally sensitive ways. People felt very well supported and included in the care provided. Staff delivered high-quality person-centred care and support to people.

People felt safe using the service. Systems and processes were in place to keep people safe. Risk assessments were completed. Pre-employment checks were carried out to make sure staff were suitable to work in the service. Staff were trained in the safe use of medicines. They understood how to safeguard adults and were confident that the registered manager would respond to any concerns. When issues arose, the registered manager responded quickly and was accountable for their actions. They used the issues as learning opportunities.

Staff had received training relevant to people's care needs. Support was also provided to staff through induction, training and supervision to enable them to be effective in their role.

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 their relatives experienced a service which was responsive to their needs. In addition to care plans staff used an electronic system to share up to date information about people's needs. Staff were able to upload changes and keep the registered manager informed. In turn, professionals were regularly kept up to date. They spoke about the close partnership working they had with the service.

Effective measures were in place to monitor the service. The registered manager used surveys and audits to check on the standards of care provided by the staff. Staff felt well supported to carry out their role and told us they could contact the registered manager at any time for advice. The registered manager used other professionals to seek their views. The service had a culture of continuous learning.

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

Rating at last inspection

This service was first registered with us on 10 August 2018. This was the first inspection.

Why we inspected

The service was inspected in line with our scheduled programme of inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

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 Care North Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care 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 24 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 26 June 2019 and ended on 4 July 2019. We visited the office location on 26 June and 4 July 2019.

What we did before inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and four relatives about their experience of the care provided. We sought permission from one relative to use quotes from their letter of thanks to the service in our report. We spoke with six members of staff including the nominated individual, the registered manager, office staff, and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and three staff files, in relation to recruitment and staff supervision. We looked at 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.

At this inspection this key question was rated as good. This meant staff kept people safe.

Systems and processes to safeguard people from the risk of abuse

- People were protected by staff who had been trained in safeguarding. They told us they felt confident in approaching the registered manager to discuss any concerns.
- During our inspection the registered manager received information of concern. They immediately followed procedures and carried out an appropriate investigation. They later told us how they had drawn the concern to a satisfactory conclusion.
- Safeguarding was discussed at each team meeting.

Assessing risk, safety monitoring and management

- The provider had policies and procedures in place to address risk management issues.
- Staff had assessed people's individual risks. We found two areas of personal risk which would have benefitted from a risk assessment. The registered manager reviewed each person's details and put a risk assessment in place.
- Staff understood risks to people. One person told us they were surprised at how well staff responded to their personal risks and kept them safe.
- There were no accidents since the service was first registered with us. Incidents were discussed with the staff team.

Staffing and recruitment

- Staff were recruited safely. The registered manager had put in place pre-employment checks. We drew the attention of the registered manager to a missing reference for one staff member. They immediately sought the required reference from a referee and showed it to us.
- There were enough staff employed in the service. People and their relatives told us staff arrived on time and they did not feel rushed by them.

Using medicines safely

- Medicines were well managed. Staff were trained in the safe administration of medicines. Although staff administered very few oral medicines, they applied prescribed topical creams to people's skin. The provider used a Medicines Administration Record chart to document when staff had administered medicines. There were no gaps in the charts.

Preventing and controlling infection

- Actions were taken to reduce the risks of cross infection. Gloves, aprons and hand gel were available to staff to reduce the risks of infections spreading.

Learning lessons when things go wrong

- The registered manager felt there were many lessons still to be learned in their new service. They demonstrated they responded quickly to issues and supported staff to make the necessary improvements.

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 this inspection this key question was rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and choices were assessed before the service began working with them. Relatives felt very confident working with staff following an assessment.
- People and their relatives told us staff provided them with choices and respected their wishes.
- Staff worked within the guidelines provided by the National Institute for Health and Care Excellence regarding end of life care. The service worked with other professionals to provide good coordinated care.

Staff support: induction, training, skills and experience

- Staff were supported through a period of induction and training.
- The registered manager had ensured staff were trained to meet people's individual needs. Staff had begun to work towards a level three qualification in palliative care.
- Office based staff had researched specific conditions and provided information to help staff understand the person's diagnosed condition.

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

- When required, staff assisted people to eat and drink. Staff had included dietary information from other professionals into people's care plans. This included information on when people need soft or pureed diets.

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's well-being which enabled them to live independently. They worked closely with health care professionals to meet people's support needs.
- Staff told us they were in frequent contact with the office to ensure up to date information could be shared with other staff and professionals.
- Professionals told us staff worked very well with them to provide consistent care. They told us the registered manager kept them updated with relevant and useful information.
- One professional described the service as providing timely care to enable people to return home at the end of their life.
- Staff supported people's well-being which enabled them to live independently. They worked closely with health care professionals to meet people's support needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- The service obtained consent from people or a relative to be able to deliver the service. As far as possible they engaged people to make their own decisions and sought advice and guidance from other professionals to consider best interest decisions.
- Care plans included people's decisions about their future. The service had copies of people's advance decisions about their end of their life plans. Staff were aware of the decisions and understood people's wishes.

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 this inspection this key question was rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were extremely passionate about work. They spoke with deep affection and understanding of working with people and their whole family. They demonstrated they were highly sensitive to people's needs. Relatives reported they had benefitted enormously from the service. One relative who highly valued the service said they were, "Chuffed to pink ribbons" and described the benefits they had experienced.
- Staff had developed significant levels of trust and confidence with families. They had worked extremely closely with people and their relatives and had negotiated increased stages of care for the person and support for their relatives. A relative told us they had such confidence in the service they were able to leave a person knowing they were in safe hands. One person said staff were, "Excellent, first class." They spoke with us about staff doing exactly what was asked of them and arriving on time.
- Staff were extremely compassionate towards people and their relatives. This was reflected in cards and letters of thanks sent to the registered manager. One relative said the care and compassion was beyond words and described the service as 'awesome'. The service had kept in contact with one relative weeks after their family member had passed away. They could not speak highly enough of the care shown to them.
- Professionals, relatives and people who used the service repeatedly reported staff went above and beyond their duties. One professional told us the staff had 'hearts of gold' when they filled a person's cupboards with food using their own money to ensure the person did not go hungry. One relative wrote to the registered manager and said the staff, "Make life more bearable and certainly more comfortable whilst easing the emotional strain on the family." They went onto say there was no other parallel service.
- The strong ethos of caring was led by the registered manager who displayed care and empathy towards people and staff. Staff described feeling well supported by the registered manager which in turn enabled them to support people and their families. One staff member told us the registered manager, "Bent over backwards to keep staff and people happy." One person described the service as "Second to none" and told us, "The staff are fantastic." People and their relatives told us their experiences had left them wanting to highly recommend the service to others.
- The provider's initial assessment document set out questions to ask about equality and diversity issues. One professional highly praised the staff for their willingness to learn and be extremely sensitive to people's religious beliefs. They described staff as, "Tremendous, extremely caring" and told us staff provided care way beyond their expectations.

Respecting and promoting people's privacy, dignity and independence

- Staff understood and showed significantly high levels of dignity and respect towards people. Relatives commented on the exceptional levels of dignity and respect shown by the service to their family members. One relative confirmed to us they had completed a review on an external website. They wrote, "This

company is second to none". They went onto say, "My [relative] was so frail, and they were so gentle and kind and treated him with dignity."

- Professionals and relatives highly regarded the respect staff showed towards people. One professional fed back to the service how they were very impressed with the staff. They said, "[Staff member] showed absolute care and respect for the patient and was a great support to the family in what was a challenging time for them all."

- Staff highly respected people's values, beliefs and wishes. The registered manager told us it was sad to work with people who had made advanced decisions about how they wanted their life to end but these wishes were to be respected. One staff member said, "It's their pathway and you work with it."

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

- Staff had a clear view that they were to be led by people and their relative's decision making.

- Relatives were supported to make decisions at their own pace. This included when they felt they could go out for a break and leave people with staff. One relative was both relieved and delighted when staff were able to work flexibly with them, so they could get out and about at times which suited them.

- Staff could describe to us in great detail people's likes and dislikes. They knew people extremely well.

Is the service responsive?

Our findings

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

At this inspection this key question was rated as 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; 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

- Person centred care plans were in place. Staff had gathered background information about people to understand their needs and wishes. People's preferences were documented.
- Staff worked with people to give them choice and control over their lives. It was important to staff that people were not labelled as requiring a carer. They had agreed with registered manager not to wear a uniform when supporting people in the community.
- Relatives described situations where they had choice and control to support their family members. One person told us staff worked closely with them to meet their needs and said, "I love them."
- The registered manager recognised when working with people at the end of their life, circumstances can change very quickly without having the opportunity to immediately update care plans. They had introduced an electronic system so updates about people's healthcare needs could be shared quickly using an application on mobile phones. Staff knew how to use this and said they could ring the registered manager day or night for advice.
- People were supported by staff to participate in activities which were meaningful to them.

Meeting people's communication needs

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

- The registered manager recognised that people at the end of their life and their relatives may experience difficulties absorbing information. When they visited people for the first time they provided them with information about the service. They left the information for people to read. When staff started working in people's homes, office staff contacted them and reminded them of where they could find information if they needed to contact the service.
- Relatives told us staff took the time with people who wanted to verbally communicate. Staff could use electronic equipment to enable people to communicate.
- One member of staff spoke with us about using a different language to support a person.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. They had addressed concerns and complaints and provided prompt responses.
- People and relatives told us they had no complaints about the service and were confident if they had, the

registered manager would respond appropriately.

End of life care and support

- The registered manager was developing expertise in the service to support people at the end of their life. They told us they had engaged staff in discussing about providing this type of service. One staff member described working with people at the end of their life as a privilege.
- Staff understood people's end of life wishes and accessed healthcare services out of hours when required.
- Staff spoke with us about how they engaged relatives and felt they had a role to support the whole family at such a difficult time. Staff spent time supporting family members following the death of a loved one and carried out their wishes. Eulogies in funeral services named the staff and praised them for their high levels of support and care.
- Staff described how they cared for people's bodies in culturally sensitive ways.

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 this inspection this key question was rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had previous experience of working in a domiciliary care service. Because of this experience they had developed a clear vision and strategy for the service. It was their goal to deliver a service which did not grow so large that the quality of care delivered to people was compromised. Staff understood the primary aim of the service was to deliver the best care possible.
- The registered manager provided comprehensive support for their staff. They had employed a counselling service for staff to access. They had also introduced a sheet entitled 'Time to talk' where staff could write down any issues they wanted to discuss privately with the registered manager. Staff told us they felt cared about by the manager. One staff member said, "It was the best company I have ever worked for."
- Everyone held the service in high regard. One relative spoke of the flexibility the service provided. This empowered them to take control of an aspect of their life.
- Although some relatives were living through sad times they spoke with positivity about the service.
- The registered manager acted promptly when issues arose and something went wrong They were open and honest with commissioners about their findings.

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 duty of candour. They acted promptly when issues arose, and something went wrong. They were open and honest with commissioners about their findings.

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

- The registered manager had in place systems to measure the performance of the service. Surveys were underway to seek feedback about the service quality. Feedback was positive.
- The registered manager and staff understood the risks of supporting people in challenging circumstances. They worked as closely as possible with people and their families to reduce the risks.
- The registered manager had sought and followed guidance on meeting the regulatory requirements.
- Staff were clear about their roles and spoke to the registered manager for support and advice.

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

- People and their relatives were engaged in the service.
- Staff demonstrated they were willing to learn and provide a good service considering people's equality

characteristics.

- The service was first registered in August 2018. At the time of our inspection work had been focussed on developing the service. Staff and yet to fully develop their work beyond engaging key organisations.

Continuous learning and improving care

- The registered manager recognised that they had not been running the service for a year and were open to learning opportunities. They had developed a culture of continuous learning.
- The service had made changes for example to care documentation to make improvements.

Working in partnership with others

- Professionals told us the service worked closely with the them. The assessments and care planning documents included the names and contact details of the professionals involved with people.
- There was clear working in partnership with family members and commissioners.