

Guardian Angel Carers Ltd

Guardian Angel Carers Ltd

Inspection report

East Wing, The Granary
Oak Lane, Apuldram
Chichester
West Sussex
PO20 7FD

Date of inspection visit:
25 September 2017

Date of publication:
15 February 2018

Website: www.guardian-angel-carers.co.uk

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The inspection was announced and took place on 25 September 2017.

Guardian Angel Carers Ltd is a domiciliary care agency that provides personal care and support to people in their own homes in Chichester and the surrounding areas. People who receive a service include those living with frailty or memory loss due to the progression of age, mobility needs and health conditions. At the time of this inspection the agency was providing personal care to 114 people.

Visits ranged from half an hour up to six hours. The frequency of visits ranged from one visit per week to four visits per day depending on people's individual needs. The agency also provides live-in carers for people and overnight care.

During our inspection the provider and the registered manager were present. 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 agency was previously inspected in May 2015 however a change in legal entity has resulted in this being the first inspection since then.

The agency had clear vision and values that were person-centred, fully embedded and owned by everyone. This ensured people were at the heart of the service. High quality care was integral to the agency and robust systems were in place to drive continuous improvement. There were a range of quality assurance audits and checks in place that helped ensure the agency ran smoothly. The agency had developed effective partnerships with other organisations to ensure they were following current practice and providing a high quality service. The provider, registered manager and members of the staff team were members of, or worked with, local and national organisations that provided support, guidance, and information about best practice. They attend workshops and meetings with these organisations in addition to receiving regular updates and information. We saw that publications from these organisations were shared with staff and service provision reviewed when needed to ensure continual improvement and best practice. Records and discussions with people and care workers confirmed that this was applied in practice and led to a consistently high service.

Being part of the community was intrinsic to the ethos and culture of the agency. The provider and the registered manager went out of their way to put people at the heart of the service. They constantly looked for ways of improving the service to benefit people they provided a service to. This also extended to older people in the wider community as the provider recognised that older people were at risk of isolation. The provider founded the 'Golden Angels Lunch Club' six years ago. The agency has donated Christmas gifts each year, and in January 2017 the agency became sponsors of the club. This is a lunch club for older

people who live alone that takes place bi-monthly. The club provides a home cooked meal for a small cost and includes providing transport to and from the venue. It is run by volunteers that include the provider and people who work at agency.

There was a sustained and positive culture at the agency that was open, inclusive and empowering. All the care workers spoke very highly of the provider and the registered manager. The provider and registered manager were excellent role models who placed importance on developing each member of staff's potential and helping them develop a career path, offering promotion to suitable staff where possible. The provider also promoted a strong sense of teamwork, keeping care workers involved, and making sure they felt valued. This ethos won the agency best large business and best overall business 2017 at the Observer and Gazette Business Awards. This is a local newspaper that operates in the areas that the agency covers.

Everyone that we spoke with, without exception told us they were treated with kindness and respect by the care workers who supported them. Positive, caring relationships had been developed with people. Care workers understood the importance of promoting people's privacy and maintained their dignity. The agency had signed up to the Social Care Institute for Excellence (SCIE) Dignity Challenge and the training manager at the agency was a Dignity Champion and all members of staff dementia friends. Care workers had also been provided with more in-depth dementia training. Care workers were knowledgeable about supporting people who lived with dementia. As a result, people received a care service that was personalised and responsive to their needs.

Everyone that we spoke with said they felt safe with the care workers who visited them. They said that they trusted them and had confidence that they could do a good job. People knew how to contact the head office if they had any concerns and were made aware of the complaints procedure. Care workers that we spoke with confirmed they had received training and were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Robust recruitment procedures were followed to ensure care workers were suitable for the job.

People said that care workers arrived on time and stayed to their allocated time. On the few occasions when there has been a delay, care workers or office staff had made contact and kept them updated. The provider recognised on-going challenges around recruitment and retention of staff and had been proactively addressing this. The provider had an electronic care planning system which also incorporated a log-in system that care workers activated from a mobile phone when arriving and leaving a visit. The system flagged up at the agency office if a care worker was late and this was monitored by office staff to ensure people received visits as arranged. The system was monitored outside of office times by on call staff. Both the registered manager and the provider told us they believed punctuality was an important commitment, and they monitored visit times closely.

People received care from care workers who were supported and had access to frequent one to one and group meetings with their supervisor or members of the management team. A training programme was in place that included courses that were relevant to the needs of people who received a service from the agency. The provider had looked at innovative ways to help care workers increase their knowledge in a flexible environment. As well as face to face training and support the training manager at the agency had created a 'Flipboard' application that could be accessed by care workers on their phones. The application included films showing how to use equipment such as bath aids and information relevant to care workers roles such as protection of vulnerable adults, the MCA and The Care Act.

Everyone said that they were very happy with the level of support they received, whether it was with personal care, medicine management or supporting with food and hydration. Electronic Medicine

Administration Records (eMAR) had been introduced that care workers completed in line with the contents of people's assessments and care plans. The new system immediately flagged up if all parts of the eMAR had not been completed before a care worker left a visit. This not only helped ensure accurate medicine records were maintained but also helped staff at the agency office monitor that all medicine needs were being managed safely as the system alerted them if a task had not been completed.

People were encouraged to maintain their independence and the agency worked in partnership with them to access services and facilities in their local community. In order to support people to remain independent the provider offered an innovative responsive service. In addition to the traditional domiciliary care service they offer a 'Peace of Mind' Service. They worked in partnership with Chichester Careline to provide an early intervention service. This service helped people to remain independent in their own homes but access care as and when required.

The provider, registered manager and care workers were highly motivated and clearly passionate about making a difference to people's lives. This also extended to people and other agencies in the community. The provider and registered manager supported care workers who had taken part in local fund raising events and also arranged events themselves for organisations including St Wilfred's Hospice, Alzheimer's Society and Dementia UK.

Care plans were personalised and covered all aspects of each person's health, personal care needs, risks to their health and safety, and personal preferences. The person's usual daily routines were set out in detail, giving care workers very clear and easy to follow instructions on each task the person required assistance with. Everyone we spoke with confirmed that they had been involved in making decisions about their care package.

The agency also supported people to have dignified deaths by providing compassionate care workers. Care workers were provided with training and support in end of life care and worked with external health professionals to ensure people's needs were met as they approached the end of their life.

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 protected from harm. People had confidence in the service and felt safe and secure when receiving care and support. Risks to the health, safety or wellbeing of people who used the service were addressed in a positive and proportionate way.

Care workers were deployed in sufficient numbers with the knowledge, skills and time to care for people in a safe and consistent manner. There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Assessment and care planning processes ensured people's legal rights were upheld with regard to consent.

Care workers were provided with high quality training and regular support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People who used the service valued the relationships they had with care workers and expressed great satisfaction with the compassionate care they received. People were pleased with the consistency of their care workers and felt that their care was provided in the way they wanted it to be.

Highly personalised and compassionate care was provided by dedicated staff. People were treated with dignity and respect and were involved with all aspects of their care, including when they

were coming to the end of their lives.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

People received exceptionally personalised care from care workers who were highly skilled and trained to meet their individual needs. Care plans were individualised and helped care workers provide highly responsive care.

The provider viewed concerns as a tool for consistently driving improvements and as a result people felt valued and comfortable to share their views. A high volume of compliments had been recorded.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

People benefitted from a service where the provider promoted strong community links and worked in partnership with other agencies.

The provider and registered manager promoted strong values and a person centred culture. Care workers were proud to work for the provider and had a good understanding of the values of the service.

People benefitted from a service that was run by a management team with clear roles and responsibilities. The provider placed importance on developing each member of staff's potential and helping them develop a career pathway.

The provider had robust systems in place to regularly monitor all aspects of the service and make improvements where necessary. The provider listened closely to the views of people who used the service and their families to constantly monitor and improve the service.

Guardian Angel Carers Ltd

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 checked 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.

This inspection took place on 25 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to ensure that someone would be available. The inspection was undertaken 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. The inspector visited the agency office and the expert by experience spoke to people who received a service and their relatives by telephone.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager had fully completed this form and returned it to CQC in a timely manner. We also checked information that we held about the agency and the service provider. We used this information to decide which areas to focus on during our inspection.

During the inspection we spoke with 10 people who received care and support from the agency by telephone and/or their relative. We also spoke with seven care workers. In addition to this, we contacted five health and social care professionals to obtain their views of the agency.

Whilst at the agency office we spoke with the registered manager and the provider. We also reviewed a range of records. These included care records for five people and other records relating to the management of the domiciliary care agency. These included staff training, support and employment records, policies and procedures, audit reports and minutes of meetings.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe when receiving support from the care workers who visited them. One person said, "I feel very safe and enjoy my visits. I know the girls would do the right thing." Another person said, "I love seeing the care workers." A third person said, "I feel very safe. Rota is given to me to tell me who is coming and I have seen carers before when I used service in past."

People were protected from the risk of abuse and neglect. A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Care workers that we spoke with confirmed they had received training and were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One care worker explained, "I would report things straight away. First to my team leader, then go higher to manager or social services or you lot (CQC) if needed." The registered manager understood her responsibilities in relation to protection and safeguarding people from harm and abuse. She had promptly discussed concerns regarding people's safety with the local authority safeguarding adult's team when necessary.

People expressed satisfaction with the care workers who visited them and the timing of calls. One person said, "My carer comes early and has a cup of tea before doing my personal care. I get sent a rota. Sometimes the evenings do get changed but it's not too bad." A second person said, "If late we get contact and they make up the time so always stay full amount of time." A third person said, "Always good with timings, always stay their time." A fourth person said, "Yes they log in and always apologise if late. I live on busy main road so there can be delays for anyone using the road."

Care workers told us there were enough staff to meet people's needs and they were not rushed when providing people's care. Rotas were organised so that where possible, people had a consistent team of care staff to carry out their agreed visits. When people received a copy of their rota this included details of which care workers would be visiting them in order that they were fully informed. When their regular care workers were on leave people were also informed of this. We looked at staffing levels and found that there were sufficient numbers of staff to meet the needs of people who used the service. Capacity to take on new people was discussed in the weekly team meeting with members of the management team in order that new care packages were not initiated before the required numbers of staff were recruited. The provider recognised on-going challenges around recruitment and retention of staff and had been proactively addressing this. A full time recruitment coordinator was employed in order that recruitment was a consistent and on-going process.

The provider uses a mobile monitoring system that agency workers activate from a mobile phone when arriving and leaving a visit. The system raises an alert at the agency office if a care is late arriving or leaving a care visit. The alerts are monitored at all times including outside of office times by on call staff. Both the registered manager and the provider told us they believed punctuality was an important commitment, and they monitored visit times closely. This ensured people received visits as planned and the safety of lone workers. Travel time was planned between visits. Care workers that we spoke with said that travel time helped ensure that people received all of the allocated visit time they were entitled to.

Robust recruitment procedures were followed to ensure care workers were suitable for the job. Recruitment checks included obtaining two references and a Disclosure and Barring Service (DBS) check. The DBS is a check that allows providers to check that applicants do not have any relevant criminal convictions and had not been barred from working with vulnerable adults. Records showed the application and interview process was thorough, and new care workers were not confirmed in post until the provider was completely satisfied they were suitable. One care worker confirmed that their recruitment had been thorough. They explained, "As well as a face to face interview I did on line questions and tests before being offered a position."

People were happy with the support they received to manage their medicines. One person said, "Yes they help with medication. They give me water and always check records." A second person said, "They do as I ask. Sometimes I need paracetamol on PRN basis. They support me with it. Blister pack is used for all other medicines."

Medicines were managed safely within people's homes. People had varying levels of need around their abilities to take their own medicines and wherever possible people took their medicines independently with care workers overseeing the process. Care plans and risk assessments were in place which specified what people could achieve in relation to this element of their care. This meant that people were supported to be independent and at the same time keep safe. The electronic care planning system also further supported safe management processes. Electronic Medicine Administration Records (eMAR) had been introduced that care workers completed in line with the contents of people's assessments and care plans. The new system immediately flagged up if all parts of the eMAR had not been completed before a care worker left a visit. This not only helped ensure accurate medicine records were maintained but also helped staff at the agency office monitor that all medicine needs were being managed safely as the system alerted them if a task had not been completed.

Potential risks faced by people using the agency were considered and systems were in place to minimise the risks where possible. For example, where people were unable to open their door for care workers, door keys were held securely in key safes and codes for key safes were held securely. Where people asked care workers to carry out shopping for them, there were safe systems in place to record all cash received, items purchased, and change returned to the person. Risk assessments were carried out before the service began and reviewed regularly to ensure on-going monitoring and where possible, actions taken to reduce risks. As a result of the Grenville fire tragedy office staff attended fire safety training; fire safety information was sent to people in the July newsletter and also discussed in a staff meeting. This showed that the provider considered the safety of people took prompt action to mitigate risks to their wellbeing.

Is the service effective?

Our findings

People expressed satisfaction with the care workers who visited them and said that they received effective care and support. One person said, "Very good carers. They know what they are doing. I have a lot of confidence in them." A second person said, "They all seem good." A third person said, "I look forward to seeing them."

Care workers told us that they felt fully supported. One care worker said, "We get lots of in-depth training, it's very good and we can request extra if we want it." All new employees were required to sign-up to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers follow in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. One care worker said, "It is very good training I have to say. I've gone through the Care Certificate. I'm very experienced but this is good as it helped to refresh my knowledge. Training involved lots of face to face time with the trainer where we could ask questions. Moving and handling training included using equipment."

A training programme was in place that included courses that were relevant to the needs of people who received a service from the agency. Care workers had received training in areas that included Parkinson's awareness and stoma care. In addition, care workers were provided training in areas that included fire safety, first aid, food hygiene, moving and handling, infection control and equality and diversity. They were also supported to complete training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs.

The provider had looked at innovative ways to help care workers increase their knowledge in a flexible environment. As well as face to face training and support the training manager at the agency had created a 'Flip board' application that could be accessed by care workers on their phones. The application included films showing how to use equipment such as bath aids and information relevant to care workers roles such as protection of vulnerable adults, the MCA and The Care Act. Care workers were told about updates to the app in the monthly 'wings' meetings.

People received care from care workers who were supported and had access to frequent one to one and group meetings with their supervisor or members of the management team. One to one meetings allow care workers to discuss their personal development needs, such as training and support as well as any concerns. Care workers spoke positively about the support they received. One care worker said, "We get so much support. Every month we have 'wings' meetings where we discuss topics as a group. The other month we discussed dignity. This was to make sure it's not forgotten, how we can promote dignity even more, what to do if we feel people are not being treated with dignity." A second care worker said, "They come out and observe us giving care and to see how we are getting on."

The 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations and for people who live in their own home this would be via an application to the Court of Protection.

Everyone said their rights to consent to care were respected. One person said, "They ask me what I want to wear or eat." A second person said, "They always check with me each time they visit." A third person said, "They always ask for my consent and I am always given choices." A fourth person said, "They always check what they are doing is ok and if I need any changes." Care workers had completed training on the MCA and were able to explain what consent meant in practice. One care worker said, "If a person is reluctant I normally offer reassurance but have to respect if they still decline my help. If this happens I call the office so that they are aware and can follow up if needed."

People's records included reference to their ability to consent to care and where necessary included mental capacity assessments when it had been identified that they lacked capacity to make certain decisions. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who knew the person well, and other professionals, where relevant.

Everyone said that they were happy with the support they received to access food and drink of their choice. One person explained, "They help me with a hot drink in the morning and sometimes breakfast. It's all done as I like it." Another person told us, "They help with breakfast and to get drinks ready for the day." The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. Care workers reheated and ensured meals were accessible to people who received a service from the agency. Other people required greater support which included care workers preparing and serving cooked meals, snacks and drinks.

Care workers were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. Information was in people's care plans of healthcare professionals involved in their lives. This included details of their GP and district nurses. Care workers confirmed that they and members of the management team liaised with the relevant healthcare professionals where necessary to ensure people received a consistent service. One person told us, "They have helped me to stay well and in my own home."

Is the service caring?

Our findings

Everyone, without exception told us they were treated with kindness and respect by the care workers who supported them. Comments included, "Very patient, kind and caring," "Very caring and show compassion and understanding," "Girls are marvellous," "Very caring and trustworthy," and "Kind and caring in a genuine way." The agency had also received an abundance of compliments about the kind and compassionate approach of staff. For example, one person wrote and thanked the agency stating, 'For the excellent care and attention I have received from all the ladies.' The relatives of another person wrote, '...and we have considerable experience of care provided to our patients and your agency is head and shoulders above any others we have worked with.' The same relatives then referred to care workers saying 'their patience, flexibility and compassion were wonderful.'

Extremely positive, caring relationships had been developed with people because care workers regularly provided care and support that went above and beyond the duties expected of them on a daily basis. One person wrote a compliment to the agency stating, 'A care company's quality can only be judged by the calibre of the carer one comes face to face with. I can only praise your carers in particular (name of care worker) who has become one of the family. I could not have carried on over the past two and half years without the help of Guardian Angels. I thank you for your kindness and understanding.' One person was admitted to hospital over the Christmas period which left their wife by themselves as their family lived far away. So with the persons consent a care worker collected the wife and took them to their own home for Christmas dinner. Another care worker took some night wear home and altered them in her own time in order that they were more comfortable for the person they supported. A person who received support from the agency used specialist support pillows. When they could not find any replacement pillow covers a care worker made some for them. Another person mentioned to their care worker that they liked fish and chips but that they had not had these for a long time. That evening, on the care workers next visit, they arrived with fish and chips, which they had bought and paid for themselves so that the person could have them for tea. When a person who received a service was in hospital a care worker took one of their relatives to visit them in hospital in their own time as they knew it would mean a lot to the person to have family there.

Agency staff also respected each other as individuals and cared for each other in ways that exceeded expectations. For example, one care worker was on her way home from a nightshift when she received a call from the agency office to say that one of the people she supported had sadly passed away. The care worker immediately got off the bus and made her way back to the house where she helped support another care worker to wash and dress the deceased person. On another occasion when a male care worker was taken ill a male member of the office team stepped in to provide overnight care for the person, whose preference was for male only care workers. The provider and registered manager sent some flowers to the member of staff's wife, who had a six month old baby at home, to say thank you for allowing her husband to support the agency in this way. Care workers and office staff valued each other and recognised their compassion and contributions made to deliver an exceptionally caring service. Thank you cards, bouquets of flowers and compliments reinforced this. For example, one care worker wrote, 'Thank you for your support Angels! It is a pleasure to work with you.' A second care worker wrote, 'I really appreciate how kind you've all been.'

Caring, compassion, dignity and respect were reinforced as some of the main values of the agency within its brochure, staff job descriptions, employee retention plans and within staff training. Care workers received guidance during their induction in relation to dignity and respect. During training care workers were encouraged to participate in role play so that they could empathise with people's different needs including sight, hearing or mobility needs. For example, when undertaking moving and handling training care workers wore glasses that stimulated tunnel vision, and then were assisted to move by other care workers. Their practice was then monitored when they were observed in people's own homes and discussed in supervision and appraisal and during team meetings. One care worker said, "Dignity is treating people like you want to be treated yourself. Asking what people would like us to do and listening to what they say." One care worker said, "Some clients are lonely and it's important to make time to have a cup of tea and a chat with them. Or do a puzzle together. Some people pay for an hour and a half but prefer to use most of the time sitting and chatting as we are the only people they may see."

Care workers understood the importance of promoting independence, dignity and the individuality of people and this was reinforced in people's care plans. Each person's care plan included a section titled 'About Me' which gave personalised information about their life, what was important to them, what support they required and what aspects of their care they could do for themselves. One person was supported to apply and get a Blue Badge to enable them to go out on outings. Although this was not part of the person's specific care package the care worker recognised this was an aspect of the person's life that was important to them.

The agency supported people to have dignified deaths by providing very compassionate care workers. Care workers were provided with training and support in end of life care and worked with external health professionals to ensure people's needs were met as they approached the end of their life. The family of one person consented to sharing their experience with us. They wrote, 'I just want to write and say thank you for all the wonderful work from you and your team in looking after (person who received service) over the last few weeks. I couldn't have managed without you and it's such a comfort to know that between us, we managed to achieve (name) last wishes of spending her final time here at home without pain and in comfort. In particular, I would like to place on record a very big thank you to (name of care worker) whose compassion and help went far beyond the normal call of duty. Thank you. As you know, we used your kind assistance with my father a few years ago and I wouldn't hesitate in recommending GAC in the future.'

Care workers had the skills and consistently went out of their way to meet the individual needs of people and their families by offering emotional support and practical assistance at the end of people's lives. As a result, people received an exceptional service at the end of their lives to have a comfortable, compassionate and dignified death. For example, the agency provided additional support at short notice to a person and their live-in carer in order that around the clock compassionate care was needed due to the person rapidly declining. This included arranging night visits at short notice and multi-disciplinary communication with other professionals in order to ensure the person had a pain free death. The regular care worker provided by the agency worked extra hours outside of their normal availability in order to provide continuity of care for the person in their final hours. When the care worker noticed that the person's breathing was changing they called the person's live in carer and they both held the person's hand and stayed by their side until they peacefully passed away. When another person passed away a care worker helped to change the person into a new nightdress that the person had been given the day before for Christmas. On a third occasion after a person passed away the care worker stayed on to give emotional support to the person's family and also practical assistance with funeral arrangements.

The provider and the registered manager also acknowledged the compassion shown by care workers who supported people to have dignified deaths. As well as sending flowers of condolence to families they also

one care worker told us how they had received a bouquet of flowers from management when a person they cared for passed away. The care worker explained that management recognised the impact of the person's death had on the care worker due to the time they had spent caring for the person.

The agency had signed up to the Social Care Institute for Excellence (SCIE) Dignity Challenge and the training manager at the agency was a Dignity Champion and a high proportion of staff were dementia friends. Signing staff up as a dementia friend is a national government funded initiative to improve the general public's understanding of dementia. Care workers had also been provided with more in-depth dementia training. The registered manager explained, "This gives everyone a better understanding of providing personalised dementia care. This results in a good quality life, engagement and focuses on enabling and not making the assumption that if you have dementia you can't do things."

Everyone said that care workers respected and promoted their privacy and dignity. One person said, "They don't leave curtains open and they leave a towel on me when washing me." A second person said, "They always shut curtains." A third person said, "All show respect." Care workers understood the importance of promoting people's privacy and maintained their dignity. They told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. With regard to personal care, one care worker explained, "I cover as much as I can with towels when helping with personal care. Ask if they would like to do their personal bits themselves. Give them the choice. I think to myself – how would I feel? Make them as comfortable as possible."

People were supported to express their views and to be involved in making decisions about their care and support. Everyone we spoke with confirmed that they had been involved in making decisions about their care package. Care workers were able to explain how they supported people to express their views and to make decisions about their day to day care. One care worker said, "If someone is on the phone give them privacy and leave the room. Treat as individuals; it's an important part of personalised service, choices even over small things and listening to the person so that they feel relaxed in your company. Never forget people are individuals."

Is the service responsive?

Our findings

People received a care service that was highly personalised and responsive to their individual needs. One person explained, "My care feels personal to me." A second person told us, "Care is based around my weekly plans like bingo."

The agency had received an abundance of written compliments about the service they provided. The agency had gained permission from people to share the contents with us and for us to include in our report. One person wrote, 'Guardian Angel Carers (GAC) started looking after my mother in February 2016. Originally this was to ensure her medication was given as required as she was getting a bit forgetful. However, over the last 18 months I have realised how important the GAC visits are for my mum's good health and continued well-being. This has given me peace of mind knowing that not only her medication needs are being met, but also her personal hygiene is being maintained and her state of health observed. When I speak to my mum each Sunday it is reassuring to hear how content she is and how she enjoys her carers' visits. She speaks highly of them. I certainly agree that the GA carers I have met have been professional and caring, and a credit to your organisation. As I live so far away I feel confident that mum is receiving the best possible care. This is enabling her to stay in her flat, which I know is what she wants. My thanks to you and your team for the on-going attention you are giving mum.'

Staff regularly responded and went the extra mile to address people's individual needs. For example, a relative of one person contacted the agency to ask for help as they lived some distance from their family member who had fallen. The agency arranged for one of the persons regular care workers to visit very soon after receiving the call. The person's relative wrote to say, '(Name of care worker) concern for my mum went way beyond what was required that day.' On another occasion care workers were quick to identify when a person had a possible urinary tract infection (UTI). They contacted the district nurse and water samples were taken to the local surgery for testing. They then supported the person's family to have further contact with the community nurses in order that further support could be given for specific health needs. When the persons care package was being reviewed the community nursing team commented that the care workers were 'very caring and quick to respond.'

Everyone that we spoke with said that they were fully supported to stay independent. One person said, "I am happy that I can stay home with their help." A second person said, "I am only able to remain at home with their support." People were encouraged to maintain their independence and the agency worked in partnership with them to access services and facilities in their local community. One care worker said, "Some go to daycentres and we support to get there, drop them off and pick up later." People were supported by care workers who understood the importance of enabling people to remain independent. Care plans explained the tasks people could do for themselves, and those they needed assistance with. Where people needed assistance with only part of a task, this was agreed with them and described clearly in their care plan.

In order to support people to remain independent the provider offered an innovative responsive service. In addition to the traditional domiciliary care service they offer a 'Peace of Mind' Service. They work in

partnership with Chichester Careline to provide early intervention and feedback to family members and healthcare professionals that includes the use of technology. People are given a personal alarm, either a wrist band or necklace and if activated either paramedics or staff from Guardian Angel Carers visit the person within an hour to offer care and support. In addition to this the person receives a minimum of once a week visit from a member of staff to check on the persons wellbeing, report any concerns or changes to the relevant health professional and/or next of kin. This service helps people to remain independent in their own homes but access care as and when required. The provider's website explains this as, 'Essentially meaning you can pay-as-you-go and use us when you need us, and when you want us.' This demonstrated that the provider was committed to providing flexible services responsive to people's individual needs to support them to retain their independence for longer. For example, after a three month stay in hospital following a broken hip one person was able to remain in their own home for a further 14 months due to using the 'Peace of Mind' service. This was in line with the persons wishes and preferences recorded in their initial assessment 'I value my independence and privacy, and very much enjoy living in my own home.' The family of the person wrote and thanked the agency for 'The excellent care, kindness, patience and professionalism' and for 'The big difference to my mums life, and I would not hesitate to recommend your company.'

Before people began to receive a service a member of the management team visited them to assess their personal and healthcare needs, agree a package of care, and draw up an initial plan of the care needs. The initial assessment also included the person's cultural, spiritual and social needs, and how they wanted to be supported in these areas. Care workers were carefully matched to people to ensure they were compatible and had similar interests and personalities. People were able to specify the gender of the care workers who supported them. The provider told us, "The team have an excellent understanding in supporting social and cultural diversity, values and beliefs, to ensure clients receive care appropriate to their needs and wishes." When one person the agency had been supporting for a number of years moved into a care home they continued to support the person to go to church as they understood how important this was for the person. The timings of this support were paramount as it was important to the person that they arrived at the church service on time. Records confirmed that this was always achieved. This also demonstrated care workers understanding of the person's needs and the agency's flexibility for giving extra travel time to ensure punctuality.

Care plans were highly personalised and covered all aspects of each person's health, personal care needs, risks to their health and safety, and personal preferences. The person's usual daily routines were set out in detail, giving care workers very clear and easy to follow instructions on each task the person required assistance with. The care plans also provided a brief background history of the person, and information about their interests and hobbies. Care workers confirmed that the care plans helped them provide appropriate care. One care worker said, "Care plans are people centred, include information about specific communication needs, medicines and levels of assistance in different areas. At first when the new system was introduced there were a few technical problems but now I prefer it as it ensures tasks are not missed and this is great for the clients."

The information obtained when assessing and planning people's care also resulted in the agency providing services above and beyond that was funded. As a result, people were supported to participate in past activities that enhanced their sense of wellbeing. For example, the agency supported one person who had previously had a stroke which affected their mobility. They rarely left their home and their family lived far away. The person used to enjoy going to the theatre. When Fiddler on the Roof was on at the Chichester Festival Theatre two of the main care workers who supported the person arranged to take them to see this in their own time.

Technology was constantly being reviewed to provide responsive and innovative services to people. The electronic care planning system had been kept under review and in April 2017 was updated to a more innovative cloud based system. The updated system allowed information to be shared with people, care workers and the office staff in real time. As a result, the agency was able to respond more rapidly to changes in people's needs, and where relevant swiftly communicate to multi-disciplinary teams. For example, when one person's health had been deteriorating the agency was able to respond effectively and communicate with other agencies to get additional support for the person promptly and without delay.

The improved system also resulted in technology supporting responsive medicines management. As eMARs are updated in real time the agency has been able to respond quickly and efficiently when people had been prescribed short courses of antibiotics. Therefore, technology helped meet changes in people's individual needs and to ensure that care workers had the correct information they needed to carry out their roles. The agency also supported people to take Warfarin. This is a medicine that can help stop blood clotting that has to be taken in specific dosages at specific times that are calculated on the findings of regular blood tests. The registered manager recognised the potential for mis-management by relying upon care workers or people who had cognitive impairments to notify the agency of the results of blood tests and changes then needed to medicines support. With the agreement of people contact was made with the anticoagulant department of a local hospital and arrangements made for information to be shared with the agency at the same time as being given to the person. In addition, when new people are assessed prior to commencing a care service if they are prescribed Warfarin the assessment process generates an email to inform the registered manager so that she can make the same arrangements with the relevant hospital.

The provider, registered manager and care workers were highly motivated and passionate about making a difference to people's lives. This also extended to people and other agencies in the community. The provider and registered manager supported care workers who had taken part in local fund raising events and also arranged events themselves for organisations including St Wilfred's Hospice, Alzheimer's Society and Dementia UK. News of events was advertised in the monthly newsletters that were produced. For example, in one newsletter the provider advertised a bake off competition they had organised to raise money for the Alzheimer's Society. Prizes included a 'Guardian Angel Carers Spoon' for winners of the prettiest, yummiest and superstar cupcakes.

As well as receiving dementia training as part of their induction care workers had been provided with further dementia care training to ensure their knowledge and understanding was current. This was led by a dementia friend's champion who actively supported care workers to make sure people experienced a quality of life. As a result people who lived with dementia had benefited from an effective and responsive service. For example, after completing dementia friends training one care worker introduced personalised, pictorial and large, colour print reminders for a person they supported that details things that were important to the person and specific routines such as shops they liked to visit and points of interest along the way. The family of this person said that as a result of this the person had become more relaxed. One care worker said, "The dementia training was great. It helped me understand more about this, clarified things so that I improved my approach when helping people."

Care workers were knowledgeable about supporting people who lived with dementia. One care worker said, "It's important to talk to people when you are with them especially if they have dementia. Make time for the little things so even if you are there only to help wash and dress I take out in the garden to look at the flowers, to experience the outside. Dementia can show itself in so many ways it's really important to be patient, never get cross with people." Care workers were reminded about effective dementia care that was based on current best practice in the monthly newsletter they all received.

An out-of-hours call service was operated 24 hours a day, seven days a week. This allowed the agency to respond immediately to any requests for assistance at any time of day. They also supported people who required urgent medical attention, either by requesting a home visit from a medical professional, or by escorting the person to the doctor or hospital. We observed the staff working in the office readily take requests for changes in time, which they immediately arranged. The service was flexible and responsive to people's changing needs and wishes. We found changes to people's call times and call duration could be easily accommodated. One person told us, "I have been unwell with three calls daily and with their help and support I now only need two daily calls."

People knew how to make a complaint and told us they knew who to speak with if they had any concerns. One person told us, "I had to ring the office but was a query not a complaint. The on call person was very good." A second person explained, "I have no complaints. I know there is information in the folder about it and I would complain if I needed to." The registered manager informed us in the PIR that 12 complaints had been received in the previous year. Six related to domestic cleaning tasks which did not form part of the regulated activity that we inspect but the registered manager wanted to be open and transparent with us. The updated care planning system that had been introduced included key activities that care workers must sign as completed before they leave people's homes. This had helped ensure certain domestic tasks were completed and reduced complaints in this area.

The registered manager and the provider reflected an open and transparent demeanour throughout our inspection and were able to demonstrate where improvements had been made as a result of learning from reviews. For example, they were open and transparent about areas that people had expressed frustrations in relation to the service they received. During the summer the combination of staff taking annual leave, sickness and changes in the booking co-ordination team had resulted in some people who received a service expressing concerns about the rota system. The provider responded positively to this and changed the staffing structure at the agency office and provided additional training in staff use of the electronic planning system. People were also written to personally and information was also included in the August team newsletter.

The agency uses an independent company to collate people's views in order to drive improvements. Surveys used to be sent out annually, with the last annual survey being completed in September 2016. Since then, the process has been changed to six monthly from the date a person commences their care package in order that continuous feedback is obtained throughout the year. As a result of feedback from people the Area Care Manager (ACM) position was created to improve communication. Each ACM has specific people and care workers they are responsible for that has resulted in increased person centred support and improved communication.

Is the service well-led?

Our findings

Everyone we spoke with said that the agency was very well led. One person said, "It seems they strive to be the best." A second person said, "I would recommend them to anyone." A third person said, "It seems to be well set up."

There was a sustained and positive culture at the agency that was open, inclusive and empowering. All the care workers spoke very highly of the provider and the registered manager. One care worker said, "The owner is lovely, adorable. She will call you up and ask how you are or if have any concerns. The manager is also there for you as well. They have things like carer of the month which is lovely as it makes you feel valued." A second care worker said, "The best thing about this company is the respect they have for us, the carers. The owner always thinks of us; she has said the company wouldn't be where it was without us." A third care worker said, "They do bonus rewards if you don't have time off sick or if generally you are good at your job. At Christmas they give rewards as well for things like if you have been flexible. They always send gift cards as a thank you which is lovely. They are very attentive to their staff. They gave me time off for my birthday even though they are so busy. It's the little things they do that show they care."

The provider and registered manager showed their appreciation of care workers in many ways. Every month staff who were awarded 'Carer of the Month' received a gift and the provider thanked them for their efforts and published these in a newsletter. For example, in August five care workers won this award. The provider wrote the reason for one as, '(name of care worker) has done a fantastic job of engaging with a nervous carer and reluctant daughter who was leaving her mother alone for the first time in eleven years. (Name) did such a wonderful job of putting everyone at ease that their daughters short break away was incredibly successful and they have already booked another holiday and asked for (name) to come back and sent in the loveliest compliment on (name) and all her efforts.' A second care worker won because, '(name) has demonstrated high levels of professionalism and compassionate care at all times. She is incredibly reliable and has received excellent feedback from clients! Thank you (name) for all you do!'

The provider's commitment to staff also extended to looking at how to alleviate everyday pressures for employees. They offered free AA breakdown cover, had a relationship with a local garage who gave discounts for car repairs and a pool car so if care workers needed to get their car repaired they had access to a vehicle.

The provider and registered manager were excellent role models who placed importance on developing each member of staff's potential and helping them develop a career path, offering promotion to suitable staff where possible. We heard examples of staff who had been promoted within the organisation where their skills had been recognised and utilised effectively. The provider also promoted a strong sense of teamwork, keeping care workers involved, and making sure they felt valued. In the PIR the provider and registered manager stated, 'We believe that good service provision starts with good leadership. We have a governance policy, and our responsible person plays an active role as managing director. I as registered manager understand the need to be consistent, lead by example and be available to staff for guidance and support. When asked to describe the team, our office will tell you 'we are a family.' This ethos won the

agency best large business and best overall business 2017 at the Observer and Gazette Business Awards. This is a local newspaper that operates in the areas that the agency covers.

Care workers and office staff were encouraged to take part in team events such as parties, competitions and events. They offered rewards and awards to motivate and thank care workers. The reasons for these were reinforced in the PIR which stated, 'We believe it is important to recognise when team members have made an outstanding contribution to the company or gone the extra mile for a client or their team (our family).'

Care workers were incredibly positive about the management support they received and the approachability of the registered manager, office staff and the provider. They told us they felt highly valued and appreciated because of the support they received. This was reinforced in the surveys completed by care workers during August 2017 where 97.2% rated their level of job satisfaction as 'Excellent to good.'

Additional comments included, 'I love my Job' 'The team do a great job and I'm very happy to work here' and 'I couldn't imagine working for any other company, I look forward to coming to work with my Angel family every day.'

Care workers were extremely motivated and told us that they felt fully supported by the registered manager and that they received regular support and advice via phone calls and face to face meetings. They said that the registered manager was approachable and kept them informed of any changes to the service and that communication was very good. One care worker said, "They are very nice. If you have a problem they are willing to sit and listen even if it's personal and not work related. Also the office staff are always willing to help. They are a good bunch of girls, very friendly. Nothing is too much bother for them." One care worker said, "Management is good. There were some recent changes in the office and a bit of confusion at first but now as a result of the changes the rota organisation is better. Everyone works together for the benefit of the clients." The commitment to support care workers was reinforced on the agency website. This informed people and potential new staff about the workforce and culture of the agency 'We encourage personal growth and want to see all employees maximise their potential.'

The agency had clear vision and values that were person-centred and that ensured people were at the heart of the service. They were initially developed by the provider when she set up the agency. These were owned by people and staff and underpinned practice. They included ensuring people were the main focus and central to the processes of care planning, assessment and delivery of care. The aims and objectives were included in the agency brochure, staff information and other literature relating to the running of the agency. Care workers that we spoke with were all clear about the agencies aims and values. The attitudes, values and behaviours of care workers were monitored by observing practice and during supervision.

High quality care was integral to the agency and robust systems were in place to drive continuous improvement. There were a range of quality assurance audits and checks in place that helped ensure the agency ran smoothly. The findings from the various audits and feedback from people, staff and other agencies fed into an overall action plan that the provider updated regularly and used to constantly drive improvements at the agency. For example, the action plan included steps that would be taken in response to the Key Lines of Enquiry (KLOE) that come into effect in November 2017. The provider also arranged for an annual audit to be conducted by an external consultant in order to be transparent and to drive improvements. The audit report for November 2016 included actions that had been taken to respond to areas for development and a further audit had been arranged for October 2017.

The provider and registered manager listened closely to the views of people who used the service and their families to constantly monitor and improve the service. People received regular quality assurance visits or telephone calls as well as having the opportunity to complete satisfaction surveys. A record of compliments was maintained that confirmed people's satisfaction with the service they received. 91 compliments had

been logged in the 12 months prior to our inspection. These highlighted the high quality of care given by kind and compassionate care workers. For example, one person commented that the two care workers who visited were a pleasure, carried out all duties with enthusiasm and were a delight to have around. People also complimented office staff for being responsive and effective.

Throughout the inspection we found documentation was maintained securely and was well organised enabling documentation that we requested to be accessed promptly. Since our last inspection the provider had commissioned a new electronic care planning system that care workers could access from password protected mobile phones. One care worker said, "The new system give you all your work in one place and includes care plans, directions to each visit plus lots of other information. It's great." All the records we looked at were structured and well organised which assisted us to find the information required efficiently. This made information easy to find and would assist care workers if they were required to find information quickly. People who used the service and (with the person's consent) their relatives could log into their own electronic records using a secure password if they wished or could have paper copies if this was their preferred choice.

There was an ethos of learning from mistakes, and making improvements to prevent recurrence. For example, the number of medicine errors had been low, but where these had occurred, care workers had quickly identified when an error or omission had been made, notified the office, and actions had been taken promptly to address the problems, where necessary by contacting the person's doctor for advice. Investigations had been carried out to identify any possible cause of the omission or error and actions were taken to prevent the problems happening again. For example, further training and supervision.

The agency had developed effective partnerships with other organisations to ensure they were following current practice and providing a high quality service. The provider, registered manager and members of the staff team were members of, or worked with, local and national organisations that provided support, guidance, and information about best practice. These included the UKHCA (United Kingdom Home Care Association), Skills for Care, Live in Care Hub and West Sussex Gateway. They attend workshops and meetings with these organisations in addition to receiving regular updates and information. We saw that publications from these organisations was shared with staff and service provision reviewed when needed to ensure continual improvement and best practice. For example, the June newsletter for care workers included best practice guidance on activities that can create a sense of achievement for people living with dementia. These included enabling people to undertake household domestic tasks and their own personal care, and involving in decisions. Records and discussions with people and care workers confirmed that this was applied in practice and led to a consistently high service.

The provider had met with a director of a housing association who specialise in providing housing to LGBT older people to gain advice on how the agencies assessment process could support people to be more open about their sexuality. As a result of the meeting the provider also introduced the director of the housing association to a board member of UKHCA. This led to a training programme being promoted through UKHCA. This showed a commitment by the provider to ensure there was equality and inclusion for people who may be marginalised in the wider community.

Being part of the community was intrinsic to the ethos and culture of the agency. The provider and the registered manager went out of their way to put people at the heart of the service. They constantly looked for ways of improving the service to benefit people they provided a service to. This also extended to older people in the wider community as the provider recognised that older people were at risk of isolation. The provider founded the 'Golden Angels Lunch Club' six years ago. The agency has donated Christmas gifts each year, and in January 2017 the agency became sponsors of the club. This is a lunch club for older people

who live alone that takes place bi-monthly. The club provides a home cooked meal for a small cost and includes providing transport to and from the venue. It is run by volunteers that include the provider and people who work at agency. The provider explained, "It helps isolated members of the community come together." Currently up to 30 people can be supported to access this service. The provider informed us that they would like to extend this further and were looking to recruit more volunteers to facilitate this. We were also shown plans that the provider had in development to introduce a monthly cake club as another opportunity for people in the community to meet and socialise. This demonstrated that the provider actively built links with the local community that enhanced people's sense of wellbeing and quality of life.