

Angila Care Ltd

# Angila Care Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Angila Care Ltd is a domiciliary care service providing support and personal care to people living in their own homes. At the time of our inspection the service was supporting 12 people.

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

Audits were completed to assess, monitor, and improve the quality of the service but we found not all areas were monitored robustly. Recruitment was not managed safely. Whilst some systems had improved, we found continued shortfalls. The registered manager responded promptly to the shortfalls we found and we were assured effective action had been taken to protect people from the risk of harm.

Care records were clear and well maintained. The provider had made improvements to how they assessed and managed the risks people were exposed to. Staff knew people well and supported them based on their needs, choices, and preferences.

Systems were in place to effectively reduce the risk of infection. Medicines were managed safely. People and relatives spoke positively about the service and said call times were consistent. They said staff were kind and caring and they felt safe. They gave examples of staff going above and beyond. One person said, "All the carers even the newer ones will go the extra mile."

The provider had made improvements to how the service was managed. They worked closely with people, relatives, staff and other stakeholders. They spoke passionately about plans to further improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 2 November 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

This service has been in Special Measures since 29 November 2022. During this inspection the provider demonstrated improvements have been made, however further work was required to continue to develop the service and maintain people's safety. The service is no longer in 'Special Measures'.

### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers the findings in relation to the Key Questions Safe and Well-led which contain those requirements. We have found evidence the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Angila Care Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to safe recruitment and good governance.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Angila Care 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made calls to people and relatives about their experience of using the service. The assistant inspector made telephone calls to staff.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 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 5 June 2023 and ended on 15 June 2023. We visited the location's office on 6 June 2023.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

An inspector visited the office. We looked at 4 people's care records including medication administration records. We spoke with the nominated individual, registered manager, care coordinator and 5 care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. An Expert by Experience spoke with 1 relative and 5 people about their experiences of the care provided. We also looked at 2 staff files in relation to recruitment and a variety of records in relation to the management of the service including policies and audits.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Recruitment

At our last inspection the provider had failed to ensure robust recruitment procedures were in place. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Robust recruitment checks were not in place.
- We found gaps in staff employment histories had not been explored and dates on references were not always consistent with information provided on application forms.
- The provider had completed DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, we found evidence they had not always followed up on the details they provided.

Systems had not been established to ensure recruitment was managed safely This placed people at risk of harm. This was a continued breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed follow up checks on staff employment histories and DBS checks had been made.

### Staffing

At our last inspection the provider had failed to ensure systems were in place to ensure staff arrived on time and stayed for the required amount of time on calls. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People and relatives told us they were generally happy with call times and were supported by consistent

staff. One person said, "They always stay for the full amount of time." Another person said, "They are quite happy to let me go at my own pace and I never feel rushed."

- The provider used an electronic monitoring system and staff logged in and out of calls. This provided a key safety net to ensure call times could be monitored.
- Staff told us systems were in place to ensure calls were well planned. One staff member said, "Call times are well organised. I always have enough time to spend with the clients. Travel times are manageable."
- Staff received an induction including three days training and had the opportunity to shadow experienced staff. The provider had a dedicated training room to provide face to face and practical training for staff. The quality of work was checked regularly by spot checks carried out by the management team.

### Using medicines safely

At our last inspection the provider had failed to manage the administration of medicines safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely.
- People were receiving their medication as prescribed and on time. We found one example where instructions on the medication administration record did not advise staff the medicine needed to be taken before food but we were assured the medicine was being given correctly. The provider took immediate action to correct this.
- Where people were prescribed creams, topical medication administration records were in place which included body maps and clear guidance for staff to show how and where they should be applied. Records were completed consistently.
- Staff received training to administer medicines and had their competency regularly assessed in line with good practise guidance.

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

At our last inspection the provider had failed to ensure robust risk management practises were in place to protect service users from the risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health and safety were clearly monitored and assessed. Assessments were in place which demonstrated risks such as nutrition, skin integrity and mobility had been assessed. There were also detailed assessments of individualised risks which were specific to people.
- People told us they thought the quality of care was good.
- Staff understood people well and were able to describe the risks people were exposed to. They told us they were updated if there were any changes to people's care.
- Accidents and incidents were reported. The registered manager maintained a log of any falls but there was no system to maintain an overview of accidents and incidents. The service was small and there was a very low level of events. We discussed this with the registered manager and they confirmed they had introduced a matrix to ensure they had increased oversight of any themes or trends.



## Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to safeguard people from abuse and poor care. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were protected from abuse and poor care. All the people we spoke with said they felt safe and trusted staff. One person said, "They are a very good bunch of lasses. I feel very safe with these girls."
- Staff received training and demonstrated a good understanding of safeguarding and understood how to report abuse and poor care. Safeguarding was a standard agenda item in staff supervisions and team meetings.
- The registered manager maintained a safeguarding log and made referrals to the relevant authorities when required.

## Preventing and controlling infection

- There were safe and effective measures in place to reduce the spread of infection. Staff had completed infection prevention and control training. They had access to PPE and knew when to use this.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure there were robust systems in place to assess, monitor and improve the quality and safety of the service. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

- Improvements had been made to audits and quality checks but we found some continued shortfalls. The issues we identified with recruitment processes had not been identified. We were assured some checks were in place of care records but they were informal and required more detail.
- The provider was visible in the service and provided support to the management team but there was no evidence of governance arrangements to oversee the quality and safety of the service.

Systems had not been established to assess, monitor and improve the safety and quality of the service. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed they would introduce more robust checks. The registered manager shared examples of how they planned to improve the quality of their audits.

- The registered manager understood their responsibilities in relation to the duty of candour. They had complied with the requirement to notify CQC of various incidents so we could monitor the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they received good quality person centred care. One person said, "I am very happy with the carers. They talk to us and cheer us up. They are like a breath of fresh air."

- The provider promoted a positive culture where people and relationships mattered. Staff were proud to work for Angila Care and said they felt involved and valued. One staff member said, "It is 100% a good place to work."
- People and staff spoke positively about the registered manager and care coordinator. One staff member said, "They are always helpful and give us time to learn." Another person said, "I think the management is very good and they seem to want to provide a good service."
- The provider carried out regular reviews and surveys with people and relatives.

Continuous learning and improving care; Working in partnership with others

- The provider worked in close partnership with health and social care professionals.
- The provider demonstrated a commitment and desire to continually improve. They shared updates during the inspection of changes they had made as a result of feedback from the inspection.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to ensure the review, monitor and improve the quality and safety of the service were not robust. Governance processes were not effective. Audits at provider level were not in place.  Reg 17(1)(2)(a)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Staff recruitment was not managed robustly.  Reg 17(1)(a)(2)