

Angelica Care Ltd

Angelica 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 effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Angelica Care is a domiciliary care agency providing personal care to people living in their own homes. The service provides support to people living with dementia, health conditions and general frailty. At the time of our inspection there were 62 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

There was a failure to assess and mitigate risks to some people. Care records lacked guidance to ensure people received consistent and safe support. There was not an adequate process for assessing and monitoring the quality of the service. Processes were not in place to review accidents and incidents. Staff were not always recruited safely or trained.

People were happy with the care they received and felt safe with the staff that were supporting them. People told us they received a reliable service and calls were never missed. There were enough numbers of staff to ensure people did not feel rushed and people received their support on time.

Staff told us it was a good place to work. The culture of the service was positive, and people and staff were complementary of the registered manager. People and their relatives spoke positively about the management and delivery of the service.

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.

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 registered with us on 13 April 2022, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This was the first inspection for this newly registered service.

Enforcement

We have identified breaches in relation to managing risks, staff recruitment and training and the governance of the service at this inspection.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Angelica 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 undertaken by 1 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.

Service and service type

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

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 June and ended on 13 July. We visited the location's office on 11 July 2023.

What we did before the 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 prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We received feedback from 5 people who used the service and 4 relatives about their experience of the care provided. We spoke with 5 members of staff including the registered manager. We reviewed a range of records. This included 8 people's care records and multiple medication records. We looked at 6 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

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

- Risks to people were not identified and managed. We reviewed 8 care records and found there had been a failure to do all that was reasonably possible to reduce risks to people. For example, risk management processes were not in place for people with reduced mobility or who were considered as being at risk of falls. The lack of risk management processes placed people at increased risk of harm.
- Some medicines practices meant that medicines were not always managed safely. Medicine risk assessments failed to identify person specific risks. There was a failure to seek advice or agreement from the prescriber prior to changing a person's medicine administration time. This meant people could not be assured of receiving their medicines in line with the prescribers' instructions.
- There was a failure to ensure medicines were administered by trained staff. We have written more about staff training in the effective section of this report. Processes to assess staff competencies and knowledge about safe medicine practices were not robust. This meant people could not be assured of receiving their medicines safely.
- The provider did not have a system in place to monitor or analyse incident records for trends. Information was not used to mitigate the risk of a repeated incident or accident and there were no processes for learning lessons to drive service improvements.

The provider had failed to ensure care and treatment was provided in a safe way or that risks to people had been mitigated. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In response to our feedback the registered manager provided an action plan to address the concerns found at inspection. This included reviewing and updating people's care and medicine records and implementing processes to identify and mitigate risks. An enhanced level of training for staff undertaking medicine competency checks was introduced.
- Environmental and COSHH (Control of substances hazardous to health) risks were assessed to ensure staff were safe to work in people's homes. Health safety and maintenance checks were completed to ensure equipment was safe to use.

Staffing and recruitment

- Staff were not always recruited safely. Processes in place to ensure the safe recruitment of staff were not being followed. We identified failings within the recruitment processes which meant people could not be assured that staff employed to support them were safe to do so.

- Appropriate recruitment checks had not been consistently undertaken. There was a lack of evidence to demonstrate gaps in people's employment histories had been explored or that suitable references had been obtained. Some care staff were supporting people unsupervised prior to the outcome of Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

There was a failure to ensure and operate safe recruitment practices. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In response to our feedback the registered manager told us risk management processes had been implemented for staff working without an up to date DBS or references. The registered manager informed us they would be reinstating the providers induction programme for new staff.
- There were enough staff to meet people's needs. People told us they were supported by familiar staff who were reliable. People told us they never felt rushed, and staff always stayed for their allocated time. A person said, "I have not had any issues with the carers time keeping or not turning up. They usually turn up when we are expecting them".

Systems and processes to safeguard people from the risk of abuse

- Processes were in place to safeguard people from the risk of abuse and policies and procedures supported this.
- Staff knew how to identify and report abuse and poor practice. They were knowledgeable of the actions they needed to take if they were concerned about a person's safety. Where safeguarding concerns had been identified these had been reported in line with the local authorities and providers safeguarding guidance.
- People and their families told us they felt the care they received was safe. People said they felt safe and trusted the staff who were supporting them. A person said, "I know all the carers now and I feel very safe with them". A relative said, "I do feel they are safe with the carers. They treat them with dignity and respect".

Preventing and controlling infection

- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed. There were ample stocks of personal protective equipment (PPE) including hand gels, aprons, gloves, and aprons available to staff.
- We were assured that the provider was responding effectively to risks and signs of infection. The provider had infection control policies and procedures and kept up to date with Department of Health and Social Care (DHSC) guidelines. Staff were aware of circumstances that would require enhanced levels of infection control and PPE, and these had been implemented appropriately when required.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills, and experience

- Processes were not in place to ensure staff were suitably trained, skilled, and knowledgeable. There was a failure to provide a robust training program for staff, including topics considered to be mandatory in care. We were not assured those who were providing training and reviewing learning assessments had the skills and knowledge to do so.
- Staff did not receive a robust induction. The registered manager told us the providers formal induction processes had ceased during the global COVID 19 pandemic. Staff new to care had not been provided with the opportunity to undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should form part of a robust induction programme.
- Some staff new to care were working unsupervised without having completed their learning requirement and some had been working for several weeks without their assessment of learning being validated. Processes were not in place to identify gaps in staff knowledge prior to them working unsupervised. Processes to check and validate staff training undertaken with other employers were not robust. This meant people could not be assured of being supported by trained staff.

The failure to ensure staff had the appropriate training and skills to ensure people's needs were met is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us plans were in place to reinstate a comprehensive induction for new staff, including the Care Certificate and the registered manager said this would be implemented immediately.

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

- Information within people's care records was not enough to ensure safe and consistent care. Care plans were not in place for known health conditions or where people used medical equipment such as catheters. There was an absence of guidance to ensure staff knew how to move people safely and any equipment they required to do this. This is an area that requires improvement.
- People had comprehensive assessments prior to receiving a service. This ensured people's needs could be planned for. Information gathered included people's preferences, backgrounds, and personal histories. Protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion were considered in the assessment process. People told us they had been fully involved in the assessment process and felt they had been listened to.

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

- People's support plans reflected their nutritional support needs. This included support with eating and drinking, shopping, and preparing food. Fluid monitoring was in place where there was a history of dehydration or an assessed need. Staff understood the importance of maintaining a good fluid intake and were able to recognise the signs of dehydration and the appropriate action to take.
- People told us they received appropriate support to ensure their nutritional requirements were met. Staff were knowledgeable about people's nutritional needs and preferences. This included where people required their food or drink to be modified. People's daily care notes recorded the nutritional support provided.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff liaised effectively with other organisations and teams and people received support from specialist health care professionals, such as occupational therapy and community nursing. Referrals had been made to health professionals for equipment and advice when people's needs had changed.
- Records were kept about health appointments people had been supported to attend. Care plans were updated to reflect changes in people's care or treatment.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People were involved in decisions relating to their care. The service was not supporting anyone who required an application to be made to the Court of Protection to authorise a deprivation of their liberty. People told us that staff were always respectful and asked before they provided any support or assistance.
- Staff demonstrated a good understanding of their responsibilities regarding the MCA. Staff spoke of the need for presuming people had the capacity to make decisions and to ensure people were supported in the least restrictive way. Staff knew how to recognise if a person was being deprived of their liberty unlawfully and the action to take.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported, respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were supported to have choice and control over their lives. People and their relatives were involved in and contributed to the development of their plan of care. People told us staff encouraged them to make decisions about the level of support they wanted. A person said, "I feel that I am getting very good care".
- Staff treated people as individuals. People told us staff knew them well. A person said, "All the carers know my care package and I think they know more about me than I know about myself!"
- People told us they received good care from kind and compassionate staff. A person said, "I know all of them now and they are more companions rather than carers". People told us staff had enough time to support them and they never felt rushed. A person said, "No one rushes me, there is enough time for them to do everything I need".

Respecting and promoting people's privacy, dignity, and independence

- People's privacy was respected. Staff told us they fully understood that they were working with people in their own homes and were mindful to respect people's wishes and preferences. People told us staff were respectful of their dignity whilst supporting their care needs. A relative said, "I think that the carers are considerate to my relative and I am very happy with the care my relative is receiving".
- Staff ensured people's dignity was respected. A relative said, "My relative speaks slowly but the carers don't rush them, they tell them to take their time and listen to what my relative wants to say, it is lovely how the carers interact with them".
- People's Independence was promoted and maintained as much as possible, whenever possible. Staff told us that people want to stay living in their own homes and they make sure they encourage them to be as independent as possible within the support they provide. A relative said, "These carers are meeting all my relative's needs and that is what I want and need".

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People told us they received personalised care and support that promoted their physical and mental wellbeing and enhanced their quality of life. A relative told us their loved one had developed a positive relationship with staff. They said, "It is lovely to see as my relative is so sociable and loves having a chat with the carers and is responding so well to their company.
- Care records contained key information about the person including their life history and interests. This enabled staff to have an overview of the person's life before they required care support. People told us staff had taken the time to get to know them which made their care feel more personalised. Support provided during care calls was recorded in a person-centred way.
- People were encouraged to be involved in decisions about their care and make daily choices. Staff told us they did this as much as they could during each support call, for example prompting people to choose what clothes they wanted to wear or what they wanted to eat and drink. People told us staff were kind and patient with them and they were encouraged to make choices about how they received their care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, recorded, and highlighted in care plans. These needs were shared appropriately with others. Care plans identified who always wore glasses and hearing aids and staff ensured people had access to these to aid effective communication.
- Some people using the service could communicate their needs to staff without support. Where people had difficulties with communication, information was available in different formats including large print, sign language and photographs.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which each person had been given a copy of. We were advised this could be made available in accessible formats if required to meet people's specific communication needs. Processes were in place to ensure concerns and complaints were appropriately investigated and responded to and used as opportunities to reflect on practice and identify improvements.
- People told us they were confident any concerns and complaints they might have would be listened and

responded to. People knew how to raise a concern or complaint and were confident it would be resolved. People shared positive outcomes from concerns they had raised. We were told these has been delt with efficiently and professionally by the registered manager.

End of life care and support

- At the time of the inspection no one was receiving end of life care. The registered manager understood health and social care professionals who would need to be involved to support people who were living with a life limiting illnesses.
- People's wishes for end of life treatments and care were reflected within their care records and these were reviewed regularly with people to ensure they remained accurate. This included 'Do not attempt cardio pulmonary resuscitation' (DNACPR) documents. These record people's decisions about weather of not attempts should be made to restart their heart of it stopped beating. DNACPR decisions were very clearly identifiable within people's care records.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- There was an absence of provider led governance systems. This included auditing and processes to ensure people were receiving safe care and to drive service improvement. This had led to a failure to identify some of the concerns found at inspection.
- For example, there was a failure to identify the service was not always operating within the providers own policies and procedures. This had led to a failure to ensure staff were recruited safely. The provider had not ensured an effective process for staff training or assessing learning and development. Processes were not in place to ensure management oversight and analysis of accidents and incident records to identify trends, drive service improvement and ensure lessons were learnt.
- Processes to check the quality of records were not robust. There was a failure to identify care plans did not contain enough information and guidance to ensure people received safe and consistent support. Processes were not in place to ensure risks to people were identified and managed. This meant the provider could not be assured all reasonable and practicable actions had been considered and taken to keep people safe.

The provider had failed to establish systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Administration of medicines and care interventions were monitored in real time through an electronic recording system. This alerted the office and out of hours when medicines or calls had not been undertaken at the arranged time. Processes were in place to monitor and follow up these alerts with care staff within a specified time and we observed this in practice during the inspection. Staff were very positive about this system and said it was easy to use and reliable.

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

- The service had a positive and welcoming atmosphere. The service was led by an open and transparent registered manager who actively supported the care staff in their roles. Staff told us the manager was approachable and they felt very supported. Throughout the inspection we observed positive communication and supportive interaction between the whole team.
- The staff team worked effectively together. Staff said there was a positive work place culture, underpinned by good communication and a supportive registered manager. A staff member said, "The team are lovely. It

is like one big family everyone cares about each other and clients."

- The culture of the service focused on providing person centred care and support to people. Staff were committed to providing people with compassionate care and improving the quality of their lives. A staff member said, "I understand how important it is for people to remain in their own homes and my role is to help them achieve this".

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 promoted transparency and honesty. They had an open-door policy and staff said they always felt able to speak to any of the senior team. Staff knew how to whistle-blow and knew how to raise concerns. Whistleblowing is a term used to describe employees reporting certain types of wrong doing. Information was shared appropriately.
- The registered manager understood their responsibility to be open in the event of anything going wrong. The local authority had been notified of concerns in line with safeguarding guidance. CQC had been informed of significant events in a timely way. This meant we could check that appropriate action had been taken.
- Relatives told us they were informed of incidents effecting the health and wellbeing of their loved ones and were kept up to date with outcomes arising from these.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's views were sought about the service they received. People told us managers contacted them to seek feedback about their care and support. Staff said they felt valued and listened to and able to share their views. Stakeholders were encouraged to share ideas and provide feedback about the service. The information from this feedback was used to drive improvement.
- We received positive feedback from people and their relatives about the service. A person told us. "I would recommend these carers. The company seem well organised, and I do not have any issues or concerns". A relative said, "I would be confident recommending this company. I feel that they are very good at caring for my relative.
- The service worked in partnership with other agencies. Records showed that staff had contacted a range of health care professionals. This enabled people's health needs to be assessed so they received the appropriate support to meet their continued needs.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not managed. Safe medicine practices were not always followed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Provider led governance processes were not in place to monitor the quality and safety of the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Processes for recruitment were not safe.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was a failure to provide an induction for new staff. Staff did not receive appropriate training or support. Staff learning and competencies were not assessed prior to working alone.

