

Jayaharan Medical Services Ltd

Angels Private Home Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Angels Private Homecare Services is a domiciliary care service, which provides care and support to people living in their own homes. The service provides support to older adults. At the time of our inspection there were 10 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

People using the services of Angels Private Homecare Services benefited from a service which was safe, effective, caring, responsive and well-led.

People were protected from the risk of harm and abuse. Clear policies and procedures were in place and staff had received training and felt confident to raise any concerns they had. Staff were recruited to ensure they were safe to work with people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by the same staff team, meaning people were cared for by staff who knew their needs and preferences well. People had a say in which staff they wanted to support them.

People were supported and empowered by staff to live independently in their own homes, and were supported to express their wishes on how they wanted to be cared for and supported.

People and their relatives were very complimentary regarding the supportive and caring nature of the staff team. Staff went out of their way to build up close supportive relationships with the people they supported, which were based on trust and the promotion of people's independence.

Management and staff displayed a clear vision and applied consistent values in the provision of high-quality care and support which was as individual as the person receiving it.

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 14 March 2022 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staff training. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the effective sections of this full report.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Angels Private Home Care

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.

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 48 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.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with the registered provider, the registered manager and the deputy manager.

We reviewed a range of records. This included 3 people's care records and medication records. We looked at 3 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with 4 people who used the service on the telephone, 1 relative and 3 members of staff.

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 good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to the health and safety of people were assessed and mitigated. Positive attitudes to risks were adopted so the person wasn't simply told they couldn't do something they wanted to because it was too risky, staff took the time to manage the risk.
- Risk assessments were regularly reviewed and updated to ensure staff had access to the most up-to-date information. Risks were managed in a way to enable people to feel safe and secure when receiving support in their home environment. One person confirmed, "Staff make us feel safe and secure in our own home."

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and were familiar with the reporting procedures. Staff told us they felt confident that any concerns raised would be acted upon.
- There was a safeguarding policy and procedure in place to provide staff with guidance.

Learning lessons when things go wrong

- There was a system in place for the recording and monitoring of accidents and incidents. Records were reviewed by the registered manager and provider to help ensure action was taken to identify trends and patterns and reduce future risk.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out on staff to ensure they were safe to care for people.
- People were supported by regular staff that knew them well. Staff had a good understanding of people's needs and knowledge of the person. This helped to promote the development of positive relationships and continuity of care. One person told us, "I have the same staff team and I feel as though I am a part of their lives and they mine."

Using medicines safely

- Medicines were managed safely, and people were encouraged to be responsible for their own medicines according to assessed risk.
- Where people required support with medication, it was administered by trained and competent staff. Staff had access to policies and procedures, as well as good practice guidance.
- Medication administration records (MARS) were in place and had been fully completed.

Preventing and controlling infection

- Staff had received infection control training and had access to personal protective equipment (PPE).
- Systems were in place to safely manage and control the prevention of infection, including COVID-19, being spread.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed in their home environment prior to being supported by the service.
- People, relatives of their choice, as well as external health and social care professionals (where appropriate) were fully involved in the assessment and planning of people's care. A relative confirmed, "I was fully involved with [Name's] care plan, the manager spent a long time on the first home visit going through it all."
- People's care plan acted as guidance for staff to follow and reflected people's individual needs, preferences, personal choices and routines.

Staff support: induction, training, skills and experience

- Staff were supported from the time they began their employment at the service. Induction for new staff included attending people's homes with the management team, to help get to know the people they would be supporting. One member of staff told us, "My induction was thorough, I feel very well supported."
- Staff had undertaken training to meet the requirements of their role and to meet people's individual needs and received support and supervision for their role. One person told us, "Staff are well trained and know what they are doing."

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

- The registered provider was a practising and qualified healthcare professional with experience of supporting older people. They acted as a source of guidance for staff, this in turn helped to develop a greater understanding of the specific needs of the people being supported.
- We saw how the service had supported people to access external healthcare services, helping people to lead healthier lives. Staff supported people to attend healthcare appointments, even doing so in their own time. One person confirmed, "Staff have even helped take us to the outpatients at the hospital, in their own time, as they knew we couldn't get there."

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

- Where people required assistance with eating and drinking, their dietary requirements, for example a diabetic diet, were met in line with their assessed needs.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions

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

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered provider was complying with the principles of the MCA. People's mental capacity had been assessed and consent to their care and support had been obtained.
- Staff had received training and understood the principles of the MCA, and told us they always sought consent from each person before offering support.

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

- People were treated with kindness, respect and compassion by staff. People were keen to tell us how well they were treated by staff, "Staff are absolutely excellent, we can't fault them. They are very passionate about what they do" and "They [Managers] even pop in when they are not on duty, just to make sure we are OK, you wouldn't get that anywhere else, it's marvellous."
- Staff spoke passionately about the service and it was evident they cared deeply about the people they supported. One told us, "I genuinely care about my work and look forward to going to work every day."
- Relatives told us staff knew people well and their comments included; "It's excellent, we have the same staff every time and that's important for [Name] as they have advanced dementia and it's clear [Name] recognises them when they walk in."
- Staff understood the importance of treating people as equals and did not view any disabilities or restrictions on their health as barriers to good care. Staff told us they considered the people they supported as members of their extended family and enjoyed spending time with them. One explained, "It's more than a job to me, these people are like my family."

Respecting and promoting people's privacy, dignity and independence

- People were treated with the utmost dignity and respect by staff. One staff member told us, "We treat people as if they were one of our own."
- People's independence was respected and promoted. The registered provider was keen to tell us the ethos of the service was to provide support to enable people to live independently in their own home. People confirmed this, "I feel they [Staff] respect my independence and the things I can do for myself. They help me to remain at home where is where I want to be," and "They [Staff] respect my independence and understand the importance of it."
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).

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

- People were regularly asked for their views. The management team undertook weekly home visits to check people's support needs were being met.
- People were involved in making decisions about their care and support at every opportunity.

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.

Supporting people to develop and maintain relationships to avoid social isolation

- The service placed emphasis on involving people's family and significant others in the care and support of their loved one, to help maintain important social relationships.
- Both the management and staff team had developed positive relationships with the people they supported. We saw how the service had a significantly positive effect on people's lives. One person had been supported to make changes and adaptations to their home environment, this led to the person gaining the confidence to navigate around and sustain less falls.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service actively ensured that people's needs, choices and wishes were upheld. People had a say in which staff they wanted to support them, and staff were matched to people based on shared interests and personalities. One relative told us, "They [Managers] have taken care to match staff with [Name], the staff are brilliant with [Name] and that helps [Name] feel relaxed."
- The service offered flexibility for last minute changes to adapt to people's needs, for example, if there was an event or appointment they wished to attend. Care packages started for a minimum of 1 hour. This was to allow for staff to spend meaningful time with people and provide a high-quality tailor-made service of support.
- People's care plans contained information and guidance for staff to meet people's preferred needs. During the initial assessment, the registered manager spent time with people discussing how they wished to be supported, so that people were at the heart of their care and support plans.
- Emphasis was placed on support being given in the least restrictive way and in a way which supported the person to live at home as independently as possible.

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

- Staff understood how people communicated and used appropriate methods when communicating with them.
- Where appropriate, the service encouraged the role of an independent advocate, to act as a spokesperson for the person and participate in care reviews.

Improving care quality in response to complaints or concerns

- Although the service had not received any complaints, an accessible complaints policy and procedure was

available. The registered manager told us any complaints would be investigated without discrimination. People told us they knew how to raise a complaint and felt confident any concerns would be listened to and acted upon by the management team.

End of life care and support

- At the time of our inspection nobody was being supported with end of life care.
- Staff were able to describe how they would support people at the end of their life to be comfortable and have a pain free and dignified death.
- The service worked in conjunction with health care professionals and providers to ensure people were treated with dignity and compassion and that any specialist medicines or equipment was made available.

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

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

- The service's mission and culture was for every person to live their life independently in their own home, with their rights and well-being at the forefront. This was emphasised from the registered provider to the newest staff member. A relative confirmed, "The culture of the agency is person centred and this drips down to the staff. They are genuinely caring carers."
- There was a clear strategy in place to promote person centred care and support, to put people in control of their care and to achieve good outcomes for people.
- There was an open and inclusive culture as staff embraced and practised this strategy for care. Empowerment of the person to live an independent life and choice were the cornerstones which underpinned the service. One staff member told us, "The service has very high standards, they are selective on who they employ, only the very best for the clients will do."
- The service helped achieve good outcomes for people. We saw how for one person who had a fear of medical intervention, on becoming ill, staff spent time reassuring the person and talking them through their options.

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

- The managers showed a commitment to providing high quality care by engaging with people their relatives, staff and other stakeholders. People and staff spoke positively about the management team. One person told us, "The manager is very good, and I feel they are on my side." Staff told us, "Managers are very hands on, its not often you see that" and "They [Managers] are so caring, nothing is too much trouble for them."
- People were actively involved in the running of the service. People had genuine choice in which members of staff they wished to support them.

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

- The management team and staff had a clear understanding of their roles and responsibilities and were both committed and motivated to deliver the best possible service for people. Staff were positive about their team members and the registered manager. One told us, "The managers go above and beyond, for the people we support and their staff."
- Audits and checks were undertaken across all areas of the service, to help improve the safety and quality

of care and support being delivered.

- The service reviewed and analysed incidents, to help determine any areas of concern, or a need, such as additional training.
- The registered manager understood the importance of their role and understood their legal and regulatory requirements. Staff were supported using performance feedback and provided with opportunities for further learning and development to help further enhance the delivery of good care and support.

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 knew their responsibilities in line with regulatory requirements. They knew to notify CQC and other relevant others of incidents and events that occurred at the service.

Continuous learning and improving care

- The registered manager and staff team understood their responsibilities for ensuring that risks were promptly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through the ongoing review and monitoring of the service, helping to further improve the standard of care.

Working in partnership with others

- The service worked closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals and commissioners so that people received person centred care and support to meet their individual needs.