

Angel Care Southern Limited

Angelcare (Rural) Limited

Inspection report

The Long Barn
Dye House Lane, Duncton
Petworth
GU28 0LF

Tel: 01243952400

Website: www.angelcaresouthernlimited.co.uk

Date of inspection visit:
05 April 2022

Date of publication:
28 April 2022

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

Angelcare Rural is a domiciliary care agency. It provides personal care for older adults living in their own homes, some of whom were living with age related frailties. At the time of the inspection 19 people were supported by Angelcare Rural. 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 told us they felt safe and were comfortable to speak with staff or management if they had any concerns. A relative told us, "It definitely feels that my family member is safe with carers." Staff received safeguarding training and were knowledgeable on the prevention and reporting of abuse. People were supported safely with their medicines by staff who were trained to assist them. Staff followed good infection control practices to help protect people from the COVID-19 pandemic. Risks to people were assessed and managed, care plans guided staff to support people in a safe way.

People were supported by staff who knew them well. Staff completed an induction period which included working with senior staff and a dedicated mentor. One person told us, "They seem to be well trained. I am very lucky, seems to be same carers most of the time." Staff sought people's consent before supporting them. People's nutritional and hydration needs were met where required. People were supported to access healthcare services when needed and staff worked closely with professionals to provide good outcomes for 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 seen to be involved in the planning and reviews of their care.

People were supported by caring staff who respected their dignity and independence. Staff supported people to remain in control of their lives. One staff member told us, "I praise and encourage people. I give them the flannel if they can wash their face and hands and I'll wash their back. We know them well and I try to work with them, not for them. It's the approach."

The registered manager sought feedback from people and staff. People and staff told us they felt comfortable to make suggestions or complaints. The management team visited people and made calls to check people were happy with the service. People and their relatives spoke positively regarding the running of the service. Comments included, "They are very good, I certainly don't want to change." And, "I think they are well managed."

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 20 January 2021 and this is the first inspection.

Why we inspected

This is the first inspection for this newly registered service.

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.

Angelcare (Rural) Limited

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

This inspection was carried out 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.

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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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.

Inspection activity started on 5 April 2022 and ended on 11 April 2022. We visited the location's office on 5 April 2022.

What we did before the inspection

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 reviewed information held on the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four people and three relatives of people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, one team leader and three care workers. We spoke with one healthcare professional who had regular contact with the service.

We reviewed a range of records. This included five people's care records, medication records, three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and audits 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 good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were usually enough staff to support people safely; The registered manager had recruited new staff but had some difficulties due to staff isolation from the COVID-19 pandemic. People told us staff were mostly on time, where there was a delay or the call could not be covered, office staff communicated this with people.
- Staffing levels were determined by the number of people using the service and their needs. The registered manager told us they matched staff with people's interests and preferences, this ensured people were comfortable with the support they were receiving. Where people required two people to support them safely, we saw this had been mostly fulfilled. On the occasion where staff were unable to attend in pairs, family members were trained to safely assist staff with hoist transfers for their relatives.
- Staff told us they had enough time to support people. Staff had been able to provide feedback to the office as they felt their travel time between visits were not long enough. They had been listened to and said there had been improvements to their rotas.
- Staff were recruited safely. Records showed applications forms were completed. Appropriate checks such as references, and Disclosure and Barring Service checks were obtained prior to employment. 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff received safeguarding training and knew how to recognise signs of potential abuse. Staff were confident the registered manager and the safeguarding lead would take concerns seriously. One staff member told us, "Any abuse would be documented and reported to the on-call or the care manager. If I needed to go outside of the company, I could go to CQC, social services or the police. I am sure the company would deal with any problems."
- When asked, people confirmed they were comfortable to speak up if they had concerns. One person told us, "I feel very safe with them. Whatever I want done, they do."
- The registered manager understood their responsibility to report safeguarding concerns in line with the local authority's safeguarding guidance. We saw, when needed, safeguarding referrals had been completed appropriately.

Assessing risk, safety monitoring and management

- Risks were assessed and managed safely. Risks were assessed in relation to people's health needs, care plans were developed to guide staff on how to support people. For example, people had detailed care plans and risk assessments in place for moving and positioning. Care plans contained information which included how to safely support a person and what equipment to use depending on their abilities and preference of

the day.

- Staff were made aware of any risks to people and told us they had read care plans and associated risk assessments. Staff told us they were updated of any changes to people's risk assessments by an online system. One staff member said, "Every client has a folder in their house with all the important things that we need to know. Any changes, we get text messages straight away and it is on the app."
- Environmental risks assessments and checks were completed. The registered manager had considered risks to people and staff. These included risks identified inside and outside of the person's home. For example, rugs which may pose as a trip hazard inside the home, and uneven pavements outside of the home. These processes ensured risks to people and that of staff were reduced.
- A lone working policy set out safety measures for staff to follow. Staff were given a protection pack to include a panic alarm, first aid kit and torch.

Using medicines safely

- Medicines were managed safely. Staff were trained to administer medicines; staff competencies were assessed by the service's trainer prior to administering medicines to people.
- The compliance lead audited medicines on a monthly basis to ensure storage, administration and medication administration record (MAR) charts were completed appropriately. We saw auditing had highlighted gaps in applications of creams; records in daily notes confirmed the creams had been applied. Staff received refresher training to understand the importance of documentation to reduce future gaps in the MAR charts.
- Further auditing of MAR charts were completed during service quality checks undertaken by senior staff and any issues were highlighted to the compliance lead.

Preventing and controlling infection

- Infection prevention and control policies kept people safe and were updated to reflect the latest guidance for the COVID-19 pandemic.
- Staff told us they had been kept well informed of changes to guidance and felt supported by the management team. One staff member told us, "We have loads of PPE, I have just picked some up today. We are supported, we have the tests to do and if we have any questions, we can call the office."
- COVID-19 testing was carried out in accordance with government guidance, staff underwent a regular testing regime. Staff understood appropriate use of personal protective equipment (PPE). Staff competencies had been assessed in relation to the correct wearing of PPE; how to safely put PPE on, take it off and dispose of it.

Learning lessons when things go wrong

- The registered manager gave examples of where lessons had been learned. For example, a person hoarded items which caused hazards in their home. Staff identified the person became complacent with regular staff and responded well to new faces; the rota was adjusted so staff were rotated to provide support. This had helped the person keep their environment safe from clutter which minimised accidents.
- As the service was rurally based, the management team had proactively identified alternative routes for staff to visit people. This was due to potential flooding and obstructions in the roads. The provider purchased four-wheel drive vehicles to enable staff to attend calls during adverse weather.

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 assessed in line with the protected characteristics under the Equality Act 2010 such as age, religion and race. People were assessed for all aspects of their health and support requirements to ensure their needs could be met in accordance to their wishes.
- Assessments were completed by the management team; people and their relatives were able to contribute to the assessment process. The registered manager told us, "The assessment form is basically the care plan in question format." This ensured people's personal wishes and preferences were taken into consideration when planning their care.
- The registered manager described how they tried to match the person with staff to ensure person-centred support. For example, if a person has strong religious beliefs, they would try to match the person with staff of the same faith.

Staff support: induction, training, skills and experience

- Staff had the right training and skills to support people. The management team carried out spot checks with staff, findings would be discussed at that time or if appropriate, during a formal supervision. New staff benefitted from a mentor who would work alongside them and be available for advice when needed.
- Staff received training relevant to their roles. There was a dedicated trainer at the service who, along with the registered manager and other members of the management team had undertaken train the trainer courses so they could cascade their knowledge to staff as required. One person told us, "They are trained well. This week they are having another training course."
- New staff completed an induction programme and were undertaking 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 is made up of the 15 minimum standards that should form part of a robust induction programme. New staff would attend visits with senior staff or a mentor until they were assessed competent to work alone.
- Staff received blended learning which included online courses, practical training and shadow training. We saw a programme of training had been developed, staff told us they attended courses regularly and could train further if they had a specific need. One staff member told us, "We have a list of courses of what is of interest, I'm always learning on top of mandatory. I could go to the manager to say I had an interest and could train further in it."

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

- People received support to maintain a balanced diet. Staff received training in food hygiene and used their knowledge when preparing meals for people.

- Staff prepared breakfast, lunch and supper for people who had this assessed need. People's care plans identified their likes, dislikes, intolerances and the level of support needed. Where needed, staff documented the amount people had eaten and drunk to maintain a healthy food fluid intake and balanced diet.

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

- People had access to healthcare agencies and support in a timely way. Staff worked with professionals to provide good outcomes for people. For example, a person had some pressure damage to their skin as their prescribed creams were not effective. Staff recognised this quickly and contacted the district nursing (DN) team for advice, intervention and equipment. The person's skin condition had improved following the DN's involvement.

- Staff worked well with professionals such as occupational therapists (OTs). One person did not feel safe when using a mobile hoist, staff contacted the OT who assessed the person for new equipment. The person was pleased with the new equipment and was able to leave their bed more frequently. The registered manager told us, "This made [person's] year, given them more freedom and improved their quality of life. 110% they are loving life now."

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

- At the time of the inspection, no-one using the service lacked mental capacity. Staff were trained in the principles of the MCA and understood the importance of supporting people in the least restrictive way.

- Staff told us they obtained people's agreement before they supported them. One staff member said, "Before we do anything, we have to ask them (people) if they are happy to be helped. We have daily notes and write every time we ask for consent. If they say yes I write it, if they say no I document that as well and respect their wishes."

- People told us staff sought consent prior to assisting them. One person said, "They always ask permission and often ask 'would you like a few private minutes?'"

- Records confirmed people were involved in decisions relating to their care, consent forms were completed by people where appropriate.

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 by respectful and caring staff. Staff knew people's preferences well but told us they would always ask the person what support they would like at the time. One person told us, "They know how I like things done." One staff member told us, "I ask people the level of help they want, never assume, even if the day before they needed the same help."
- Staff were matched with people according to their needs, the registered manager told us, where possible, they would arrange a meet and greet session for people new to the service. One person who lived with dementia felt more at ease with older and more experienced staff, this was accommodated for the person.
- People were encouraged to express their views and had full involvement in their care and support. People were given opportunities to review their care when needed. One relative told us, "The carers are proactive in discussing what changes would be required in the home to prepare for the next stage for [person]."
- Changes to people's packages of care were respected. We saw the service accommodated people's wishes to increase or decrease the frequency and length of their visits. One person made an improvement in health and no longer required two staff to assist them, staff contacted the local authority to reduce their visits with the person's permission.
- Staff received training in equality and diversity. Managers and supervisors regularly visited people to gain their views on the service and demeanour of staff, feedback received about the staff was positive.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff told us how they upheld people's pride and respected their space. Comments included, "Closing doors, knocking before entering a room and waiting for an answer. Generally treating people well." And, "(When assisting with personal care) we put towels on them, we have a client who is very shy, so I hold the towel up."
- People spoke about the dignity and respect they received and confirmed staff encouraged their independence. One person told us, "I do the top and then I stand up, I was embarrassed, they make me feel fine about it." A relative told us, "My relative found it difficult as they were a private person, carers have been very patient, they've won [person] over. They persevered."
- People and staff spoke about each other with kindness. One staff member told us, "I treat everyone like a family member. The clients are the best thing, I have the best ones to go into, I make a difference whether it is having a cup of tea, painting their nails, making a difference is the best thing about working in care." People told us, "Carers are very caring and thoughtful." And, "They really care about their clients. They are second to none, I feel comfortable with them."
- Care plans were written to promote people's independence and highlighted people's abilities as well as

how they wish to be supported.

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 received personalised care specific to their needs and preferences. Each person was treated as an individual and care was planned around their wishes. We saw people were involved in planning their support and could make changes as they wished. Some people had different pieces of equipment to support them depending on their ability on the day. When discussing this with us the person said, "The carers always ask me which one I want."
- Staff told us care plans were informative and enabled them to give person-centred and consistent support. Where people wanted to make changes, staff would inform their supervisors. Comments included, "The care plans are helpful. I can contribute to them by telling the team leaders if there are any changes." And, "Every client has a folder in their house with all the important things that we need to know. We feel more confident with more information."

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 assessed and met. The registered manager advised all documentation could be produced in large print and an easy read format if required.
- Where people needed assistance with hearing or sight, this was assessed and planned for. Care plans guided staff where people had communication needs. For example, if people required support with glasses or hearing aids.

Improving care quality in response to complaints or concerns

- The registered manager encouraged people to give their feedback on the service. People and their relatives confirmed they would be comfortable to approach the management team or staff to raise complaints or concerns. Some people and their relatives told us they had complained regarding the times of the calls; they acknowledged this had been due to staff shortages during the COVID-19 pandemic. The registered manager was aware of these complaints and had recruited additional staff to avoid future shortages.
- When complaints had been raised, we saw they had been dealt with in accordance with the provider's policy. For example, one person did not want a staff member to return to them. This was investigated and the person and staff member were listed as a 'bad match' on the scheduling system to avoid the staff

member being allocated the person's visit. The person was satisfied with the outcome of their complaint.

End of life care and support

- The service was not supporting anyone at the end of life stages at the time of inspection. The registered manager told us end of life wishes were not always discussed upon the start of the service but at an appropriate time, for example, if a person's health declined. Discussions would be held sensitively with the person and/or their families.
- The registered manager gave examples of where end of life support had been extended previously. The service worked in conjunction with GPs and local hospices to enable people to stay in their own homes when identified as reaching the end of their lives. Support included arranging anticipatory medicines, equipment and a review of the care package to ensure people's comfort.

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

- The service promoted an inclusive culture for people. The management team regularly visited people to carry out service reviews and gain feedback. We saw service reviews had been completed with people and their comments were actioned.
- We reviewed the outcomes of feedback gathered from people about the service. Most people gave positive feedback, some suggestions were made regarding the call times not always following the schedule. The registered manager had recruited new staff in response to this.
- The service proactively engaged with the community. The registered manager described an initiative where the service was working with the local job centre to empower new mothers to return to work. They told us this had been working well.
- Staff felt confident to approach the management team with comments and suggestions. Staff told us, "I had a problem with my rota, there is sometimes little travel times which is not always possible. It has improved a bit." And, "I occasionally speak with [registered manager], they are great, they are supportive, they always answers questions. I feel I could go to them with any problems but I usually go straight to [member of management team]."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty to be open and transparent when something went wrong. They told us they would be honest, provide an apology and explore how things could be done differently.
- The provider's policy set out a clear pathway for management to follow in respect of the duty of candour.

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

- The registered manager and staff were clear about their roles and responsibilities. The management team had specific duties to provide a good oversight of the service. The management team carried out quality assurance processes such as, audits on care documentation and medicines. Spot checks were undertaken and covered areas of staff performance as well as other matters, such as, infection control and health and safety. The registered manager told us, "Everyone knows what they are doing, it's like a big jigsaw and works well."
- People and their relatives spoke highly of the registered manager and management team. People told us

they had received care from the registered manager during a period of a staff shortage. One person told us, "The boss, goes out on the road. They're a carer."

- Staff meetings were held bi-weekly as an open forum for staff to discuss any matters. Staff gave positive feedback regarding the registered manager and told us they were able to contact them any time day or night for advice. One staff member said, "[Registered manager] is very supportive, I am able to approach them, when I was on-call and needed advice I could just pick the phone up to them. They are at the end of the phone for anything."
- The registered manager demonstrated their knowledge of regulatory requirements. They understood their duty to notify CQC of events within the service, our records confirmed we had been appropriately notified.

Continuous learning and improving care

- The management team were keen to continually learn and improve care. In response to some delays people had experienced due to episodes of staff shortages, the registered manager was in the process of setting up an agency of bank staff to support Angelcare and other care agencies.
- The service had achieved an accreditation to become a training centre, the registered manager told us this meant they could be responsive to any learning needs picked up during spot checks and auditing.

Working in partnership with others

- Staff worked partnership with healthcare professionals to ensure timely support for people. Healthcare professionals including district nurses, OTs, and GPs were involved to provide advice in response to people's changes in needs. One healthcare professional told us, "They have been working with us, looking to change equipment for the benefit of the customer and the staff. That customer is receiving a good service. Staff have a good relationship with the customer and have a very personlised approach."
- The service worked well in partnership with external agencies. The registered manager described where a local care agency were not able to fulfil their visits, the local authority had reached out for support. Staff agreed to be on call to support the agency during this time.
- The registered manager and staff worked within the community; the provider sponsored various local sporting clubs. The registered manager had attended church groups to publicly speak about care provisions and signpost members of the community who needed to engage with adult social care services.