

Lily Caring Angels Limited

# Lily Caring Angels Limited

## 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

This inspection was announced and took place on 29 March 2017.

72 hours' notice of the inspection was given because the service is small and the provider is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Lily Caring Angels Limited provided personal care to people living in their own homes. This included providing care to people at the end of their lives. At the time of the inspection the agency was providing personal care to two people and employed two members of staff. They also assisted some people with domestic tasks which is not regulated by the care Quality Commission. The majority of care was carried out by the registered manager and the director of the company.

This is the first inspection of the service since it was registered with the Care Quality Commission in December 2015.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was well qualified and had the experience needed to carry out their role. Relatives told us they found them open and approachable. Relatives we spoke with all said they were very happy with the care provided by the agency and would recommend the service.

The registered manager carried out an initial assessment of people wishing to use the service to make sure they were able to meet their needs and expectations. All care was provided by a very small team of care staff which enabled people to build trusting relationships. Relatives told us how much they valued this.

Each person had a care plan which gave details of the care people required at each visit. People were involved in identifying their care needs and the service was able to respond to changes in people's needs or wishes.

Relatives told us they felt people were safe with the staff who visited and said they were respectful of them and their homes. Personal care was provided in a professional manner and people's dignity was respected.

The staff were extremely caring and went over and above their job role to maintain people's safety and comfort. This had included responding to a relative in the middle of the night.

The staff monitored people's health and well-being and supported them to access health and social care services when necessary. They made sure people had the equipment they required to safely receive care

and support.

## 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.

The registered manager carried out checks on staff to make sure they were safe to work with vulnerable people.

There were adequate numbers of staff to make sure people received care at a time which met their needs and wishes.

### Is the service effective?

Good ●

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's healthcare needs were met.

### Is the service caring?

Good ●

The service was caring.

People felt staff were exceptionally caring and went out of their way to make sure they were comfortable and content.

People were involved in decisions about their care and support and felt able to discuss their wishes with the registered manager.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support which was personal to them and took account of their preferences.

There was a complaints procedure and all complaints were investigated and responded to.

## Is the service well-led?

Good 

The service was well led.

People benefitted from a service which was well managed and had systems to seek people's views and monitor standards.

The staff team had the information and support they required to carry out their roles.

# Lily Caring Angels Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 March 2017 and was announced. It was carried out by an adult social care inspector.

In August 2016 the provider completed a Provider Information Return (PIR) which asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service. Before the inspection we received completed questionnaires from three people who were using the service at the time and from two members of staff.

During the inspection we met with the registered manager and director of the service. We also spoke with two people whose relatives had been cared for by the agency. Following the inspection we spoke with a member of staff and a relative, whose family member was currently using the service, on the telephone.

In addition to speaking with people, we looked at some records relating to people's individual care and the running of the service. These included care plans for the two people receiving support and staff files for the two staff employed. We also looked at satisfaction surveys that the agency had sent to people last year and minutes of staff meetings.

# Is the service safe?

## Our findings

The three people who completed a questionnaire before the inspection all said they felt safe from abuse and harm with their care and support workers. One relative we spoke with said they had always felt their relative was in "Safe hands" with staff from the agency. Another relative told us "I knew everything was safe. I never had any worries."

This was a very small agency and the majority of care and support was provided by the registered manager and director of the service. Two further members of staff were employed to make sure the agency could be flexible to people's needs and take on new requests for support. Relatives told us staff were always very punctual and stayed for the required amount of time. One relative said "They were always on time. We knew where we were with them. Not waiting around wondering if they will turn up."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work staff were thoroughly checked to make sure they were suitable to work for the agency. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff files showed these checks had been carried out.

To further enhance the safety of people using the service staff received training in how to recognise and report any suspicions of abuse. In addition to training there was information on the office wall and in care plans about how to report abuse. This information included contact details for relevant agencies. Staff who completed a questionnaire before the inspection answered 'Strongly agree' to the statement "I know what to do if I suspect one of the people I support was being abused or was at risk of harm."

Care plans contained risk assessments to make sure people's homes were safe for staff to work in and to ensure people received their care safely. The registered manager told us they had arranged for additional equipment for some people following the completion of risk assessments. For example they had arranged for a person to have an assessment from an occupational therapist to make sure they had the equipment they required to help them to safely transfer from their bed to a chair. In another instance their risk assessment highlighted the person was at risk of developing pressure sores and the registered manager had helped them to source a pressure relieving mattress. One relative said "She [registered manager] made sure they had everything they needed."

At the time of the inspection staff from the agency did not administer medicines to anyone although we saw staff had received training to make sure they were competent to carry out this task if required to do so.

## Is the service effective?

### Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Relatives were extremely complementary about the registered manager and staff who supported them in their homes. One relative told us "They are very experienced and know what they are doing. They are definitely well trained for the job."

Staff completed induction training and there were opportunities for further training to make sure they had up to date knowledge and skills. Staff files showed staff had completed training in health and safety issues such as manual handling and basic life support and also in subjects relevant to the people they were supporting.

The registered manager and director were both registered nurses and kept their skills up to date. Records showed they had both completed a wealth of further training to make sure they were kept up to date with current best practice and legislation. This training had included courses in caring for people with dementia, end of life care and some clinical skills training. A member of staff told us the registered manager was always keen to pass on their skills and to arrange additional training when required.

People were always asked for their consent before care was arranged and provided. Care plans contained information showing care arrangements had been discussed with the person and they had given their consent. One relative told us "One thing I really liked about them was they always asked [person's name] if they were ok about being helped. They never did anything without their consent even towards the end."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Care plans showed that staff had liaised with relatives and professionals to make sure decisions were made in a person's best interests where appropriate.

The registered manager wrote in their provider information return (PIR) that they aimed to make sure all staff had received training in the MCA by December 2016. Records showed staff had received this training by the time of the inspection. This ensured staff knew how to support people appropriately if they provided care to anyone who lacked the capacity to make a decision for themselves.

The agency liaised with other health care professionals to make sure people received the support they required to meet their health care needs. One relative said "Because they are nurses they knew when things weren't right and they always made sure a doctor or district nurse was made aware." The registered manager gave an example of when they had identified that a person's physical condition had been deteriorating and they had arranged for a GP to visit them.

At the time of the inspection the agency was not providing meals for anyone using the service. Where they



assisted people to eat during their visits the care plans identified the level of support required to promote their independence and health.

## Is the service caring?

### Our findings

Everyone we talked to spoke very highly of the caring attitude of the staff from the agency. Comments included; "They really do care and that comes through in everything they do," "They had such patience" and "I can't fault the care. Whoever comes to us they are always kind and caring."

Everyone who completed a questionnaire said care staff who supported them were kind and caring and they felt they were treated with respect and dignity. One person wrote "They are the most caring people I have ever met and can't do enough to help us."

People's privacy and dignity were respected. We were told by relatives how the staff promoted this by always ensuring care was provided in private, checking people were comfortable to be supported and assisting people to be independent where possible.

The agency had provided care to people at the end of their life. The registered manager was undertaking an honours degree in health studies and had completed a number of modules in palliative care to make sure they had the skills required to support people well at this time. A relative of a person the agency had cared for at the end of their life told us how impressed they had been by the care provided. They said "They [registered manager] was with them the night they died. They did the little things which gave them their dignity."

We heard of occasions when the staff from the agency had gone over and above their role to make sure people were safe and felt well cared for. One relative said "They told me I could call anytime. Once I called in the middle of the night and someone came to help me." Another person said "They cared about the whole family and always made sure we didn't need anything before they left."

Due to the size of the agency people were supported by a very small staff team which enabled them to build relationships. Two relatives commented about how important this was to them. One said "We have the same people so they know us really well." Another relative said "We often heard laughter coming from the room when they were here. They were all really comfortable together."

People were involved all decisions about their care and care plans were kept in people's homes. People were constantly consulted about their care and support and the registered manager made sure all care was provided in accordance with their wishes.

## Is the service responsive?

### Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. The service was flexible to ensure it met people's changing needs. A member of staff said everyone worked flexibly to make sure they could quickly respond to people's needs.

Before providing a service to anyone the registered manager carried out a full assessment to make sure the agency was able to meet their needs. During the inspection we heard them arranging to visit a person in hospital to introduce themselves and assess their care and support needs. A relative told us the first assessment had been thorough and they had felt fully involved.

From the initial assessment a care plan was drawn up to show how people's needs would be met by the agency. Each person had a care plan which was personal to them and gave details of the care and support they required at each visit. A member of staff said "We follow the care plans but we talk to people too and of course to each other."

Care plans contained information about the care people wanted and times they would like to be supported. We saw how this was changed in accordance with their changing wishes. For example one person had specified a time they would like to be helped to get up when the registered manager had carried out their first assessment. This had taken place when the person was in hospital but once they had settled back at home they had changed their mind. The agency had changed the time of the visit to suit the person.

We heard from relatives how people had been able to decrease or increase the amount of care they received as people's needs changed. One relative said "We have reduced the number of visits as they have improved." Another said "As they got frailer we were able to increase the visits according to what we needed at the time."

The registered manager sought people's feedback and took action to address issues raised. The registered manager carried out the majority of care to people which enabled them to seek people's views on an on-going basis. They also sent out satisfaction surveys to seek people's opinions on the service. The last completed surveys showed a very high level of satisfaction with the service and care provided.

Each person received a service user handbook when they began to use the service. This handbook contained all the information people needed about the agency and how to make a complaint. Where a complaint had been made we saw that the registered manager had taken action to address the issue and ensure there was no re occurrence. They had also apologised to the complainant. This showed the agency took steps to address complaints and learn from them.

## Is the service well-led?

### Our findings

The agency was well run by a registered manager and director who had the skills and enthusiasm to provide a person centred service which was tailored to people's individual needs. They kept their skills and knowledge up to date to make sure people received care in a manner that was in accordance with up to date best practice. They liaised with other professionals to make sure people received care and support to meet their individual needs. One relative said about the registered manager "She is very competent and also extremely empathetic. She leads them all in the right way to do things."

People we spoke with were very complimentary about the service and felt their relatives had received a high standard of care. One relative said "I cannot fault the care. It is excellent." Everyone said they would recommend the service. One relative said "They were amazing. I wouldn't hesitate to recommend them."

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Relatives told us they had a good relationship with the registered manager and other members of staff. They said the registered manager was extremely open and approachable. One relative said "They are on the end of the phone and respond at any time. I feel I can talk to them." Where a complaint had been made about the service the registered manager had acknowledged the mistake and apologised to the complainant.

People benefitted from a management team who were professional and committed to on-going monitoring and improvement. The agency had only been operating for about a year and was still extremely small. The registered manager told us they would like to grow the business but wished to remain a small agency to make sure they could provide a personalised service to people.

There were monitoring systems which would continue to be effective if the agency increased in size. These systems included regular audits of records to make sure they were up to date and seeking people's views through home visits and quality assurance questionnaires. Results of the last quality assurance survey showed a high level of satisfaction with the care provided. The three people who completed our questionnaires prior to the inspection said they received all the information they needed from the agency. They also stated that the agency asked them their views on the quality of the service.

The agency had comprehensive policies and procedures which ensured staff had the information they needed to support them in their work. The registered manager had made contact with local healthcare facilities and professionals to enable them to signpost people to other services in the local area if they required further support.

The registered manager and director had ensured staff were fully supported and received regular supervisions and appraisals. This enabled staff to highlight any difficulties or request training. A member of staff said "If there's any training you want they will find a course for you." Supervisions of staff also enabled the management to identify and address any poor practice.

