Angels Care Agency Limited

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Inspection report

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12 January 2022

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 Care Agency Limited is a service providing care and support to people in their own home. At the time of the inspection the service was supporting nine people. This included both younger adults and older people.

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 were safeguarded from risks of abuse and staff understood their responsibility to report signs of abuse or neglect. We have made a recommendation about the policies and procedures in place to inform staff about types and signs of abuse. We also made recommendations in relation to the safe management of medicines and risk assessments for people using the service. Our inspection also identified concerns regarding staff testing for COVID-19.

We found management systems were not fully effective in monitoring the quality and safety of the service. The service undertook regular quality assurance questionnaires, and results returned from people and families indicated a high level of satisfaction with the service. We found other governance systems in place, such as a monthly compliance audit, had not been fully effective in monitoring the service. For example, audits had failed to identify all of the concerns we found in relation to risk assessments and medicine records.

We have made a recommendation in relation to systems in place to evidence staff had demonstrated the knowledge and skills to perform their roles. The service kept records of staff training, shadowing and supervisions and the registered manager was confident staff were working safely and effectively. People and relatives also felt staff had the required training to support them. One person's representative explained, "From a user perspective the staff are trained. They have a consistent approach. Files and paperwork are always up to date. Any concerns and they will contact us. Communication is excellent."

People and relatives felt the service was safe, and people benefited from consistent continuity within staff rotas. People told us staff arrived on time and stayed the required length of time to support them. People received person-centred care from staff who understood their needs. Staff could speak in detail about people they support, with knowledge of people's likes, preferred routines and what was important to people. One person advised, "I have the same carers. I need consistency or care doesn't work. [Staff member] has gone above and beyond – absolutely amazing."

People's needs were assessed, and care plans provided an overview of people's physical, social and emotional needs. Where appropriate, people were supported by family members or an advocate as part of care assessments to make decisions about their care and support. A relative commented, "We were involved

in the assessment. [Person's name] can make some decisions. We try to involve him where possible."

People were supported by staff who were kind and caring. A relative advised, "The carers are very lovely people, I can tell by the way they treat [relative]. [Staff member] is very lovely, the way she talks to her and the way she treats her. [Relative] will often ask for her." A person using the service added, "Carers are lovely people. Always willing to help and will tackle anything I ask them to do for me."

The service placed an emphasis on supporting people's independence and where necessary had requested additional funding for people's care to enable staff to have sufficient time to support people. This meant people could try to achieve day to day tasks more independently without feeling rushed. A person who was supported to self-medicate explained staff only helped with tasks they could not do themselves, such as loosening the lids on medicine bottles. A relative also commented, "Carers take their time to shower [relative]. He is not rushed."

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 in the service supported this practice. We recommended the service monitors and reviews their processes for seeking consent, to ensure records fully reflect how people have been consulted in relation to their care, to ensure the service meets legal requirements and follows relevant best practice guidance.

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 17 September 2020 and this is the first inspection.

Why we inspected
This was a planned inspection following the service's registration with CQC.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-led sections of this full report.

The provider responded to our feedback and agreed to make improvements to systems and processes in place in relation to assessing risk, COVID-19 testing, and management systems for monitoring quality and safety.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective. Details are in our effective findings below.	**Good**
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 well-led. Details are in our well-led findings below.	**Good**

Angels Care Agency 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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector and one 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

The service had a manager registered with the Care Quality Commission. 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.

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 7 January 2022 and ended on 24 January 2022. We visited the office location on 11 January 2022 and 12 January 2022.

What we did before the inspection
We reviewed information we had received about the service since it was registered with the Care Quality Commission on 17 September 2020. We also sought feedback from the local authority.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection
During the inspection we spoke with three people using the service and received feedback from five family members and one advocate. We also spoke with seven members of staff, including four care workers, a care coordinator, administrative support worker, and the registered manager, who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received email feedback from one additional member of staff.

We reviewed a range of records. This included five people's care and support plans, these people's daily records, as well as medicines records where they received support with this task. We looked at five staff files in relation to recruitment, training and supervision. We reviewed a variety of records relating to management of the service, including policies and procedures, quality assurance surveys, and evidence of staff COVID-19 testing.

After the inspection
We continued to review records shared electronically and continued to seek clarification from the provider to validate evidence found. We received feedback from five professionals during the inspection process.

Requires Improvement

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 for 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.

Systems and processes to safeguard people from the risk of abuse

● A safeguarding policy was in place. The policy, which included guidance about recognising signs of abuse, and staff handbook did not include self-neglect and modern slavery. The handbook informed staff, "Abuse can be financial, physical, emotional, or sexual." Some content within the safeguarding policy was not in line with current guidance, such as referring to adults at risk using the definition of a "vulnerable adult", which was superseded by the Care Act 2014. This meant staff referring to documentation to refresh their knowledge did not have full up to date best practice information, and policies including the whistleblowing policy, did not provide staff with the telephone number for the local authority safeguarding team.

We recommend the service review their approach to ensure effective safeguarding systems, policies and procedures are in place to fully inform staff about safeguarding, including types and signs of abuse.

● People told us they felt safe. A person using the service advised, "I feel comfortable with this company. I have been with them a year and I am now more comfortable and confident. They respect and look after you." Another person commented, "I have felt extremely safe. The carers are extremely supportive and I feel safe now."

● Staff understood their responsibility to raise safeguarding concerns to the management of the service and people received support from regular staff. This meant staff could observe for changes in behaviour and people had built trusting relationships with staff, enabling them to disclose any concerns. A staff member explained how they would respond to a concern, advising "First port of call [I] would ring the office, if safeguarding would note it and…would [to speak to a] supervisor or line manager, normally ring straight through to [registered manager's name]."

● Staff received training in relation to safeguarding adults and children from abuse, and had access to the service's safeguarding and whistleblowing policies and procedures. Training was completed annually and one staff member was due refresher training at the time of our inspection.

Assessing risk, safety monitoring and management

● Risk assessments in relation to fire safety had failed to identify all potential hazards. One person using the service had home oxygen, which can be a dangerous fire hazard if adequate precautions are not taken. Some people used emollient creams, which can be easily transferred from skin on to clothing and bedding, and testing has shown increased fire risks when fabrics are contaminated. These risks were not identified as part of fire risk assessments. We found some staff did have a better awareness of the risks. A care worker told us they were aware creams should be stored away from heat sources. Fire risk assessments also noted where people had smoke alarms at home.

● We also identified the absence of a robust risk assessment in relation to one person's use of bed rails and the absence of risk assessments in relation to one person's diagnosis of diabetes and use of an anticoagulant medicine. An anticoagulant medicine is a blood thinning medicine, and risks can include bleeding and bruising more easily than normal. We found the person's diabetes and prescriptions were managed by a family member who lived at the same address, and the person's regular staff member was aware of the potential risks in relation to blood sugars.

We recommend the service ensures staff are provided with all necessary information to help them manage risks, and that risk assessments are person-centred, proportionate and reviewed regularly.

The service was responsive to our feedback and agreed to update risk assessments for people using the service.

● A care planning policy was in place which outlined areas of risk to be considered prior to the commencement of care.
● People and their relatives told us staff helped them to manage and minimise day to day risks. One person advised, "I can have falls for periods of time and the carers will make sure I am safe before I stand and check all is where it should be before they go." A second person commented, "We have talked about risks and identified trip hazards and how to avoid them. They are very observant."
● Care records included risk assessments developed during an assessment of people's needs. At the time of our inspection the service supported a number of individuals who remained quite independent and did not have complex care needs. This meant some people did not require a large number of risk assessments. When assessing people's needs, the service carried out an assessment of mobility, checked the internal and external home environment for risks, identified equipment aids which were available or required, and considered risks such as infection control.
● Some people using the service were at risk of falls. Care plans and risk assessments promoted people's independence, highlighting where equipment was used to mitigate risk, such as the use of a pendant alarm or electric riser chair. Mobility assessments identified factors which could impact each person's mobility, including pain, breathing conditions, weight, and swelling of limbs. Risk assessments noted actions required by staff to reduce the risk of falls, including the level of support people required when transferring or walking, and how staff should use equipment such as standing aids safely.

Using medicines safely
● One person was supported to apply a pain relief gel to their back. Their care plan noted this was a prescribed medicine, however we found no medicine administration record (MAR) was in place. Another individual had been recently prescribed a cream and staff told us no MAR sheet was in place. This meant staff had documented application of the cream within daily notes, rather than on a MAR. The service was responsive to our feedback and confirmed MAR sheets had been put in place for both people. We were satisfied other MAR charts were in place appropriately.
● Some MAR records were not completed in line with best practice guidance. For example, MAR records did not include the person's date of birth. One person's MAR chart asked staff to sign next to the words "dossett box". This meant staff had not signed for each individual medicine administered on each occasion when they supported with the pharmacy prepared dossett box.
● MAR charts were generally well completed by staff. We identified a single gap in one person's MAR for the application of topical creams on 15 August 2021. The service's monthly quality monitoring audit noted all MARs had been returned to the office for this month, but there was no evidence to indicate the gap had been identified at this time. Following our site visit, the service confirmed the staff member was confident they had applied the cream and had been reminded to sign the MAR on each occasion.

● One person's care plan advised they managed their medicines independently, but stated "I require prompting occasionally". There were no specific instructions to advise when staff may be required to offer these occasional prompts. A staff member providing regular support to the person explained the person was prescribed pain relief for leg pain and would sometimes forget this was available, so staff would offer a prompt if the person was in pain.

We recommend the service review their approach to ensure staff keep accurate medicines records, care workers must record the medicines support given to a person for each individual medicine on every occasion.

The service responded to our feedback and confirmed MAR records had been put into place and updated where required. The service also supplied a copy of the contents of the person's pharmacy prepared dossett box for some of the period they had received support from the service and advised other records were located at the person's home address.

● People were supported to manage their medicines as independently as possible. Care plans indicated each person's level of independence in relation to their medicines. One person managed their medicines independently with help from staff to loosen the lids of bottles.
● People told us they received safe medicines support. Some people highlighted support from staff had enabled them to manage their medicines more independently. A relative advised, "Recently [person's] medication has increased. It has been a life saver them [staff] giving it to him as he used to forget it before. They are very diligent."
● Staff had received training in relation to medicines administration and described supporting people with medicines appropriately. The service had not documented staff competency assessments in relation to the safe administration of medicines, but we were satisfied staff were shadowed and received support before administering medicines. A member of staff involved in supporting new starters explained they helped new staff understand how to complete MARs, informed staff about the storage of medicines including eye drops and creams, outlined checks to undertake before administering medicines, and ensured staff understood people's right to refuse.

Preventing and controlling infection
● Staff feedback and records showed uptake of weekly COVID-19 PCR tests had been variable. PCR tests are sent via post to a lab for analysis. Staff indicated they took a home lateral flow test at least weekly although some staff advised they had forgotten to register the tests online. One staff member told us they took weekly PCR tests, another worker said they undertook a PCR "every couple of weeks" and another staff member couldn't recall their last PCR test, advising "end of last year sometime". Some mainly office-based staff who less frequently visited people's homes did not take PCR tests. This included the care coordinator and registered manager.
● The service provided staff with PCR tests, and staff were instructed to register weekly tests using an office email, enabling the office to receive test results. Staff had also received reminders. Systems had not been fully effective to robustly monitor the uptake of staff PCR testing. Following our site visit the service gathered feedback from staff regarding tests taken in November and December 2021. This identified PCR testing of staff had been variable and staff reported they had taken lateral flow tests on some weeks instead of PCRs.

We recommend the service review their approach to staff PCR testing, to ensure all appropriate infection control measures are in place in response to the COVID-19 pandemic.

The service responded to our feedback. The registered manager advised staff would continue to receive

reminders in relation to PCR testing and uptake of staff testing would be regularly monitored by the registered manager and would be subject to monthly compliance checks.

● Staff had access to sufficient supplies of personal protective equipment (PPE). We found good stock levels of PPE at the office location, and consent had been obtained from people using the service to store a supply of PPE in their homes. This ensured staff had easy access to PPE.
● People told us they were protected from the risk of infection. One person advised, "All the necessary PPE is worn and the carers will help from time to time to keep things clean. They wash up as they go and clean the kitchen after they have used it." A second person advised "All the carers wear masks…[they are] very conscientious."
● Staff received training in relation to infection control, and training was refreshed yearly. The registered manager was confident staff were working safely, although records did not include formal competency observations of staff in relation to infection control, such as the use of PPE. Staff explained they had been observed working in the community before starting to work alone.
● Risks in relation to COVID-19 were assessed for each person using the service. The service had infection control and COVID-19 policies in place. A risk assessment was documented for each person, and the service produced a more detailed risk assessment for a person at greater risk due to a breathing condition. Care plans noted where essential items for each person were located, such as storage of PPE, hand sanitiser, and where to dispose of waste. One person's care plan included a prompt for staff to ensure they changed their gloves after applying a topical cream.

Staffing and recruitment
● Staff were safely recruited. Staff completed an application form, attended for interview and preemployment checks were carried out. These included proof of identification, disclosure and barring checks (DBS), a minimum of two references from previous employers and each staff file contained a recent photograph. The service had systems in place to check for gaps in employment but our review of staff files identified a small number of gaps which had not been identified and documented. The service was responsive to our feedback and explored the gaps with members of staff after our site visit to ensure each staff file contained a full employment history.
● Staff were asked to complete a written exercise as part of the recruitment process. This asked applicants questions about health and safety, confidentiality, safeguarding, good communication and infection control. Responses were used to help assess whether applicants had background knowledge and the values required for the role. We found the service had not kept written records of staff interviews, but staff we spoke with confirmed they had attended for interview.
● Staff were asked to complete a health questionnaire as part of the application process, however we did not observe a written risk assessment in place for two members of staff who had declared a history of health issues. The registered manager provided verbal feedback regarding measures in place to support staff, and staff had received guidance in relation to safe moving and handling to reduce the risk of back injury.
● Staff confirmed they were given sufficient travel time between visits, and could contact the office if they needed support and advice. The care coordinator explained they were in daily contact with staff, checked staff availability weekly, and understood which staff were familiar with people's needs when developing rotas. The service had taken a cautious approach to accepting new packages of care, prioritising existing customers by ensuring sufficient staffing levels were maintained. When considering additional packages of care, the service also considered staff travel time, to avoid staff travelling long distances between visits. New staff met each person and shadowed existing staff before working independently. All these actions meant people received continuity of care from regular staff.
● People told us staff arrived on time, and stayed the required length of time to support them. A person commented, "Carers are always on time, but if there are any problems [they] will call us." People valued

receiving support from regular staff. A person commented, "I have regular carers, that is what I love about the agency. If there is a new carer they will always be shadowed. I have three carers basically and I have a good relationship with them." Another person added, "When there was a new carer, the agency discussed it with me and described her to me. I get really nervous with new carers and that helped."

Learning lessons when things go wrong

● Staff understood their responsibility to report incidents of concern. A staff member explained "[I would be] assessing if [person] needed ambulance, I would inform either [Care Coordinator's name] and office or [former Care Coordinator] who's like [the] management of caring side as well."

● People and relatives told us the service responded appropriately when incidents occurred. A person's representative advised, "There have been several incidents of sudden medical emergencies when I have phoned the agency and they have been there within ten minutes. The care and consideration has been exemplary from our point of view."

● People's care records contained templates for staff to document hospital admissions and absences, staff communication sheet, appointments log, communication with professionals log, and review information. This enabled staff to quickly locate key updates to avoid important information becoming lost within daily notes. Staff explained they also received updates via team electronic messaging systems and spoke with office staff to catch up on a weekly basis when delivering their timesheets.

● The service had not identified any safeguarding concerns since registration with CQC, and had received a single complaint, meaning no trends were apparent. Records showed the complaint was resolved and actions taken to address the matter with the member of staff involved.

● Accidents and incidents were documented inconsistently. Some incidents had been logged onto an incident form, which included a section to outline prevention and actions. Other incidents had been logged onto communication sheets within the person's care folder. One incident form completed following a person's fall included clear actions planned to reduce the risk of reoccurrence. Another example we reviewed, which was logged within a care folder, did not include an analysis by the service. We were satisfied however the person had been supported by staff appropriately following a fall and a review had been held the following month.

Good

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.

Staff support: induction, training, skills and experience

● The service did not have formal observational competency assessments documented in areas such as medicines administration and infection control. The registered manager explained staff received shadowing and mentoring alongside training to ensure they were competent to work independently. Notes of shadowing were provided for four members of staff which described some of the visits they had attended and gave a view of the person's competence, for example, stating one staff member "is very competent and has a lot of knowledge and skills". The registered manager also explained feedback was gathered from people using the service to monitor the quality of support given by staff.

We recommend the service ensures robust processes are in place to evidence staff have the right competence, knowledge and skills to carry out their roles effectively.

● People and their families were satisfied staff were trained to support them appropriately. A relative commented, "Carers are very competent." A person also added, "Very well trained and very aware. Usually I have the same one or two carers. When there are new ones they are shadowed. I have a bath lift and new carers will be instructed on how to use it."

● During induction staff attended a session in relation to the principles of care and support, attended practical moving and handling training, and completed e-learning in mandatory subjects, including food safety, first aid, safeguarding adults, health and safety and infection control. Staff also shadowed colleagues to learn the routines of people they would be required to support. A recent new staff member explained, "I was shadowed, one of the staff was with me… who then watched [me] on a couple of occasions, how [I] would follow their routine…and needs and how I interact, they didn't prompt with anything."

● The registered manager explained they were committed to offering staff opportunities for development. One staff member explained they had completed the Care Certificate and the registered manager had offered additional e-learning and was supporting their aim to start a nursing qualification.

● The service's training policy advised new staff would be expected to complete the Care Certificate within three months. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of staff working in social care. We found two members of staff employed since February and May 2021 had not completed the Care Certificate. We were advised one staff member had almost completed their learning and a meeting was planned with the second staff member to discuss how to start and move forward. The registered manager explained staff were encouraged to take up learning and staff had received an annual self-appraisal form to complete ahead of our inspection.

● We found staff supervisions were documented on a single spreadsheet. Notes were written in the first person, but we were advised three staff members, including the registered manager, made notes on the

spreadsheet. This meant the record did not show which member of the management team had met with each member of staff. We were advised staff did not receive a copy of their supervision meeting notes, but would be sent an email to outline any actions required.
● One staff member's supervision record showed a gap in sessions between March 2021 and September 2021. Another staff supervision record showed a gap in sessions between June 2021 and December 2021. The registered manager told us the records represented a gap in recording, and advised the service had an open door policy for staff. Staff confirmed they regularly spoke with office staff for support when required, often when delivering their timesheets to the office.

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.

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.

● We viewed the records for one person who had support from their family in relation to their care and support needs. We noted the person's parent had signed a consent form in relation to taking photos during activities. An email summarising the outcomes of a review meeting also referenced the views of the person's parent and did not outline the person's own input into the meeting. The registered manager confirmed the person had mental capacity and advised their parent had supported them to express their views during the review. We were advised the person themselves would also be asked to sign the consent form.

We recommend the service monitors and reviews their processes for seeking consent, to ensure records fully reflect how people have been consulted in relation to their care, to ensure the service meets legal requirements and follows relevant best practice guidance.

● People and their families told us staff sought consent before supporting them. A relative advised, "They [staff] ask for his consent [before giving care] and always document what they have done for him." A second relative added, "Carers will ask for consent and ask how she is feeling too."
● The registered manager told us that everyone who had used the service had mental capacity to make their own decisions. This meant we could not review any completed MCAs and there was no template assessment form in place. The registered manager told us if an assessment of capacity was needed, they understood the process required and would also involve key people and professionals working with the person. Staff we spoke with also confirmed they currently had no concerns regarding the mental capacity of people they supported.
● People's care records included a consent form. This confirmed people's consent in relation to receiving care and for other tasks staff might support with, such as contacting the GP, obtaining prescriptions and using a keysafe to enter the property. The documents stated where people had given verbal consent if they were unable to sign.

● Staff understood the importance of seeking consent and involving people in day to day decisions. A staff member explained, "If someone can make a decision for themselves, [I] do what they require, don't do anything other than what they require, it's their body, it's their life…[person] can say no, and no's [means] no. When [person] says yes, [I] have a green light to act on it."
● Staff induction training included learning about the mental capacity act and deprivation of liberty safeguards (DoLS) which was refreshed on a yearly basis. At the time of our inspection, training records indicated two staff had not completed DoLS training, which included one recent new starter. The service had a policy in place in relation to the MCA and information was also included within the staff handbook.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed prior to the delivery of care. An initial assessment explored people's physical, social and mental wellbeing needs, also identifying areas of risk. The service developed reference documents, providing a detailed step by step description of the person's preferred daily routine. For example, one person was supported to wear clothes in line with their culture and preferred to wash from a bowl placed on their lap, with support from staff to pour water over their hands and into their mouth to clean their gums. This detailed documentation helped staff understand the areas of support required, and how specifically people wanted their support offered.
● People and families told us they were involved in making decisions about their care and support. One person advised, "I was involved in my care plan from the start. [Staff name] sat down with me for two hours and explained everything. Very efficient." Another person commented, "The agency did an assessment at the start of my care and we wrote the care plan together. [Staff name] asked what I wanted and needed. She asked me and that is what I got."
● Staff were trained in equality and diversity to enable them to support people appropriately. Induction training included the principles of promoting choice, independence and upholding people's rights. Staff were also offered online learning in relation to equality, diversity and inclusion. At the time of our inspection one staff member had not completed this online learning and another person's training was overdue a yearly refresher. We were satisfied staff respected and understood the individual needs of people they supported.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to have enough to eat and drink and maintain a balanced diet. People's care plans contained information about their likes, dislikes and any food allergies or intolerances. Care plans also noted where people maintained independence in relation to some or all of their meal preparation and staff were encouraged to promote independence, such as helping someone chop vegetables to enable them to cook for themselves.
● People and their families confirmed they were given choice, and supported in line with their wishes. Comments from people included, "Carers will make me a hot drink when I want one", "Carers cook my breakfast…I get my choice of food" and "They will check what is in the fridge and check if [person] has eaten and will make meals if necessary."
● Some people using the service had been working to lose weight to improve their health and wellbeing. One person was supported by staff to try to make healthier choices. Staff helped the person plan a weekly food menu and assisted with online shopping. A staff member told us, "[Person is] empowered as he decides what he wants on the menu, he's doing his own shopping [and] we are there to assist him." A relative commented, "The carers have got [relative's name] on a diet and they use a slow cooker to provide healthy meals."
● One person using the service had a history of urine infections, and their care plan encouraged staff to encourage fluids at each visit and leave the person with drinks. The person's regular staff member was aware of the risks and described working in line with the care plan, advising, "[I am] trying to remind her to

drink and [I] try to encourage fluids…[this] is really important as [she is] prone to infections."

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

● People's care records showed they were supported to access a range of healthcare services. Records showed staff had made contact with other agencies to help people seek support, and had also accompanied people to attend healthcare appointments when required.

● Some people using the service were younger adults who were keen to maintain or improve their activity levels. Staff assisted people to go for walks, and one person was supported to go swimming.

● People and their families told us staff responded appropriately when they were unwell or needed healthcare support. A person commented, "There have been incidents when I have struggled to get through to the GP surgery and the carers have rung for me." A relative also added, "A carer called me once from [relative's] home and said 'I can't leave him, he's not right.' She then stayed with him until the ambulance came. The care notes were very good and helpful."

Good

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 and relatives spoke positively about staff being kind and compassionate. We received a number of positive comments regarding the caring attitude of staff. A person commented, "[Staff member] goes beyond and out of her way. Friendly and not intrusive." A relative added, "They are caring and I can tell by the way they support her."
- The service aimed to provide each person with regular staff, and new staff attended an introductory visit. This enabled staff to develop a detailed knowledge of people's likes, dislikes, preferred routines and an understanding of people's communication needs. This helped to ensure people felt valued by the service. A person commented, "Carers are like friends. I always like a five minute chat with them, but we chat as they work as well. They are interested in my family." A second individual commented, "[Person's name] can have problems with language, but [staff name] is fantastic with her. There is a team of about four carers…so regular people, trusted individuals and they have developed a close bond."
- Staff supported people's emotional needs. Staff were aware of relevant information about people's backgrounds and any factors which may impact the person's mental wellbeing. One person experienced periods of distress and staff were sensitive to the person's mental health needs. A staff member explained, "[I offer] constant reassurance, sit and spent time, talking, reassuring, [I] ask if [person] wants to play a game, something to take their mind off [things] for a little while."
- Staff spoke with affection and respect about the people they supported. It was evident they had built positive relationships, cared about people's wellbeing, and were proud of people's achievements. For example, staff spoke positively about one person's weight loss which had enabled them to achieve greater independence.

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

- Staff encouraged people to express their views. People were involved in decisions during assessments, often with the support of their family members or for two people, with the support of an advocate. We found written records of care review meetings did not consistently provide a detailed account of the person's input, however feedback from staff, people and relatives confirmed people were involved in decision making. One person commented, "The care is all about what I want."
- Staff involved people in day to day decisions about their care. Staff learnt people's preferred routines which were documented alongside care plans, but understood the importance of confirming people's wishes on a daily basis. A person commented, "Carers will consult me first [before giving care] and keep asking me if they are doing it correctly. They are like friends. I trust them implicitly."
- Staffing rotas provided people with regular care workers. We found visit lengths ensured staff had sufficient time to listen and engage with people about their day to day decisions. For example, one person

experienced significantly slow mobility and visit lengths had been adjusted to ensure the person could be as independently involved in their daily support as possible.

Respecting and promoting people's privacy, dignity and independence

● People received sensitive and dignified support. Care plans identified which areas of the body staff were able to touch during personal care support, noting where people preferred to wash more intimate areas without assistance. This helped people maintain a sense of independence and control. A person advised, "I am very self-conscious in the shower. The carers know this and are sensitive to it and will not go where I am unhappy for them to go." A second person described, "[Staff are] very caring and sensitive to my dignity. My bathroom is…opposite the living room and the door opens outwardly so people can see into it…carers will wiggle themselves out so no one can see me…[staff] wait outside."

● The service considered people's preferences and protected characteristics when scheduling staff. For example, one person using the service wished to be supported by female staff for cultural reasons and rotas showed only female staff were allocated to support the person. The care coordinator understood people's needs and preferences when organising weekly staff rotas.

● Staff received induction training in relation to confidentiality, promoting choice and independence, and upholding people's rights. Some people using the service lived with long term illness, and experienced periods of increased pain or discomfort, which could vary daily. Staff were sensitive to this, and familiar with people's needs. This meant staff could encourage people's independence whilst being mindful of extra support people might need when their pain increased. A person commented, "I try to keep my independence…they don't rush me, [they] are considerate."

● People were supported to maintain relationships with those close to them. Consistent deployment of regular staff also enabled trusting relationships to develop between staff, people and their families. One person described their poor experiences with a previous care provider, which had placed pressure on their main family carer. They spoke positively about the service, advising, "My [relative] used to do a lot of care for me and now Angels have taken that on. It means we can concentrate on our relationship now. I can't thank them enough. They have given me my life back with my [relative]."

Good

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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● Care plans were person centred, including information about people's interests, preferences, and factors important to their quality of life, such as maintaining independence, spending time outdoors, eating healthily, following a religion or enjoying the company of family. A detailed reference document outlined people's preferred daily routine, particularly in relation to morning support. For example, one morning routine described how staff should gently wake the person by rubbing their arm, listed items the person liked to take downstairs each morning, and included instructions about how they liked their toast prepared. Continuity within staff rotas also meant people were supported by staff who had a detailed understanding of their usual routines and preferences.

● Staff supported people with their preferred activities, where it had been identified support was needed. Care plans described the hobbies and leisure activities people enjoyed, including any cultural or religious needs. One person's care plan highlighted the importance to the person of their pet, and staff helped the person care for their pet at home. Another person was supported with a variety of activities, including games at home, swimming and trips into town for a coffee. On another occasion staff helped someone put up their Christmas decorations and helped another person set up an electronic tablet. The service had identified where people were isolated and would benefit from social companionship and this had been built into people's care plans.

● People were encouraged to maintain their independence. Care plans routinely stated where people were able to carry out some tasks independently, or where people could manage tasks with minimal assistance or prompting. One person's care plan advised staff, "[Person's name] mobility can change day to day depending on pain…[Person's name] likes to be as independent as her health allows, staff are to encourage and support this." The care plan also noted, "I have an electric toothbrush…I only need someone to get it for me, then I can brush my own teeth." The timing of care visits also ensured people could be encouraged to carry out tasks independently without feeling rushed.

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.

● Care plans included information about people's ability to communicate verbally, and any conditions affecting the person's hearing or eyesight. Care plans highlighted relevant diagnoses and stated where people required a hearing aid or glasses to manage their sensory impairment.

● Some people using the service spoke English as a second language, or could not converse in English. One person received support from regular staff who had learnt some basic words and instructions in the person's first language, enabling them for example to ask the person to stand up, sit down and check if their food was hot. One family member commented, "[Relative's name] cannot speak English, but sign language is used. There is no problem with communication." Staff described how they could interpret the person's hand gestures, facial expressions and also observed their eyes, which they used to signal when they wanted a drink. Whilst the person's care plan did not include the phrases staff had learnt, we were satisfied the person received care from regular staff who had learnt to communicate with the person effectively.
● Some people benefited from written information to help meet their communication needs. One person's care plan explained the person "needs reminding to do things". The care plan did not outline more specific instructions, but a regular staff member explained a system of whiteboards was in use. For example, the person decided upon meals for the week which were written onto a menu. Staff noted reminders for the person to drink, noted days for shopping and social activities, and which staff were scheduled to visit. This helped maintain good communication between staff and the person.

Improving care quality in response to complaints or concerns
● People and their families told us they understood how to raise concerns with the service. Records showed the service had received a minimal number of complaints and had received a number of compliments. An individual explained the service had been responsive when they raised a concern, advising, "There was a minor issue, a small relationship problem and in no way a complaint about the agency. We spoke to the agency about it and they found another person straight away without any fuss."
● The service had a complaints policy in place, and people received information about how to complain as part of a guide to the service. The policy was accessible, meaning people could raise a complaint in a manner that best suited their needs. Information given to people using the service explained, "Complaints can be made by telephone or in writing or we would be happy to visit you at home if this is preferred."
● The service had received one formal complaint since registering with CQC. Concerns had been raised by a relative after a staff member left earlier than scheduled on one occasion. Records showed the service provided a prompt written response to the relative, apologising for the incident and outlining actions taken to prevent reoccurrence.

End of life care and support
● The service had an end of life care policy in place. At the time of our inspection the service was not supporting anyone receiving end of life care, although had previously cared for people receiving palliative care at home.
● Some staff had received training in relation to end of life care. At the time of our inspection, training records identified four care workers had not received end of life care training, including one recent new starter. The registered manager explained staff would receive training, support and mentoring if they were required to provide palliative care. We were advised this training would be tailored to the needs of the person requiring care, to ensure staff understood the person's needs, the involvement of other professionals and the support network around the person.
● We viewed records and spoke with the family member of one person who had been supported at end of life. The family member had remained in contact with the service after the death of their relative. The relative described the "very caring" approach of staff, adding "[Staff] would always bring a smile to her face…best company we had…[staff] weren't looking at the clock." The relative explained following the person's passing, staff allowed them time to grieve before providing dignified care to their relative after death.
● Staff we spoke with, who had experience of providing end of life support, described how they would deliver respectful and sensitive care. A staff member explained, "Making [person] comfortable every time,

well hydrated…make sure personal care [offered], making family feel comfortable you are there…need to be sensitive and involve family if you can." A second staff member added, "[I] made sure she appeared comfortable…when turning [person in bed] would make sure [I] would turn correctly and weren't rough… nice and steady so weren't causing any discomfort…family were really grateful we were there to help."

● Care plans did not routinely include whether the service had checked if a DNACPR was in place. DNACPR stands for do not attempt cardiopulmonary resuscitation and a DNACPR form is used where a decision has been reached that if the person's heart or breathing stop, cardiopulmonary resuscitation (CPR) should not be attempted. The registered manager explained when the service was aware someone had a DNACPR this would be documented, and provided an example of an emergency action plan for someone who had previously used the service. This noted where the person's DNACPR was located.

Good

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.

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

- Auditing and compliance checks were logged on a monthly spreadsheet. This required the registered manager to indicate Yes or No and note any actions in relation to headings such as "All planned calls attended", "Check accuracy of care notes" and "Risk assessments in place". We found audits had not identified all of the issues we found, such as in relation to medicine records and risk assessments. Audits also failed to show how the service sought to consider any themes or trends, although we noted in areas such as complaints and safeguarding there was limited information available to enable themes to be identified.
- The service's care planning policy advised, "Care plans will be regularly audited for competence against a standardised format." The monthly compliance spreadsheet logged Yes or No to the question "All care plan in place" but we observed no additional evidence of care plan auditing. The registered manager explained they personally completed most of the risk assessments and "normally read through the finished document to ensure quality is maintained." We found audits had not identified the absence of robustly completed risk assessments in areas such as fire safety, anti-coagulant medicine and use of bed rails.

We recommend the service review auditing systems to ensure there is effective governance to assess, monitor and drive improvement in the quality and safety of the services provided.

The service responded to our feedback and advised some changes had already been made, such as adding a check of staff COVID-19 PCR testing as part of monthly compliance monitoring.

- The service had a registered manager in place. The registered manager had submitted required notifications to CQC. The registered manager had also developed links with the registered manager of another nearby domiciliary care company. This had enabled the registered managers to offer and receive advice and support in relation to the running of their respective services.
- Staff understood their responsibilities in relation to confidential data. We observed paper records were kept securely at the office location. Staff we spoke with explained how they protected people's confidential information. One staff member explained, "[Information sharing] it's on a need to know [basis]…I don't hold any documents…if I have [information] on my phone…say [a] key safe combination…wouldn't put [the person's] name or address."

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

outcomes for people

● People and families told us the service was well managed and that communication was responsive. One family whose relative was commissioned short term care by the local authority had requested the arrangement become permanent, stating the service had provided "excellent and flexible care". One person advised, "My care is well managed. All I need is in place. It is a reliable agency. Any issues, they let me know. They are open and honest." Relatives comments also included, "A very professional agency" and "Communication with the agency is very good."

● People were supported to live as independently as possible. Staff encouraged people remain socially engaged and helped people achieve good outcomes. One person explained, "I try to keep my independence. Carers are extremely supportive and want me to gain my independence with their help. They don't rush me, are considerate…they have gone over and above to help me." A second person added, "I will go in the kitchen [when the staff are there] and I like to help out…I become involved." A relative also commented, "In the summer the carers encouraged [relative] to go for a walk in the garden with them."

● Staff were committed to providing high quality care and spoke respectfully about people they support. The service had planned gradual growth which the registered manager explained was part of a strategy to ensure quality was not compromised as the business grew. The registered manager placed value on how the service made people feel, developing trust between people and staff, and caring for people in a way that met their individual needs. The registered manager explained their ethos was that caring was "a way of life" which influenced how the service operated, such as ensuring people met new carers before they delivered care.

● Most staff felt relationships between the staff team were supportive. Some staff with less care experience spoke positively about the support they had received from more experienced colleagues. A staff member who had been new to the care sector advised, "[I've] been into the office almost every week since [I] started…usually…[there's] always some sort of guidance given and always something [new] to take on board…[register manager's name] is very friendly, wants you to progress." One member of staff felt communication and support from the office to staff working remotely could be further improved, advising, "[I] feel the office underestimate how much the team support and communicate with each other."

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 service had a duty of candour policy in place. At the time of our inspection, no serious incidents had occurred requiring a formal written duty of candour response. We reviewed the formal response letter to a complaint which demonstrated the service had provided open and honest feedback, including an apology, and noted actions the service was taking.

● The provider understood their responsibilities in relation to the duty of candour. The registered manager explained, "[It's about] being open and being able to be transparent, being able to say sorry if anything has gone wrong, being able to make a change according to [person's] view, preference and [make an] agreed plan."

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

● Systems were in place to seek feedback from people using the service. This included views gathered as part of care reviews and quality assurance questionnaires. Questionnaires showed very high levels of positive feedback about the service. One person advised, "I had a phone call from the manager asking for feedback and have received a questionnaire and filled it out." Comments from relatives included, "I have had three or four questionnaires since April, but we feel we can give feedback at any time we need to" and "I received a questionnaire and all comments I made were good and positive."

● Staff we spoke with felt able to raise feedback or suggestions and most staff had found management was

easily accessible either via phone or at the office. A staff member commented, "[We] usually have manager…there all the time, whenever you need them they are there, easily reachable, approachable and work with you." The service valued staff feedback and involved staff in developing the service. At the time of our inspection, staff were developing an activities folder, to keep a photographic record of enjoyable events they had supported people to attend. We heard staff had also been involved taking photos as part of plans to develop the service's website.

● The registered manager was aware of their duty to protect and support whistle-blowers, although the service had not received any whistleblowing concerns at the time of our inspection. The registered manager explained, "[The] individual doing that [whistleblowing] has same objective to provide quality…individual has to be protected, no harassment or bullying or made to feel out of place. At the end of the day that could help to improve the service you provide, in the long run adds to the quality of what you do."

Working in partnership with others

● People and their relatives told us the service worked collaboratively with other agencies. A person commented, "The agency dealt with my social worker when my care package was increased and it worked well." A relative also added, "The carers work well with other professionals, they liaise with the District Nurse and the Lymphoedema Nurse who visits weekly."

● Care records maintained a record of hospital admissions, appointments and contact with other professionals. This helped staff understand which agencies were involved and noted any guidance or instructions for staff to follow. Care records included contact information for key professionals, such as people's GP, pharmacist, district nurse and dentist.

● Some professionals had had limited contact with the service, and therefore could not offer detailed feedback, but comments were generally positive. A professional explained they had observed staff to have a good relationship with the person they support, adding staff seemed very caring and were "quite keen to get involved" with multi-agency discussions to support the person's healthcare needs.

● One professional advised the service had "taken upon themselves" to increase someone's care without the commissioning agency's prior approval. The service explained they had responded to an emergency situation after a person's family carer contracted COVID-19. Records showed the service had contacted the commissioner for retrospective approval to avoid placing the person at risk. The professional also noted "referral feedback is slow". The registered manager had explained the service would refuse to take on additional packages of care unless they were fully satisfied they could accommodate a person's needs without impacting the quality of the service provided to others.