

Angel Care Support Ltd

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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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Angel Care is a domiciliary care service providing care to people in their own homes. 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. At the time of our inspection, there were ten people receiving support with personal care.

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

People and their relatives were very happy with the service provided. It was evident from their feedback they appreciated seeing regular staff and as a result of this were able to build strong positive relationships. Comments included, "I'm very pleased, she's (the care worker) is very, very good", "they've been brilliant", and "I know he's in safe hands".

The registered manager had taken action since the last inspection to improve recruitment. This had been a breach at our last inspection. We saw that checks were undertaken to ensure that newly recruited staff were safe. This included gathering references from previous employers and undertaking a disclosure and barring service check (DBS). A DBS check identifies people who are barred from working with vulnerable adults and any convictions they have. People all told us they felt safe with staff and had good relationships with the registered manager. This meant people felt able to report any issues or concerns if they had them.

The registered manager had taken action in relation to staff supervision and training. This had been a breach of regulation at our last inspection. Staff told us they were very happy with the support and training they received. They told us they felt able to ask for specific training if they needed it and this was supported. Where a person had specific clinical needs, suitable specialist training was provided for staff. Staff told us they received regular supervision and the registered manager came to observe their practice in people's home as a means of checking on their performance and development needs.

The service was well led, though we have recommended further improvements to the systems in place for checking quality and safety. This was a breach of regulation at our inspection. People all reported having a positive relationship with the registered manager and told us communication was good. There was a strong person centred culture within the service and people were very happy with the service they received.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 27 March 2020)

Three breaches of regulation were found at our last inspection. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Angel Care Support 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.

Service and service type

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

Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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.

During the inspection

We spoke with the registered manager. We looked at records relating to people's care. We also looked at records relating to staff training and supervision.

After the inspection

We spoke with three people who used the service and three relatives. We spoke with four members of staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we found a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- We checked the recruitment records for three most recently recruited staff. We saw that a Disclosure and Barring Service (DBS) check had been carried out. This is check that identified whether a person has convictions that may affect their suitability to work and whether they are barred from working with vulnerable adults. References were sought from previous jobs and photo ID was kept on file.
- People told us they were supported by regular staff and therefore had opportunity to build strong relationships with them. This meant they felt safe and secure with staff. One relative commented, "I know he's in safe hands". Another person told us, "the same person comes, and they are very reliable."
- There were sufficient numbers of staff to ensure people's needs were met and that they were supported by regular, familiar staff. People and relatives told us they had no concerns with missed or late visits. On the rare occasion when a carer was running late, people told us they received communication to tell them.
- The registered manager told us they would not take on further care packages unless they had sufficient numbers of staff to do so.

Systems and processes to safeguard people from the risk of abuse

- People were very happy with the service they received, however they felt confident and able to raise issues or concerns, if they had them.
- Staff received training in safeguarding adults and felt confident about identifying and report potential abuse.

Assessing risk, safety monitoring and management

- There were risk assessments in place to guide staff in providing safe care and support. These helped create care plans to manage any identified risks.
- There were assessments relating to the environment of people's homes, as well as specific areas of support such as moving and handling needs.

Using medicines safely

- Staff had training in how to administer medicines safely

- There was information included in people's care documentation about their medicines and how they liked to be supported.
- When staff administered medicines, they recorded this on a medicine administration record (MAR) chart.

Preventing and controlling infection

- The registered manager told us they had sufficient supplies of Personal Protective Equipment. People confirmed that when staff came to their homes, they wore PPE in line with guidance set out during the Covid 19 pandemic.
- Staff were tested regularly as part of safety measures during the pandemic and all had received their vaccination.

Learning lessons when things go wrong

- There was a system in place for recording accidents and incidents. This gave opportunity to identify any learning or themes in the kinds of incidents occurring.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff weren't always receiving supervision in line with the company policy, spot checks weren't being completed and training wasn't always refreshed at the recommended frequency. At this inspection we found that improvements had been made.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff told us they were satisfied with their training and were able to ask for additional training if they wanted it. They told us the registered manager was supportive of this. One member of staff told us they supported a person who used a Percutaneous Endoscopic Gastrostomy (PEG) to receive nutrition and had received specific training in relation to this.
- People and relatives were all satisfied with the skills and training of the staff that supported them. One relative told us they liked to have any new staff trained by the person's personal assistant. They told us the agency was happy to do this.
- We saw evidence that checks were taking place in people's homes, as a means of monitoring staff performance and development needs. The records of these visits were detailed and noted how staff involved people in their care by talking to them about what they doing. They also noted how people were treated with dignity and respect.
- Records showed that staff received regular supervision as a means of monitoring their performance and development needs.

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

- The registered manager told us they like to spend time getting to know people out the initial assessment in order that they could match staff to the needs of the person requiring support. This approach was effective in ensuring people were able to build strong relationships with their care staff. People and relatives all commented on how much they appreciated having regular staff.

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

- Not everyone receiving support required help with eating and drinking, though where they did, information about this was outlined in their care plan.

- In one staff observation, it was noted that staff supported the person in a caring and dignified way.

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

- People were supported to access healthcare service and appointments with advice and practical support when required.

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.

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

- When a person did not have capacity to make decisions about their care and support, families were involved to ensure that care was delivered in line with their best interests.
- The registered manager invested time in ensuring the service met the needs and wishes of people they supported. This was reflected in examples given by people and relatives we spoke with.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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

At our last inspection we found a breach of regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems for checking the quality and safety of the service were not robust and had not identified breaches of regulation found at our last inspection.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- At this inspection we found some improvements had been made. People and relatives told us communication was good, they felt able to discuss any concerns and the registered manager checked regularly with them to see if they were satisfied with the service they received. One person commented about the messaging group they used to communicate, "she (the registered manager) messages straight back."
- An annual survey also took place to gather people's views and opinions. This was used to help identify areas for improvement.
- The registered manager told us they were part of a support call for registered managers in the South West.
- We found previous breaches relating to recruitment and staff training had been addressed.
- We found that some further review of quality assurance systems was required. For example, on MAR charts there were some gaps in recording. The registered manager was able to find explanations for these by going back through records of the person's care. However, there was no documentary evidence to show these had been identified and followed up through a formal audit. Shortly after the inspection, the registered manager sent us a form they had devised for recording checks on documentation when it was returned to the office from people's homes.

We recommend the provider reviews the quality and safety assurances systems to ensure they are fully effective at driving improvement in the service.

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.

- There was a strong person centred culture within the service. The registered manager took time to ensure staff were well matched to the people they supported and this worked well. People and their relatives told us how they were able to build positive relationships over time with care staff. One relative commented, "I don't know what we'd do without them."
- The registered manager told us how they preferred to keep the service small in order that they could provide a personalised service, tailored to people's needs. The service had also made a decision to only provide calls of at least one hour. This enabled staff to provide unrushed and care and to build positive relationships with people.
- It was clear that staff understood the importance of involving people in their own care and support. This was reflected in written records of staff observations, where the registered manager had documented how staff involved people and provided care in a personalised way.
- People all reported being able to talk to the registered manager whenever needed and that communication from the service was good.

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 made notifications to CQC when required, in line with regulation. They understood the duty of candour to report and be transparent when things went wrong.

Working in partnership with others

- The registered manager worked in partnership with other agencies when required to ensure people's needs were met.