

Angel Carers (Uk) Ltd

Angel Carers (UK) Limited

Inspection report

15A South Street
Bridport
Dorset
DT6 3NR

Tel: 01308459204
Website: www.angelcarers.com

Date of inspection visit:
09 September 2021
17 September 2021

Date of publication:
12 October 2021

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

Angel Carers is a domiciliary care service registered to provide personal care to people in their own homes. The service provided domiciliary care and 24-hour live-in care. At the time of the inspection the service was supporting 44 people with the regulated activity personal care. People receiving support from the service were adults or older people. Some people were living with dementia. Not everyone who used the service received personal care. The Care Quality Commission (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

The provider had systems in place to keep people safe from abuse and avoidable harm. Everyone we spoke with said they felt safe using the service. Comments included, "I am very happy with the carers, they are lovely" and "The carers are very good. I am very safe in their care".

Risks to people's health, safety and well-being were assessed, and measures were in place to reduce the risks. People's medicines were safely managed. Staff were deployed effectively to ensure people received the care and support they required. People said the service was flexible to meet their needs. Recruitment procedures in place helped to ensure only staff suitable were employed.

Infection prevention and control policies kept people safe and had been updated to reflect the latest guidance for the COVID-19 pandemic. Comments included, "I feel safe. They are well trained and observe all COVID regulations".

People and their relatives contributed to the initial assessment process to ensure needs, preferences and expectations could be met. People were supported to manage their health and medical conditions. People's records contained information for staff to help them work safely and effectively with people.

The provider's induction procedures, ongoing training and spot checks ensured staff had the skills and competencies to carry out their role effectively.

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.

Everyone we contacted spoke highly of staff, describing them as respectful, caring and friendly. Comments included, "The carers are lovely, treat me well, kind and respectful. They are very jolly, and we chat about all sorts of things. I am quite deaf, and they are very patient, making sure I understand". People received support, wherever possible, from the same staff who knew them well so the care they received was consistent.

People told us staff had time to socialise and chat with them. Comments included, "They (staff) chat with me about my interests. In fact, we swap recipes as we are both interested in cooking. They have helped me access my laptop".

The provider had a complaints procedure in place and people told us they knew how to raise a complaint or concern. People said when they had any issues, these had been swiftly resolved by the registered manager and staff. However, one relative felt improvements could be made in this area.

People had been given the opportunity to discuss their wishes in relation to end of life care and their preferences and advanced decisions had been recorded, where appropriate for the person.

The service had an experienced registered manager, who was also a director of the company. There was a clear management structure and accountability within the service. An experienced senior management team supported the provider and registered manager. There were systems in place to monitor and assess the service provided, which helped the provider and registered manager to identify and address any shortfalls.

People had regular opportunities to feedback their experience of the service. For example, through care reviews, regular phone calls from the senior management team; spot check visits and satisfaction surveys. People and their relatives confirmed there was good communication with the service.

The provider and senior management team worked in partnership with other health and social care professionals, such as GPs, nurses and social workers, to ensure people's health and wellbeing was maintained.

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 good (published 19 December 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 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 ●

Angel Carers (UK) Limited

Detailed findings

Background to this 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by one inspector, a medicines inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 09 September 2021 and ended on 17 September 2021. We visited the office location on 09 September 2021.

What we did before the inspection

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. We contacted health and social care organisations such as representatives from local authority contracts team, quality improvement team, the safeguarding team. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and four relatives about their experience of the care provided. We received written feedback from three relatives. We spoke with 10 members of staff including the provider, registered manager, general managers, and care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to keep people safe from abuse and avoidable harm. Staff had received safeguarding training and knew how to report any concerns or incidents.
- People and their relatives confirmed they felt confident to speak with the registered manager should they have any concerns. Everyone we spoke with said they felt safe using the service. Comments included, "I am very happy with the carers, they are lovely" and "They carers are very good. I am very safe in their care".
- The registered manager was aware of their responsibility to report any concerns and had worked with the local authority safeguarding team to ensure any concerns were fully investigated where needed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and well-being were assessed, and measures were in place to reduce the risks. Care plans contained explanations of the control measures for staff to follow to keep people safe. For example, to reduce the risk of falls or the risk of skin damage.
- Staff understood where people required support to reduce the risk of avoidable harm. They reported any concerns or changes to people's health without delay so action could be taken to address concerns. One relative explained, "Their care needs are many and varied and they are both very safe in (staff's) care. I am always kept in the loop concerning changes or emergencies".
- Environmental risk assessments and checks were completed for people's homes. This was to ensure people's safety and that of staff when care was being delivered.
- The provider's auditing process included analysing incidents and accidents so improvements could be made where these were identified.

Staffing and recruitment

- Staff were deployed effectively to ensure people received the care and support they required. Staff confirmed they had enough time to deliver people's preferred care and they had sufficient time to travel between visits.
- People told us staff were generally on time for their visits and they were informed if staff would be late. Those people and their relatives we spoke with confirmed staff had not missed a visit. One said, "They are punctual and stay full time" and "(Person) is very happy with the carers who arrive on time and stay as long as they need to".
- People said the service was flexible to meet their needs. One relative said, "When (person's) care needs increased, they (staff) quickly arranged for extra visits every day. We were so impressed that they did this so soon after us requesting it".
- People confirmed they usually had regular and familiar staff delivering their care and support. Comments

included, "I receive a weekly rota and always know who is coming".

- The provider had a recruitment procedure in place to help ensure only staff suitable to provide care to people using the service were employed.

Using medicines safely

- People's needs were assessed to determine what support they needed with their medicines. Risk assessments were in place to make sure their medicines were managed safely. People told us their medicines were managed safely and given on time.
- Staff had training in safe medicines handling and were assessed to make sure they gave medicine safely.
- Records showed when staff administered people's medicines that they received these correctly in the way prescribed for them. This included the use of any creams or external preparations being prescribed. Body maps were in place to guide staff how to apply these correctly.
- Protocols were available for medicines prescribed 'when required' to make sure these were given when appropriate.
- Audits and spot-checks were in place to make sure staff were managing medicines appropriately. This will be made easier and more timely when the transfer to the new electronic system is complete.

Preventing and controlling infection

- Infection prevention and control policies kept people safe and had been updated to reflect the latest guidance for the COVID-19 pandemic. Staff had received training in infection prevention and control.
- The provider had ensured staff understood appropriate use of personal protective equipment (PPE). One staff member said, "I do feel safe at work. They (providers) were well organised and gave us good guidance and regular updates".
- People told us staff maintained safe practice when visiting them. They confirmed staff wore the appropriate PPE during all visits. Comments included, "I feel safe. They are well trained and observe all COVID regulations" and "They always wear a mask, apron and gloves". A relative commented, "The carer observes appropriate COVID restrictions". Another wrote, "During the pandemic, we have regularly been informed of relevant protocols and any proposed changes. The company seems to be managed well with attention to detail and quality".
- COVID-19 testing was carried out in accordance with government guidance, staff confirmed they underwent a regular testing regime.
- The registered manager was able to clearly explain what action they would take should someone test positive for COVID-19.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives contributed to the initial assessment process to ensure needs, preferences and expectations could be met. A senior member of staff undertook assessments and where needed additional information was also sought from commissioners and professionals.
- The assessments detailed the support people required and preferred to maintain their varied routines and support their health and wellbeing.
- The registered manager and staff worked with external health professionals to ensure people were being supported in line with best practice guidance. For example, staff liaised with and made referrals to occupational therapists, GPs and community nurses to promote people's well-being.

Staff support: induction, training, skills and experience

- Staff were supported with the appropriate training and supervision needed to carry out their roles. Training included core subjects such as safeguarding; health and safety; moving and handling; first aid awareness and fire safety. In addition, staff had access to training to help them support people's individual needs. For example, stroke and dementia care, and care at the end of life.
- People expressed their confidence in staff's skills and knowledge. Comments included, "They are well trained" and "They are well trained and attentive". A relative said, "The carers at Angel Carers are professional, attentive and reliable".
- Staff felt supported by the registered manager and senior team. Comments included, "(Manager) is supportive in every way and has an understanding of our role" and "When you phone the office, they remain professional with us...when I panic, they are very good!"

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

- People needed different levels of support with maintaining a balanced diet and their dietary requirements and preferences were identified in their care plans. This meant staff knew how to prepare food in a way people liked, which supported them to eat well.

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 manage their health and medical conditions. People's records contained information for staff to help them work safely and effectively with people.
- Staff were observant to changes in people's health and wellbeing and sought support for this where appropriate. For example, staff reported concerns about one person's weight and immediate action was taken address this.

- Staff sought the advice and support of health care professionals when needed. One relative said, "It's not just about how they care, it is how they make sure all appointments, hospital visits and tracking or tracing is catered for".

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.

- At the time of the inspection, none of the people supported by the service had a Court of Protection Order in place.
- People's capacity to make decisions was considered during the assessment process. This included an assessment of people's capacity to understand and weigh information to make decisions about their health and support needs.
- Records showed that people were involved in decisions relating to their care and support, and their choices were respected. If a person lacked capacity to make complex decisions, the service worked with them, their family and other professionals to ensure best interest decisions were made on the person's behalf.
- Staff had completed training in relation to the MCA and understood the importance of ensuring people made their choices about their lives.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Everyone we contacted spoke highly of staff, describing them as respectful; caring and friendly. Comments included, "The carers are lovely, treat me well, kind and respectful. They are very jolly, and we chat about all sorts of things. I am quite deaf, and they are very patient, making sure I understand" and "They are kind and caring. They know me well".
- Relatives comments included, "They (staff) are both really polite. I am very happy with the excellent care both carers give to my parents" and "(Person) feels reassured that she has a carer living with her, providing company and help when she needs it. Her carer looks after her very well and is very supportive".
- People received support, wherever possible, from the same staff so that the care they received was consistent. The management team considered carefully when matching staff to individuals and tried to ensure a suitable match to take into account people's interests and hobbies. This enabled staff to develop a rapport and good working relationships with people and their relatives. A relative said, "The care my (relatives) dad receive from this company is excellent". Another told us, "As a family we see them (staff) on a regular basis and feel able to discuss things regarding (person) openly and honestly".
- People's care plans included information about their diverse backgrounds, likes and dislikes and staff were knowledgeable about these.
- Staff received equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly and with respect.

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

- People, their relatives and the professionals, where appropriate, were involved during the assessment of their support needs and care plans were agreed. The people we spoke with said they were involved in decisions about their care and support. They described good relationships and communication with managers and staff. Comments included, "I am very happy with the way staff support me. They are very good, and I can't speak highly enough of them" and "I feel able to discuss my choices with them. They are very supportive".
- People's needs and preferences, and their interests, background, and key relationships formed part of the care plans. This helped to ensure the service provided was person centred.
- The service reviewed people's care at regular intervals and responded quickly when people's needs changed, including increasing care visits or making referrals to other agencies where necessary.

Respecting and promoting people's privacy, dignity and independence

- Without exception, everyone we spoke with described staff who respected their privacy and dignity. Comments included, "They are always polite, respectful and kind and I am happy with the way they support me"; "The staff have always been supportive through COVID. I feel able to discuss my choices with them" and "The staff are lovely".
- Staff encouraged people's independence in various ways. Examples included the use of assistive technologies, video communications and supporting physical adaptations to people's homes which enabled them to manage daily tasks by themselves.
- One relative described how the ethos of the service helped to promote people's independence. Staff worked with other professionals to ensure people had access to appropriate equipment, such as grab handles, specialist equipment and walking frames. We heard that staff supported people to plan and prepare meals. One person was particularly fond of cooking and staff supported them with this activity, which they enjoyed.
- People's confidential information, such as care plans, was stored securely and only people who required access could do so.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People and their relatives were involved in the care planning and review process, ensuring people received the right support in line with their choices.
- People's care plans were person-centred, regularly reviewed and gave staff the information they needed to safely and effectively support people. The information included in care plans enabled staff to get to know people and what was important to them.
- The provider had invested in a new electronic care planning system and were in the process of transferring all care plans to the new systems. This was being completed in an organised way to ensure essential information was not lost during the transfer. The new system enabled the registered manager and senior management team to up-date care plans in real time.
- People and relatives described a flexible and responsive service that met people's individual needs and preferences.

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.

- People's communication needs were assessed and detailed in their care plans. For example, people's preferred method of communication and any impairments that could affect communication was recorded and guided staff on the best ways to communicate with them. This meant staff knew the communication methods that were most helpful for each person.
- One person said, "I'm a bit deaf but they always make sure I can chat, I have no complaints." A relative reported, "The carers are really kind, caring and respectful. My (relatives) both have complex needs and communication isn't easy, but the carers patience is great."
- The provider ensured alternative communication methods were made available to people when necessary, such as large print or easy-read text.

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

- Staff supported people to maintain relationships with friends and family. For example, during the COVID-19 pandemic staff supported people to keep in touch with their loved ones via telephone and video calls.
- People told us staff had time to socialise and chat with them. Comments included, "They (staff) chat with me about my interests. In fact, we swap recipes as we are both interested in cooking. They have helped me

access my laptop"; "We chat away and have a laugh" and "They (staff) know what I like and what I don't like. They chat to me... I am very happy with the carers."

- Staff supported people to enjoy hobbies, activities and interests that were important to them. This included gaining new experiences. For example, staff supported people to post messages and fun dance routines on social media. People were supported to attend church to allow them to continue with their faith where restrictions allowed. Staff helped people with outings, for example for meals, walks and shopping to enable them to access their local community and help prevent isolation.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The provider and senior management team treated any concern as a learning opportunity to drive continuous improvement.
- People told us they knew how to raise a complaint or concern. They said when they had any issues, these had been swiftly resolved by the registered manager and staff. Comments included, "I have had a few complaints in the past, but I have always found them responsive and things have been resolved. No complaints at the moment"; "I believe that any problems that arise are dealt with appropriately, in a transparent and professional manner" and "I have no complaints but would ring the office if I did". People expressed confidence that any concerns would be addressed.
- One relative felt responses to concerns could be improved as they found some office staff lacked empathy and understanding. This feedback was shared with the provider for them to consider any improvements. The provider was keen to ensure all complaints were resolved in a timely way and to the person's satisfaction.

End of life care and support

- People had been given the opportunity to discuss their wishes in relation to end of life care and their preferences and advanced decisions had been recorded, where appropriate for the person.
- At the time of inspection, one person was being supported with end of life care. Staff had worked closely with family members and relevant healthcare professionals. This had ensured access to the appropriate specialist support, equipment and medicines.
- Correspondence from family members consistently demonstrated that people had received compassionate care from staff, which respected their wishes and ensured they experienced a comfortable and dignified death. Thank you cards and letters from family members referred to the kindness and compassion shown to their relative.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us the provider and staff placed their needs and preferences at the heart of the service, by ensuring their dignity, independence and choices were promoted.
- People experienced personalised care from a staff team who knew them well and were committed to ensuring they received care, which was individual to them. The registered manager and staff were focused to ensure people received good outcomes. A relative told us, "The company is really well managed and organised... I have complete confidence in the continuity of care provided and would recommend this company." This was echoed by other people and relatives who said they would recommend this service to others.
- People trusted the provider and senior management team because they responded quickly if they contacted them. With the exception of one relative, people and relatives commended the provider, management team and staff for being empathetic and responsive, whenever they were worried or required support.

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

- The provider and senior management team were aware of their responsibilities under the duty of candour and understood the importance of transparency when investigating when something goes wrong.
- Where events had occurred, these were investigated, and apologies given where the service was found to be at fault. Any learning from incidents was shared with staff to reduce the risk of reoccurrence.
- The registered manager also informed the CQC about significant events within their service using the appropriate notifications.

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

- The service had an experienced registered manager, who was also a director of the company.
- There was a clear management structure and accountability within the service. An experienced senior management team supported the provider and registered manager. One manager and supervisor were responsible for the live-in service and another manager and supervisors oversaw the day to day delivery of the domiciliary care service.
- There were systems in place to monitor and assess the service provided, which helped the provider and registered manager to identify and address any shortfalls.

- The registered manager and provider completed a range of audits which included, medicine records, care records and daily reports, and incidents and accidents. Records showed if shortfalls were identified action was taken to prevent a reoccurrence. For example, staff were spoken with if a medicine recording error had been identified.
- People and their relatives confirmed there was good communication with the service. One person said, "The service is well organised. I would recommend this company" and "The company is well managed and organised."
- Professionals, including commissioners expressed their confidence in the service. Comments included, "Only positive feedback regarding Angel Carers. They have always provided a high quality person centred service, always responded quickly to any issues raised and we get very few issues reported to the Quality Improvement Team relating to them."

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

- People had regular opportunities to feedback their experience of the service. For example, through care reviews, regular phone calls from the senior management team; spot check visits and satisfaction surveys.
- Senior staff completed spot check visits, observing staff and speaking with people using the service. These visits enabled staff to receive feedback regarding their working practice, and enabled people to share their experience of the service.
- Questionnaires were regularly sent out to people who used the service and their relatives. We reviewed the results of the most recent satisfaction survey, completed in 2020, which showed a good satisfaction rate.
- Relatives comments to us included, "The co-ordination and allocation of staff is well organised, and it is evident that the quality of care is monitored. I consider that Angel Carer's, and the service they provide is of a high standard" and "We have given feedback when requested and it is always positive. We would recommend this service."

Working in partnership with others

- The provider and senior management team worked in partnership with other health and social care professionals, such as GPs, nurses and social workers, to ensure people's health and wellbeing was maintained.
- The management team worked closely with the local authority adult social care team to provide a service that met people's needs and provided people with good outcomes. Comments included, "We hardly ever get any concerns through (about this service) and never really have since they first opened".