

Angy Care Limited

# Angy Care Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

- Angy Care is an independent domiciliary care agency which provides personal care and support for people in their own homes. The agency provides care for people in the Gravesend area of Kent. At the time of our inspection, they were only supporting one person who was a private client with complex needs who received support with personal care tasks.

People's experience of using this service:

- A relative told us they felt safe with the staff who knew how to meet their relative's needs, in the way they preferred.
- Care plan contained risk assessments, which was appropriately linked to their support needs.
- Processes were in place to identify and reduce any environmental risks to people and care workers.
- The service was not working according to the Accessible Information Standard (AIS) and its requirements during our inspection. This meant that the person might be unable to communicate effectively with care workers or understand what was going on and be involved in decision-making. This was an area for improvement.
- The service did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided at the time we inspected. However, a new quality audit document was being implemented. This would ensure robust monitoring of the service by the registered manager. This was an area for improvement.
- The person's needs were assessed prior to receiving a service including the protected characteristics under the Equalities Act.
- Staff were skilled in carrying out their role. Appropriate care workers were employed to meet the person's needs. Staff said they were supported by the registered manager.
- A relative told us the staff were caring and respectful; staff promoted the person's privacy and dignity at all times.
- People were encouraged to raise any concerns they had or make suggestions to improve the service they received.
- Staff felt there was an open culture where they were kept informed about any changes to their role. Staff told us the registered manager was approachable and listened to their ideas and suggestions.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

- This was the first inspection of this service. The service is rated Requires Improvement.

Why we inspected:

- This was a planned comprehensive inspection.

Follow up:

- We will continue to monitor the service through the information we receive. We will carry out another scheduled inspection to make sure the service improves.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

# Angy Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection was carried out by one inspector.

Service and service type:

- Angy Care is an independent domiciliary care agency which provides personal care and support for people in their own homes. The only person receiving care and support had a range of complex needs.
- The provider and registered manager registered with the Care Quality Commission. This means that both the provider and registered manager are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- This was a comprehensive inspection, which took place on 19 and 21 March 2019 and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open, and staff would be available to speak with us.

What we did:

- We reviewed information we had received about the service since registration with Care Quality Commission on 15 June 2017. This included details about incidents the provider must notify us about, such as abuse or when a person dies.
- Due to technical problems, the provider was not able to complete a Provider Information Return. 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 relative of the person using the service, two workers and the registered manager. We did not request any feedback from healthcare professionals. This was because the agency was not directly working with healthcare professionals involved in the person's care. The person receiving care and support was a private client.
- We reviewed the person's care records, risk assessments and daily records. We also looked at two staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service and a variety of policies and procedures implemented by the provider.

# Is the service safe?

## Our findings

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

RI: 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. Regulations may or may not have been met.

### Assessing risk, safety monitoring and management

- The person's care plan contained risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately.
- Processes were in place to identify and reduce any environmental risks to people and care workers. Risks to the environment were assessed, with registered manager looking to make sure it was safe for staff and for the person supported.

### Systems and processes to safeguard people from the risk of abuse

- Safeguarding processes were in place. Risk of abuse had been minimised because staff were aware of safeguarding policies and procedures. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.
- The registered manager knew how to report abuse to the local authority and CQC. There had been no safeguarding concerns since the service was registered.
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "If I feel or have any concerns about anything such as bad practice by a staff member, I can report to appropriate authorities, such as CQC."

### Staffing and recruitment

- Staff were recruited safely, and checks were completed. The provider's recruitment policy and processes were followed to minimise risks. This protected people from new staff being employed who may not be suitable to work with them.
- The person's needs, and hours of support were individually assessed. There were enough staff employed to meet the person's needs.
- The person's specific gender preferences for staff were accommodated.
- The person's relatives and staff had access to an out of hours on call system manned by the registered manager.

### Using medicines safely

- Relatives managed medicines at the person's home. Staff were not directly required to support and manage the person's medicines.
- There were up to date policies and procedures in place. This included guidance documents from NICE [National Institute for Health and Care Excellence] for medicine.
- Suitably trained staff followed arrangements in place in the person's home. Staff competency was

checked once a year by the registered manager.

#### Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and the person from the risk of infection.
- Staff were trained in infection control.

#### Learning lessons when things go wrong

- There had been no incidents of accidents at the service.
- There were policies and systems in place to ensure that incidents were recorded actioned. There was also a system in place to record any late or missed calls. These would be analysed if they occurred.



# 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.

Good: ☐ 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

- The registered provider undertook an initial holistic assessment with the person before they started providing care and support. The person and their relatives were fully involved in the assessment process. A relative said, "We were given information to help us understand what care and support we could expect before the care started."
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support.

Staff support: induction, training, skills and experience

- Staff received the training and updates they required to successfully carry out their role.
- Staff had completed the appropriate training needed to enable them to deliver care safely and effectively. This included completing competency based skills training designed to ensure that carers had the skills and knowledge they needed to deliver care for people.
- Staff had an annual appraisal of their work performance with the registered provider. However, there was no regular one to one supervision meetings. We spoke to the registered manager about this and they told us that they met with their staff regularly, but they had not recorded these meetings. The provider's supervision policy and procedure stated, 'Every employee will be invited to a supervision session with their manager or supervisor at least 4 times each year' This showed that the provider had not followed their procedure. This was an area for improvement.

Supporting people to live healthier lives, access healthcare services and support

- Staff were not directly involved in the person's healthcare needs.
- However, staff told us that they would report any concerns they have about the person's health to the relatives who would in turn take action.

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

- Staff supported the person to maintain their hydration and with their feeding device safely.
- Staff demonstrated that they understood the importance of following set guidelines in place.
- Staff followed the person's care plans which detailed the support they required with the feeding device.
- People's care records included guidance for staff to follow. For example, gastrointestinal conditions and epilepsy. This included guidance from NICE, which further enabled staff in understanding and meeting people's needs.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection.
- The person's capacity to consent to care and support had been assessed and recorded. The registered manager understood the principles of the MCA 2005 and was aware of the importance of respecting people's decisions.

# 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.

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- A relative said, "Yes, staff respect my home and relative at all times."
- Staff knew the person they were supporting well.
- The person's care records contained information about people's background and preferences, and staff were knowledgeable about these.
- The registered manager and provider were aware of the new General Data Protection Regulation (GDPR); this is the new law regulating how companies protect people's personal information. People's care records and files containing information about staff were held securely in locked cabinets. Computers were password protected.

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

- The person was supported to express their views regularly and their relatives were involved in making decisions about their care and support.
- Relatives were involved in the formulation, reviewing and the delivery of care.
- The person was able to express their needs and received the care and support that they wanted in the way they preferred.

Respecting and promoting people's privacy, dignity and independence

- A relative told us that staff always respected their relative's privacy and dignity.
- Staff understood the importance of respecting people's individual rights and choices.
- Care plans included what people could do for themselves and where they needed support.

## Is the service responsive?

### Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plan was personalised and placed their views and needs at the centre. The person's care plan was detailed and informed staff what the person's abilities were and support they required from staff.
- A relative told us they had a care plan folder in their home that contained the plan of care.
- A relative told us that detailed daily records were kept by staff. Records included personal care given, well-being, concerns to note and fluids taken. These records ensured communication between the staff and the relatives was good which benefitted the care of the person.
- The care plan was written in conjunction with and following information from healthcare professionals such as district nurses, dietician and clinical commissioning groups (CCGs). The relative we spoke with confirmed this.

Improving care quality in response to complaints or concerns

- A relative told us they felt confident in raising any concerns or complaints to their staff or through the office; and felt these would be dealt with appropriately. Comments included, "I will ring the office if I have a complaint. My queries are dealt with. For example, we ask for a carer to be removed and they did."
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.
- The service was not working according to the Accessible Information Standard (AIS) and its requirements during our inspection. AIS is a framework put in place in August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. This meant that the person might be unable to communicate effectively with care workers or understand what was going on and be involved in decision-making. This was an area for improvement. We will review this at our next inspection.

End of life care and support

- The service was not supporting anyone at the end of their life.
- The registered manager told us that they were prepared to have conversations with people and their relatives about end of life plans whenever they accept anyone at the end of life.

# 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.

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There were a range of policies and procedures governing how the service needed to be run. However, the service did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided.
- A range of quality audits such as care plans, incidents and accidents, spot checks and staff files had not been carried out. We spoke with the registered manager to ask whether there were any records of audits and checks to evidence that they were monitoring the service and they told us that this had not been carried out, they will be implemented. The registered manager showed us the new audit templates being implemented. This meant that once fully implemented, the registered manager would have a robust system in place for monitoring the quality of the service. This was an area for improvement. We will review this at our next inspection.
- The registered manager understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. These notifications would tell us about any important events that had happened in the service. The registered manager told us they understood this requirement.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. As this was the first inspection of the service, we discussed this requirement with the registered manager, to ensure that the rating would be displayed in the office and on the provider's website.

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

- Staff told us that they were able to share their ideas and felt listened to. Comments from members of staff included, "The manager is very approachable and supportive. She gives advice whenever needed." and "They are very supportive, and training is up to date. If we have any concerns the manager is very supportive."
- Feedback was sought from people and their relatives during care reviews. A relative said, "Yes, they do send out questionnaire and ask for feedback, which we complete."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us that the management team continued to encourage a culture of openness and transparency. A member of staff said, "I can speak to the manager at any time regarding any problem."
- There was a positive focus on supporting people to communicate and express their views.
- Relatives were fully involved in the person's care. Where things went wrong or there were incidents relatives were informed where this appropriate. A member of staff said, "We do staff handover daily. Relatives also give handover to staff as they are heavily involved in the care. There is a care plan in the home and we refer to this at every shift."

#### Continuous learning and improving care

- The management team kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers.

#### Working in partnership with others

- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care."
- The management worked with the relatives of the person supported in a joined-up manner in meeting the person's needs. A member of staff said, "The family keep us updated with the care and changes required."