

Angel Care Support Ltd

# Angel Care Support Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was an announced inspection carried out on the 20 July 2017. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

Angel Care Support Limited is a domiciliary care agency registered to provide personal care to people in their own homes. There were eight people being supported with the regulated activity of personal care at the time of our inspection.

At our last visit we found that the induction training for new staff who had been employed did not meet the requirements of the Care Certificate standards. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection, the provider wrote to us to say what they would do to improve in this area. At this inspection we found that this regulation had been met.

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

People were supported by staff in a respectful and caring way. Individualised support and care plans were in place which recorded people's care and support needs. These plans enabled staff to provide any assistance a person may have required.

People, when needed, were assisted to access a range of external health care professionals and were assisted to maintain their health and well-being. Where required, staff supported people to maintain their links with the local community to promote social inclusion. People's health and nutritional needs were met.

People were able to raise any concerns or suggestions they had with the registered manager and staff and they felt listened to. Communication between people and the office staff and management was good.

Staff demonstrated that they respected people's choices about how they would like to be supported. All staff were able to demonstrate a sufficient understanding of Mental Capacity Act (MCA).

Plans were put in place to reduce people's identified risks, to enable people to live as safe and independent a life as possible. Arrangements were in place to ensure that people were supported with their prescribed medication when needed. Accurate records of staff supporting people with their prescribed medication were kept.

There were pre-employment safety checks in place to ensure that all new staff were deemed suitable to

work with the people they supported. There were enough staff available to meet people's care and support needs. Staff understood their responsibility to report any concerns about poor care practice.

Staff were trained to provide care which met people's individual care and support needs. Staff were assisted with their training needs by the registered manager to maintain and develop their skills. The standard of staff members' work performance was reviewed by the registered manager through supervisions, appraisals and spot checks. This was to ensure that staff were competent and confident to deliver the care and support required.

There was a quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who used the service. This included audits on care plans, medication and complaints.

## 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 remains safe.

People who were assessed to need some assistance from staff were supported with their medication as prescribed.

Systems were in place to support people to be cared for safely. Staff were aware of their responsibility to report any concerns about poor care.

People's support and care needs were met by a sufficient number of staff. Safety checks were in place to ensure that new staff were recruited safely

### Is the service effective?

Good ●

The service was effective.

Staff were aware of the key requirements of the Mental capacity Act (MCA).

Staff were trained to support people. Supervisions, appraisals and spot checks of staff were carried out to make sure that staff provided effective care and support to people.

People's health and nutritional needs were met

### Is the service caring?

Good ●

The service remains caring.

Staff were caring and respectful in the way that they supported people.

Staff encouraged people to make their own choices about things that were important to them and supported people to maintain their independence.

Staff respected people's privacy and dignity.

### Is the service responsive?

Good ●

The service remains responsive

People were able to continue to live independently with assistance from staff. Where needed, staff supported people to maintain their links with the local community to promote social inclusion.

People's care and support needs were assessed, planned and reviewed.

There was an effective system in place to receive and manage people's compliments, suggestions or complaints.

### **Is the service well-led?**

The service remains well- led.

Audits were always undertaken and records of action needed identified to improve the service.

A process was in place to obtain feedback on the quality of the service provided from people through questionnaires.

**Good** ●

# Angel Care Support Limited

## **Detailed findings**

### Background to this inspection

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

We undertook an unannounced inspection of Angel Care Support Limited on 20 July 2017.

The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our review of this information prior to our inspection enabled us to ensure that we were aware of, and could address any potential areas of concern

We visited one person in their own home and spoke with one person and four relatives of people who were unable to verbally communicate their experiences to us on the phone. This was to gain their views of the service. We visited the agency's office and spoke with the registered manager, the provider and two support workers. A range of records were reviewed during our inspection visit, including three support plans, daily records of people's care and treatment, and policies and procedures related to the running of the service. These included staff training and supervision records, quality assurance documents and staff recruitment.

# Is the service safe?

## Our findings

People told us that they felt safe using the agency. A person when asked if the support they received made them feel safe told us, "Definitely I feel safe with my carer. They make me feel comfortable. They know my needs because I rely so much on them and because I have the same carer I feel very safe". One relative told us "our family member feels safe because of the consistency of having the same regular carers. It makes such a difference. We are satisfied with their care". Another relative said, "We trust them because it is the same team of regular carers. They have formed a good relationship and so the carers know exactly what to do to make sure that our relative is safe."

Staff said they had undertaken safeguarding training and records we looked at confirmed this. They demonstrated to us their knowledge on how to identify and report any poor practice or suspicions of harm. They gave examples of types of harm and what action they would take in protecting people and reporting such incidents. One staff told us "I will definitely report any suspected or actual abuse to the manager". All staff spoken with were aware that they could also report any concerns to external agencies such as the local authority and the Care Quality Commission. Information on how to raise a concern was also found on the communal notice board in the agencies office. This was so that any staff or visitors could note the information should they need to do so. This showed us that there were processes in place to reduce the risk of poor care practices.

Records showed that people's care and support needs had been assessed. We also saw that risks had been identified and assessed to reduce the risk of harm. Risks included but were not limited to; risk of falls, medication, moving and handling and staff lone working risk assessments. These care and support plans and risk assessments gave individual guidance to staff to help people maintain an independent and safe life as much as possible. We found that people had risk assessments in place which detailed the internal and external environment of people's homes as guidance for staff.

Care records we looked at detailed whether the person, their family or staff were responsible for administering, prompting or assisting, and collecting people's prescribed medication. At the time of this inspection people were either independent with their medication or required staff support to remind or assist them. People who were assisted by staff with their prescribed medication or topical creams told us that they had no concerns. A person said that, "They apply my creams as they should," when staff assisted them with their topical creams. One relative told us their family member's medicines were administered through a percutaneous endoscopic gastrostomy (PEG). This is a medical procedure in which a tube is passed into a patient's stomach through the abdominal wall most commonly to provide a means of feeding when oral intake is not adequate. They told us that staff administered medicine safely through this route. Another relative told us "[Name]'s medicine is administered though PEG. Staff give them safely because they have had training for it. I have no problems with that at all." Staff who administered medication told us, and records confirmed that they received training as well as having their competency assessed in this subject. Staff also told us those observations on how they administered medicines to people formed part of the provider's spot checks. We noted that spot checks on staff medication competency were always carried out.

Staff said that they had time to read people's care and support plans. They said they contained enough detailed information for them to know the person they were supporting to deliver safe care.

Records showed that the provider carried out pre-employment safety checks prior to them providing care to ensure that staff were suitable to work with people who used the service. This was also confirmed by staff. Checks included references from previous employment, a Disclosure and Barring Service check (DBS). [These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups], gaps in employment history explained and proof of address. These checks were to make sure that staff were of good character. One staff member told us "I was not allowed to start work until the DBS came back". This showed us that there were measures in place to help ensure that only suitable staff were employed at the service.

People said that staff arrived on time and that staff stayed the allocated amount of time. One person said that if staff were running late this was always communicated to them so they would not worry. Comments included "My carer has only been five minutes late once because of traffic and they called to let me know". One relative told us "The carer that comes to us is always on time. Never late. They know how important time is for us. But they will definitely let us know if they are going to be late for any reason". People and relatives told us that they had a team of regular staff and as such they had a positive relationship with staff members who supported them and their family members. Another person told us that they had two main carers who were, "absolutely fantastic." They then said that if one of their care workers was off sick, they would get a different staff member, but that it was rare. The registered manager told us they had enough staff meet the need of the people they cared for and supported. This was confirmed by staff members we spoke with.

The care records we looked at had assessed each person's needs and this helped determine how many staff a person required to assist them. This documented evidence showed us that there were enough staff available to work, to meet people's support needs and, to meet the number of care hours contracted. We found no evidence of missed care calls and people we spoke with confirmed this. This showed that the provider had enough staff available to deliver safe care and support for people who used the service.

The registered manager showed us documented evidence of a business contingency plan in case of any foreseeable emergencies. This showed that there was information for staff in place to assist people to be evacuated safely in the event of an emergency.

# Is the service effective?

## Our findings

At our last visit we found that the induction training for new staff who had been employed did not meet the requirements of the Care Certificate standards. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection, the provider wrote to us to say what they would do to improve in those areas. At this inspection we found that they have met the requirements.

The service had an induction programme. The registered manager said the induction programme enabled new staff to have understanding and knowledge about the service's policies and procedures. One staff member told us "the induction was very good. I shadowed a senior carer for two to three weeks before I started working on my own. It was really good. I benefited from it". Another staff member said, "I had my induction when I started work and shadowed staff for three weeks until I was comfortable to work on my own".

The registered manager told us that the Care Certificate was being used for induction for new staff who did not have any formal care qualifications. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care. The registered manager said that three new staff had nearly completed Care Certificate training to prepare them for role of supporting people with their care needs. Records of their training confirm this.

Staff told us they had completed various trainings to make sure that they had the skills to provide the individual support and care people needed. This was confirmed by the registered manager's record of staff training undertaken to date. Training was a mixture of classroom training and tests of their understanding by external providers and e-learning training on-line. Training included, food hygiene, first aid, infection control, fire safety, safeguarding adults, health and safety, and moving and handling, epilepsy, medication and PEG feeding. This showed us that staff were enabled to provide effective care and support.

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. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA and Court of Protection. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. The registered manager told us that anyone being supported by the service that lacked the mental capacity to make day-to-day decisions had been assessed and decisions were made with their family's involvement in their best interest. This meant that there had been no requirements to make applications to the Court of Protection.

Staff and records showed that staff had training on the MCA. Staff showed adequate knowledge and understanding about the MCA and was always put into practice. One staff member said "It means that if

people lack the capacity to make their own decision it is made in their best interest but must be assessed by professionals. The understanding of MCA meant the risk that any decisions made on people's behalf by staff would be made in their best interest and as least restrictive as possible.

People said that staff respected their choices. One person told us "My carers always give me a choice of what I want to do first". Staff demonstrated that they respected people's choice about how they wished to be supported. Comments included "Yes I always give them choice to do what they want me to do and how they want to be supported". People said that staff helped them maintain their independence and that this was important to them. Comments included "My carer always encourages me to do what I can do for myself". One relative told us "if [Name] wants to do something the care staff would let them do it".

Staff had a clear understanding about including and involving each person in decisions about all aspects of their lives. One staff member said, "I let people make a choice of what they want to do. I won't do anything without their permission. Another staff member told us, "I accompanied one person to the dentist and I let them make their own decision what they wanted to be done. I respect their choice". One relative told us "My family member makes all the decisions and the carer respects that".

People told us that where appropriate, they were supported by staff with their meal and drinks preparation. People were supported to help them remain independent in their own homes, which was their goal. A person said, "I can prepare my own meals but staff will help prepare meals if I ask them. They make sure I have plenty of drinks available before they leave." Some people who used the service were fed through the PEG to ensure adequate nutrition. There was guidance for staff to ensure that this was done correctly and safely. Relatives we spoke with confirmed that there had not been any problems with their family member's nutrition. One relative told us "[Name] has textured meals".

Staff told us they were supported with regular supervisions, appraisals and spot checks and that these were undertaken by the registered manager. Records confirmed this. One staff member told us "I have my supervision with the manager every three months. It is really very good. It helps me to look at what I am doing well. It also helps me to think of what I need to focus on to provide good care for the clients. I have an appraisal every year and we look at how I have done for the year and what I need to do next year, for example if I need more training". Spot checks were undertaken by the registered manager who looked at staff performance such as if they arrived on time and if they delivered the appropriate care. It also gave them time to talk to the person about their care and discuss any changes they may require.

The registered manager told us they went out to be part of the care team to support staff. This showed us they were prepared to support staff and provide care to people who used the service. They also told us they used this opportunity to conduct further supervision sessions and also review care plans whilst they were in people's homes.

People were supported to maintain good health and access the healthcare services they required. People's health and medical information was detailed in their care plan to include any contact details of health and social care professionals involved with the person's health and wellbeing. Staff told us they supported people to visit external healthcare professional appointments if needed. A staff member told us they assisted people by accompanying them to an appointment and that staff sometimes helped them book healthcare appointments. This meant that staff supported people with external healthcare appointments when required.

# Is the service caring?

## Our findings

People had positive comments about the service provided. A person described the service as, "Fantastic." Another person said that, "The service is excellent."

Care records we looked at included information about the person being supported. This included people's individual preference on how they wanted to be assisted. People told us that they were involved in decisions about their care and that communication was good. Information that was documented about a person in their support and care plans gave staff a greater understanding of the needs of the person they would be supporting. For example, how they want to be supported whilst having a bath or shower.

People and relatives told us that staff supported them in a respectful and caring manner. A person said, "Staff are polite, kind and respectful. Staff are knowledgeable and know what to do" One relative said "Staff are caring, kind, reliable and understanding. No worries at all". Another relative told us said, "Staff are patient, lovely, caring, reliable and flexible. Always happy to change their time especially in holiday times or if I want to go out".

People told us that staff showed them respect in both dignity and privacy when supporting them. A person said how they had some assistance from staff with their personal care and that staff always made sure their dignity and privacy was respected. One relative told us "[Name] gets covered up when they get out of the shower. The carer is very good at showing them a lot of respect". Staff we spoke with were able to demonstrate their knowledge of the different ways they would support a person with this type of care whilst maintaining their privacy and dignity. This included closing curtains and door when carrying out personal care and support and asking the person's permission first. One staff member told us "I always make sure that the doors are closed and curtains drawn". Another staff member said "I always make sure I cover the person with a towel so they are not exposed. I make sure that they are in a place where they are not disturbed or someone walking in on them". This meant staff were aware that they needed to promote the privacy and dignity of people they assisted.

The registered manager told us the service user guide included information for people on advocacy services. This document was given to people when they first joined the service. Advocates are for people who require additional support in making certain decisions about their care.

The service received compliments which included "We just wanted to let you know how pleased we are with [names of staff] who had been with (Name) in their few shifts. They both deserve praise for the manner in which they have already gained (Name's) confidence and the fact that they are both friendly and professional in all they do".

## Is the service responsive?

### Our findings

People's care and support needs were planned and assessed to make sure that the service could meet their individual needs. This was by the registered manager and in conjunction with the person and their relatives. One person said "The manager came to see me to assess my needs before they stated coming to support me". An individualised care and support plan was then put in place to provide guidance to staff on the support and care the person needed. One relative comment included "The manager came out a few times to assess [name]. They met with us and asked what [Name] needed and we developed the care plans together. It is really detailed to guide staff on what they have to do and they stick to it".

People's support and care plans detailed how many care workers should attend each care call and they prompted staff about how people wished to be supported. This helped care staff to be clear about the support and care that was to be provided. We noted details in place regarding the person's family contacts, and health care professionals such as doctors. Individual preferences were recorded and included what was important to people such as maintaining their independence and making their own choices and decisions as much as possible. Daily notes were completed by care staff detailing the care and support that they had provided during each care visit. We saw samples of detailed notes which were held in the agency's office. Reviews were carried out on people's care records to ensure that people's current support and care needs were recorded as information for the staff that supported them.

Staff confirmed to us that if they felt that the support and care plans needed updating to reflect people's current needs, they would contact the office and this would be actioned. Staff comments included "Peoples' care plans are important part of their care and they need to be updated to provide the right care". The support that people received included assistance with personal care, prescribed medications, attending health care appointments and domestic duties. Staff were able to give examples about the varying types of care they provided to people such as personal care, and assisting people with their medication. People told us that this assistance helped them maintain their independence and continue living in their own homes. Staff told us they supported some people to access the local community to promote social inclusion. One staff said "I regularly support one person who goes out to do their shopping and do other activities in the community". This showed that staff understood the help and assistance people required to meet their needs.

People told us they knew how to raise a concern. They said they felt able to talk to staff and that their suggestions and concerns would be listened to. One person told us, "I am satisfied with the service I have no complaint." We asked staff what action they would take if they had a concern raised with them. Staff said that they knew the process for reporting concerns. One staff said "Encourage them to talk to the manager. Either ring the manager or let the relative do it for them. I will also let the manager know if someone complained to me". The service had processes in place to record any complaints received and to ensure these would be addressed within the timescales given in the procedure. The complaint procedure was also included in the provider's service guide and the statement of purpose. Copies of the complaints procedure were provided to each person who used the service at the commencement of the service. We noted that the service had received three complaints since the last inspection about the service provided. Records showed

that the situations had been investigated, responded to in a timely manner, and any actions taken as a result of the investigation into the concerns had been documented and were to the complainant's satisfaction. For example, alternative carer was provided as requested.

People who used the service and their relatives had access to advice and support at all times. They were provided with details of the office opening times and the names and contact details of an on call arrangement which was available outside of office hours. People and relatives we spoke with said they had an out of hour's number to use. They said they were satisfied with this and said the system had worked for them.

## Is the service well-led?

### Our findings

Quality monitoring systems in place reviewed staff files and people's care records. Other monitoring included talking with people and assessing people's day to day needs. The registered manager sought feedback about the quality of the service provided from people who used the service and their relatives. A questionnaire was sent on 5 January 2017 and responses had been received. We saw that an action plan was in place to make any improvements required and that these had been actioned. Most people said that they were, "satisfied," with the service provided. We saw that people's feedback on the service was mainly positive. One relative told us "I am satisfied with the service because [Name] is happy". Any improvements required were documented as an action to be taken and by when. For example, the registered manager had booked to visit those people who had commented on the support and approachability the office staff.

The registered manager conducted sufficient audits to ensure the service was working well. These included care plans, staff times and duration of visits, staff files, staff training, medicines records, spot checks and staff competencies, financial sheets, daily sheets observation and complaints. We saw that where issues of concern had been identified an action plan had been completed for improvements to be made. For example, staff re-trained if they had medicines error. This showed that the provider had taken steps to ensure a good quality of service.

At the time of this inspection some people required support from staff to maintain their links with the local community. Staff talked us through examples of how they supported people when needed with collecting their prescribed medication, booking appointments for them and supporting them on shopping trips out. This meant that the service assisted people to maintain their links with the community.

The registered manager was supported by care staff and the director in the office. People had positive comments to make about the staff and the service. One person described the staff support given as, "Very good". One relative told us "I will definitely recommend the service if I am asked based on my experience of them". People told us that the registered manager was approachable and would listen to any concerns that they may have.

The registered manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. We found from the records we looked at and staff we spoke with that there had been no need to inform the CQC of any events, that by law, they were required to do so. There were processes in place for monitoring and learning from incidents and accidents. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to staff, resulting in improvements to people's safety.

Staff told us that an "open" culture existed and they were free to make suggestions, raise concerns, and that the registered manager was supportive to them. One staff told us "Our manager is very supportive and approachable". They were aware that the values of the service was to deliver a high standard of care to people they supported. One staff member said "They just want to provide excellent care to the people we

support and give them the choice to be in control of their care package".

Staff told us that the registered manager and director had an "open door" policy which meant that staff could speak to them if they wished to do so. We saw evidence that staff were made aware of staff meetings well in advance. The registered manager and staff we spoke with said that these meetings were every six months. The last meeting was in May 2017. Issues discussed included, MCA, care plans and safeguarding. The registered manager told us that they e-mailed updates to staff members who could not attend so that they would be aware of the most up-to-date service information. There was also an on-line portal where staff could access information and guidance. Staff we spoke with confirmed this.

Staff were regularly reminded of their roles and responsibilities at supervisions, appraisals and via e-mail communication. They demonstrated to us their knowledge and understanding of the whistle-blowing procedure. Staff told us they felt very confident that they would be supported to escalate any issues or concerns they became aware of if this was required. They told us that they knew the lines of management to follow if they had any concerns to raise. One staff member told us "I won't hesitate to raise any concerns about poor care with the management".

The registered manager told us they regularly updated their practice by using on line resources which included: CQC website and bulletin, health and safety executive (HSE) websites and shared these with their team. They told us they undertook training with the local council. They also liaised with other local registered managers to share good practice and discuss issues and challenges that could be faced within the industry.

The management team understood their responsibilities and had made sure they had submitted statutory notifications to us and completed the Provider Information Return (PIR) as required by the regulations. We found the information in the PIR was an accurate assessment of how the service operated.