

Angel Carers (Uk) Ltd

# Angel Carers (UK) Limited

## Inspection report

15A South Street  
Bridport  
Dorset  
DT6 3NR

Tel: 01308459204  
Website: [www.angelcarers.com](http://www.angelcarers.com)

Date of inspection visit:  
09 January 2017  
11 January 2017  
13 January 2017

Date of publication:  
14 February 2017

## 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. .

There was no registered manager in post. 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. We spoke with the directors of the service during the inspection and an application to register a manager was started before the end of the inspection.

There were systems in place to record people's needs, risks and the how they should be supported. Their records were kept under review but when a review was recorded it did not consistently mean that the care and support plans were updated. However when we spoke with staff they were able to tell us how people's needs were being met; this reflected the reviews that had been carried out. We pointed this out to the providers who took immediate action to review these records and make any necessary amendments.

Staff understood the importance of people consenting to the care they provided and encouraged choice making. They understood the importance of enabling people to make their own decisions wherever possible and seeking the involvement of appropriate people when making decisions to provide care in a person's best interests if they were not able to give consent themselves.

People receiving support felt safe and well cared for. They were protected from harm because staff understood the risks they faced and how to reduce these risks. They also knew how to identify and respond to abuse.

Staff were consistent in their knowledge of the peoples s needs and spoke with confidence about the care they provided to meet these needs. Care and treatment was delivered in a way that met the people's needs and promoted their independence and dignity.

There were enough safely recruited staff to ensure the care could be provided. Staff told us told us they felt supported in their roles and had received training that provided them with the necessary knowledge and skills to do their job effectively.

Staff were vigilant of peoples health care needs and ensured they had access to health care professionals to maintain their health. Staff understood the need to share information about changes in people's health.

There were systems in place to monitor the quality of the service and people were encouraged to contribute to the management of the service.

## 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. People told us they felt safe and was supported by staff who understood their role in keeping them safe.

The provider had systems in place to ensure staff were recruited safely.

People were supported by staff who understood the risks they faced and followed care plans to reduce these risks. This included supporting the person with prescribed medicines.

Good ●

### Is the service effective?

The service was effective. Staff understood the importance of consent and encouraged people to make choices about their care.

People were supported by staff who understood their needs and were trained to meet these needs.

People were supported by staff to access healthcare in a timely manner.

Good ●

### Is the service caring?

The service was caring. People received compassionate and kind care from staff.

Staff communicated with people in a friendly and warm manner.

Staff built positive relationships with the people they supported.

Good ●

### Is the service responsive?

The service was responsive. People received care that was responsive to their individual needs.

People's care plans reflected their needs and staff were confident in describing the resulting support.

People were confident they were listened to and any concerns

Good ●

they had were addressed.

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

The service was well led. There were systems in place to monitor and improve quality including seeking the views of people and staff.

Staff had a shared understanding of the ethos of the service and were committed to providing high quality care.

**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 as part of our regulatory functions. This inspection was planned to check 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.

This inspection took place on 9, 11 January 2017 and was announced. On 13 January 2017 we met with the providers to give them brief feedback on the inspection. We gave the provider short notice of this inspection in line with our published methodology for inspecting domiciliary care providers. The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the provider had sent us and information received from other parties. The provider had sent us a Provider Information Record (PIR). A PIR 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.

During our inspection we spoke with nine people receiving care and support, eight staff members and the directors of the service. We also spoke with representatives from the local authority involved in providing support for people using the service. We looked at records related to nine people's care and reviewed records relating to the running of the service. This included staff training and employment records and policies and procedures.

## Is the service safe?

### Our findings

People had individual risk assessments. We looked at peoples care records that identified the risks they faced and how staff should support them. However we looked at one person's recent review that identified that they could potentially be aggressive but this was not illustrated in the risk assessments. We spoke with the provider who told us that whilst there had been no periods of aggression for some time they would look at this risk again. On the second day of the inspection we were shown an updated risk assessment in relation to this issue. The provider also told us they would audit all of the care records to ensure that where a risk was known these were fully documented.

The people we spoke with told us they felt safe in the care of the people who supported them. One person told us "I have no concerns over my safety; the girls are very responsible and careful". Another person told us "I trust them all, they make me feel relaxed in their company, I never have to worry".

Staff were confident they would notice indicators of abuse and knew how to report concerns internally. The staff we spoke with could identify where the contact details of other agencies were if they needed to report any concerns. The staff we spoke with were confident in highlighting any concerns they had and that their manager encouraged open discussion. Staff were provided with information about their responsibilities with regards to reporting any concerns they may have. The provider shared with us documentation which evidenced that when staff had reported concerns they had reported these concerns to the appropriate agencies.

Staff were recruited safely with appropriate checks in place to reduce the chances of employing people who were not suitable to work with vulnerable adults. The provider had carried out checks on prospective staff to ensure they were suitable to work with vulnerable people. These checks included taking up references from previous employers and carrying out a Disclosure and Baring check (DBS).

There were enough staff to meet people's needs safely. One person told us "I generally know all of my carers as the same ones come most of the time. Sometimes new girls (staff) come when my regulars are on holiday or off sick". The staff we spoke with confirmed that they have a regular group of people they support.

People were supported to take their medicines safely. We looked at the systems in place to ensure that people had been supported with their medicines. We were shown peoples care records that were completed by staff when medicines had been given which had been completed as required. The provider had a system of monthly audit to look at these medicine administration records to ensure that these had been completed and to identify any issues relating to their administration. Whilst looking at peoples care records we did identify one anomaly with regards to medicines administration where it was unclear if the person was being supported to take medicine regularly or when required. We spoke with the provider who took immediate action to address this and clarified that the administration at the time was as prescribed.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Where people were unable to make decisions for themselves there were systems in place to access capacity and make best interest decisions if required. Where people who were being supported were assessed as not being able to make decisions about the care and support they received, there were decision specific assessments in place in line with MCA. There was evidence that best interest decisions had been made which had included people important to the person concerned. There was further evidence that other health care professionals had been involved as and when required.

When people had appointed people to act on their behalf (power of attorney) this was noted in peoples care records. However the associated documentation that would evidence that the appointed person had enacted this power, through the court of protection, was not available at the time of the inspection. We spoke with the provider who made arrangements to have a copy of the legal paperwork to be held on the person care records. This meant that the provider had acted in good faith and where copies of the legal paperwork were not readily available had taken action to address this.

People were consulted about the care they received. We spoke with people receiving care who told us about how staff ask what support they need and in what way. One person told us "I have a care plan which staff follow, if I want anything else they will help out, nothing is too much trouble for them". Another person told us "I wanted to change some things, I told staff and they changed how things work, I think it is written down somewhere". People told us they had been consulted about the times of the visits and if it fitted what they wanted. One person told us "I choose when staff visit, they usually come on time, no one (staff) has missed a visit, I know if I phone the office or speak to the staff we can sort things out". We asked staff about how care decisions would be made if someone was not able to make these decisions for themselves. They told us they would work in partnership with the person's relatives or people important to them to ensure people were supported appropriately.

Staff had the necessary skills to meet people's needs. One person told us they felt staff "knew what to do". Staff told us they felt they were trained and supported to do their jobs. One member of staff told us about the support they received in relation to online training. They told us "I struggled a bit at first but after speaking with my manager it was decided that I should come into the office if I was struggling, it's been great, I am very supported". Staff spoke confidently about people's care needs. There was a system in place for ensuring that staff kept their training current and staff told us they could access specialist training when this was appropriate to people's needs. A survey carried out by the provider in 2016 found that all of the

people who answered the survey considered staff were appropriately trained.

The people who received a personal care service did not receive support with eating and drinking but the provider had policies and systems in place to provide this support if necessary. Staff prepared meals for people. The people we spoke with told us about how good the staff cooked. The provider had a system in place for monitoring people's food and fluid intake when appropriate. This helped other professionals to make decisions where people were at risk of malnutrition or dehydration and demonstrated that they effectively worked in partnership with other health care professionals.

People were supported to maintain their health and wellbeing. When staff identified that people were becoming unwell arrangements were made to alert the person's doctor. We looked at people's care records that evidenced that both care and office staff were actively promoting people's well-being through their vigilance.

## Is the service caring?

### Our findings

People were well cared for. We spoke with people and asked them what they felt about the care they received. The comments we received were all positive ranging from "excellent, I could not wish for better", "I cannot fault them, very caring" and "I look forward to them (staff) coming, they brighten up my day". People told us they were treated with dignity and respect. Some of the staff we spoke with told us about how much they enjoyed their job. One staff member told us "I love my job, I love helping people, this is the first time I have worked for an agency, I love it".

Staff described how people's care plans and care records enabled them to keep up to date with people's current needs. Staff spoke confidently about the people's care needs. They also told us about the 'weekly brief' which was sent to all staff. This brief identified where people's needs had changed and gave staff key information about people's support needs as well as other information about the running of the agency. Staff told us they found this useful in ensuring they knew people's current needs.

Staff explained that they had time to build relationships with people because they worked with them regularly. They told us they had enough time between visits to get from one person to the other and enough time during the visit to complete the tasks safely. One member of staff told us "if I am a little late or don't think I can leave the person I am supporting as I have concerns or things have taken a little longer it's never any trouble, I just phone the office and they will sort it out, sometimes another worker will do my next call, I am never under pressure to complete a visit".

One person receiving care told us they felt listened to by the staff. They told us about being supported to make choices by care workers. They reflected on this saying: "The girls (staff) encourage me to do things for myself". People's care records gave staff information about people's likes and dislikes and gave staff information about people's social histories and relationships. The care plan format used meant that this information was sought out and recorded. This information enabled staff to form effective caring relationships with the people they supported.

## Is the service responsive?

### Our findings

People's care was delivered in a way that met their personal needs and preferences. People told us they were able to talk to the staff and felt listened to. People had an initial assessment of need which included all of those important to them. We spoke with one person who had recently taken up a service. They told us about staff talking to them about the support they needed, people important to them and carrying out risk assessments of the home. They told us they had felt listened to and were pleased with the service offered.

The service was responsive to people's different needs. An example of this was that the service had taken on a package of care which required staff to have specific training on a piece of equipment. The provider had sourced training on this equipment for its staff and worked with other health care professionals to ensure they could meet the persons' needs safely.

People's ongoing needs had been assessed and these were recorded alongside personalised plans to meet these needs. The records showed that people had been involved in identifying what they wanted the care plan to achieve for them and how they wanted their support delivered. Needs were assessed and care plans written to ensure that physical, emotional and communication needs were met during visits. Staff knew people well and were able to describe their support needs and preferences with a degree of confidence. They told us that they felt care plans reflected people's support.

The care staff kept detailed records which included the care people had received, physical health indicators and the support they received with medicines. These records and care plans were written in respectful language which reflected the way people were spoken with by the staff. The records were reviewed regularly against people's care plans. Although we noted that not all records had been kept in the way the provider wanted we also noted that through the auditing process the provider had identified areas that needed to improve. These improvements were communicated to staff via the weekly brief.

There was a complaints policy that explained to people how complaints would be managed and the provider had a system in place for managing complaints effectively. One person receiving care told us: "If anything is wrong I would tell the office but I never have had too." Another person told us "I talk to the girls (staff) if I have concerns and they sort it out

## Is the service well-led?

### Our findings

There was a no registered manager in post. Although the provider had put forward a person to manager the agency the application had not been completed due to communication issues between the provider and CQC. We discussed these issues with the provider at the time of the inspection who then made a new application to register a manager for the service.

The provider demonstrated a professional approach to service delivery. There was commitment to improving practice throughout the service. We noted that when we discussed issues that raised a degree of concern with the provider they took action to address the concerns without delay. We looked at the quality assurance systems in place. In general terms these identified some of the issues we noted but not all. The provider accepted that improvements would enhance the service and be able to ensure that the support received was as required. Following the inspection and before this draft report was sent the provider supplied us with a service development plan that demonstrated transparency and an open culture.

The staff we spoke with told us that they were able to talk with management about any concerns or ideas they had and told us these were acted on. The staff team worked with other agencies to ensure people received good care. An example of this was where a person required specialist equipment, the provider had made arrangements to have staff trained in its use and prepared a plan of care to support the use of this equipment. When we discussed this plan with senior staff they were open to suggestions on how to verify the plan and took action seeking verification from health care professionals. This meant that staff were focused on getting things right for the people they supported.

The provider supported the service by way of policies and documented procedures. The staff were provided with a 'operations' manual. This manual was a comprehensive guide to the expectations of the role of a carer and provided staff with guidance in relation to issues such as confidentiality, standards of dress, food safety, handling people's money and gifts etc. Policies and procedures were reviewed as and when required and detailed the values that underpinned the ethos and practice of the agency.

There were systems in place to monitor the quality of the service such as spot checks on staff practice and audits of records such as care delivery records. One person told us "The deputy manager often comes over for a chat to make sure everything is going well".

People were encouraged to provide feedback in relation to the care they received. We looked at the survey that had been conducted in 2016. The survey had been completed by approximately 40% of the people using the agency. The survey asked questions in relation to respect and dignity, choice, reviewing process, timing of visits and support given. The results of the survey were very positive with nearly 100% satisfaction in all areas surveyed.