

Angel Care (Devon) Limited

Angel Home Care

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

Angel Home Care provides care and support to people who live in their own homes. The services provided include assistance with personal care and domestic help.

One of the service's two directors held the role of registered manager and managed the service on a day to day basis. 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.

This announced inspection took place on 24 and 25 August 2016 and included visits to the office, staff interviews and visits to people in their own homes. At the time of this inspection 96 people were using the service, of which 69 were receiving support with their personal care needs. Domestic help is not regulated by us, and therefore this inspection looked at the care and support of those people who received assistance with their personal care. The service was previously inspected in January 2014 when it was found to be meeting the regulations at that time.

People, their relatives and staff told us the service was well-led. One person said, "The office is very efficient and you get a prompt response from the out of hours' team", and another said, "They're excellent, I'm very confident with them". Both of the service's directors worked at the service, one in the capacity of registered manager and one with the responsibility to oversee staff training and also to work alongside staff providing care, and as such both directors knew the people receiving a service well.

People said they felt safe with the staff when receiving care. They said they had a regular staff team whom they had come to trust and know well. Staff had received training in safeguarding adults and knew how to report any concerns in line with the service's safeguarding policy.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks, however we found that some plans held more detail than others. The service used a number of documents to record people's care needs and to guide staff about how to minimise risks to people's health, safety and well-being. We found the information from these various documents had for most people been incorporated in to their care plans, and provided staff with clear guidance not only about the person's care needs and how they wished to be supported, but also how to reduce any identified risks. However, one person's care plan identified the risks to their well-being but did not describe how staff should support the person to minimise these risks and to provide care in a safe manner. Through meeting this person and discussing their care needs with staff, we found no evidence staff did not know and understand how to care for this person safely. The register manager confirmed they would arrange for this person's care plan to be reviewed and rewritten to provide more detailed information.

The service employed sufficient numbers of safely recruited and well trained staff to meet people's needs.

Staff told us they had received training in topics including safeguarding, dementia awareness, infection control, catheter care, moving and handling, the Mental Capacity Act, first aid and respecting privacy and dignity. Should a person have very specific care needs, such as the care of a feeding tube, this was undertaken directly with the person and their staff team. People told us the staff were knowledgeable and skilled. One person told us "The carers are considerate and competent in the tasks they undertake."

People told us they had never had a missed call, and if the staff were going to be late they always received a phone call to notify them. Staff told us they had no concerns over the planning of visits and they were provided with sufficient paid travel time. They said they had enough time to ensure they delivered care safely and visits were not compromised by having to leave early to get to their next person on time.

People and their relatives were very positive about the way staff supported them. Each person we spoke with told us their care staff were kind and compassionate. One person said, "My carers are caring, conscientious, efficient and thoughtful." Other comments included, "they are all so lovely, so friendly" and "super, excellent, couldn't get anybody better". A relative told us their relation's carer was "a nice person to have around the home."

Staff performance was monitored through direct observation, spot checks and appraisals to ensure they were meeting people's needs and following the guidance in people's care plans.

Care plans were developed with each person and people told us they had received a copy. These plans described the support the person needed to manage their day to day needs and to remain as independent as possible. Staff knew people well and were able to tell us how they supported them. The service was flexible and responsive to changes in people's needs. For example, one person told us the service had provided extra visits during a time their relation was away from home.

Some of the people receiving a service were living with dementia which affected their ability to make decisions about their care and support. The registered manager and the staff had a good awareness of the Mental Capacity Act 2005. Records showed staff had been involved in a best interest decision about a person living with dementia continuing to receive assistance with their personal care. Staff said they asked people everyday about whether they were happy to receive care and to allow them to make what decisions they could.

People and their relatives had no concerns over the care and support they received and they felt able to make a complaint if something was not right. One person told us, "If there was anything wrong I know they [the registered manager] would put it right. They help me in any way they can." The service had not received any complaints this year.

Regular staff meetings provided opportunities to review the development and continued improvement of the service. Staff told us the registered manager was very approachable, they were invited to share their views about the service.

Audits were carried out periodically to monitor the quality of the service. Unannounced checks to observe staffs' competency and interaction with people were carried out on a regular basis. The service sought regular feedback from people who used the service and the results of the most recent surveys sent to people in May 2016 were very favourable. The registered manager kept up to date with current issues in the care profession by accessing care related websites, attending external training events, meeting regularly with other care providers, as well as the local authority's commissioning groups.

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.

People received safe care and support. They were protected from the risk of abuse through the provision of policies, procedures and staff training.

People's safety was protected as risk assessments included information about how to minimise the chance of harm occurring to people and staff.

Infection control practices were safe and staff were provided with protective clothing as necessary.

The service employed enough staff to carry out people's visits and meet their needs safely. Safe staff recruitment procedures were in place.

At the time of the inspection, the service was not assisting anyone with their medicines.

Is the service effective?

Good ●

The service was effective.

People received effective care from a regular team of staff who had the appropriate knowledge and skills to meet their needs.

Staff knew people well and were able to tell us how they supported people.

Staff skills were kept up to date through regular training. They had the opportunity to review and discuss their practice to ensure the continued effective provision of care.

People's consent to care was obtained and the registered manager and staff had a good awareness of the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were respectful, kind and compassionate.

People's privacy and dignity was respected.

People contributed to their care planning and were involved in making decisions about how their care needs were met.

Is the service responsive?

Good ●

The service was responsive.

People received a service that was flexible and responsive to changes in their needs.

Care plans supported staff to provide care in line with people's preferences.

People felt confident they could raise concerns and these would be listened to and dealt with promptly.

Is the service well-led?

Good ●

People benefitted from a service that had a registered manager and a culture that was open, friendly and welcoming.

Staff enjoyed their work and told us the management were always available for guidance and support.

Systems were effective in assessing and monitoring the quality of care provided to people. The service encouraged feedback and used this to drive improvements.

Angel Home Care

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 was 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 24 and 25 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure people receiving a service, staff and the registered manager would be available to speak to us. One adult social care inspector undertook the inspection.

Before the inspection we reviewed the information we held about the service. This included previous contact about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. The provider also 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. We sent questionnaires to 50 people receiving a service, two staff, 50 relatives and seven health and social care professionals to gain their views on the quality of the care and support provided by the service. Of these questionnaires we received 28 back from people using the service, none from staff, six from relatives and one from health and social care professionals.

We used a range of different methods to help us understand people's experience. We visited five people in their own homes and had the opportunity to speak with four of their relatives. We spoke with a further three people over the telephone. We spoke with six care staff, an administrative member of staff and the registered manager.

We looked at care records for the five people we visited; three staff recruitment files; staff training, supervision and appraisal records and those related to the management of the service, including quality audits. We looked at whether the service supported people with their medicines.

Is the service safe?

Our findings

People told us they felt safe when receiving help from staff with their care needs. One person said, "Oh yes, absolutely safe." One relative told us their relation, who required the use of equipment to assist staff with meeting their personal care needs, said they felt "safe and confident" with the care staff. All the people who returned a questionnaire to us also said they felt safe from abuse and harm.

Prior to people receiving a service, the registered manager, or the service's other director, met with people to gain information about their care needs and any associated risks. The service used a number of documents to record people's care needs and to guide staff about how to minimise risks to people's health, safety and well-being. These included a care plan from the local authority if funded by them, as well as various assessments completed by the service for those who funded their own care. There was also evidence of health and social care specialist involvement, such as occupational and physiotherapists, to provide guidance about how to support a person's mobility or the use of equipment. The service also undertook assessments in relation to environmental considerations, such as stairs or the safety of kitchen equipment to ensure staff were able to carry out care in people's homes safely. Should issues arise from this assessment, the service supported people to make the environment safe. For example, replacing the bulbs of outside lights or the fitting of a fire alarm fitted by the fire service for people who lived alone.

We looked at the risk assessments for the five people we visited. We found the information from these various documents had for most people been incorporated in to their care plans, and provided staff with clear guidance not only about the person's care needs and how they wished to be supported, but also how to reduce any identified risks. However, one person's care plan identified the risks to their well-being but did not describe how staff should support the person to minimise these risks and to provide care in a safe manner. For example, the care plan did not guide staff about how to support the person with their mobility. We spoke with staff about this person's care needs and they were able to describe in detail how they provided care, what the risks were to this person and the way in which they supported them reduced these risks. When we visited this person, they told us staff supported them well and their care needs were fully met in a safe manner. They did however say that because their care plan was not written in detail, they had to explain how they wished to be cared for to those staff who did not know them well, for example when their regular carers were on leave. We discussed this with the registered manager who agreed this person's care plan would be reviewed with them following the inspection. They said they would also review how risks were recorded to ensure the information held in the various documents was summarised and available for staff in the care plans held in each person's home.

People benefited from a safe service where staff had received training in safeguarding adults and understood their safeguarding responsibilities. They knew to report any concerns they may have over people's safety and well-being to the registered manager who they were confident would take the concerns seriously and inform the local authority. One member of staff was unsure of the process outside of notifying the registered manager. We discussed this with the registered manager, and they gave assurances all staff would be reminded of the process.

At the time of the inspection the service was not supporting anyone with their medicines. The registered manager said that should a person require support with this, then the necessary training would be provided for staff. Staff did however, when asked to do so, collect people's medicines from the local pharmacy.

Staff recruitment practices were safe and relevant checks had been completed. Many of the staff had worked at the service for several years. We looked at the recruitment files for three staff, including the most recently recruited staff member. All three files included the necessary pre-employment checks including proof of identify, previous employment references and a disclosure and barring service (police) check. This helped reduce the risk of the provider employing a person who may be unsuitable to work with people requiring care and support.

The service employed enough staff to carry out people's visits and meet their needs safely. People we spoke with and those who returned a questionnaire to us told us they had a regular staff team and they always knew who was coming to them. They said they were provided with a copy of the rota every week. People said their visits were never cut short by staff leaving early and they had never had a missed visit. However, on occasion, a visit was late, but they said they had always received a phone call to notify them of this. Staff told us they had no concerns over the planning of visits and they were provided with sufficient paid travel time. They said they had enough time to ensure they delivered care safely and visits were not compromised by having to leave early to get to their next person on time.

Should an accident occur in a person's home, staff were instructed to stay with the person until they were safe, to call for medical advice or the emergency services, and to inform the office as soon as possible. The office staff would then call the person's relatives to inform them. A report providing details about the accident was completed by staff and reviewed by the registered manager. These reviews identified how the accident had come about, whether any action was necessary to reduce the risk of a repeat and to assess for signs that people's needs may be changing. The registered manager confirmed they always alerted the local authority or GP or the community nursing service when someone had a fall or whose needs appeared to be changing.

The service does not routinely assist people with any financial arrangements, however staff do from time to time assist people with shopping. The service's procedure was for staff to sign for any money given to them and to obtain receipts for any items purchased. This allowed people and the registered manager to ensure money was being managed safely.

There was an on call system for staff and people to ring in the event of an emergency outside of office hours. Staff told us this system worked well and there was always someone to seek advice from. The service had contingency plans for emergencies such as adverse weather conditions. Each winter the registered manager wrote to people to review arrangements to protect people should the service be limited due to heavy snowfall or floods, for example. They identified those people who did not have family or friends who could be called upon, to ensure they were prioritised to receive visits.

Staff were provided with gloves and aprons and they told us these were freely available from the office. Records showed staff were provided with infection control training to ensure they followed good infection control principles.

Is the service effective?

Our findings

People told us the staff knew them well and they were happy with the care and support they received. They had a regular team of staff who had the appropriate knowledge and skills to meet their needs. One person told us, "The carers are considerate and competent in the tasks they undertake."

The registered manager confirmed there was a programme to make sure training was kept up to date, and this was overseen by the service's other director. Training records showed, and staff confirmed, that they received regular training throughout the year. Examples of topics included; safeguarding, dementia awareness, infection control, catheter care, moving and handling, the Mental Capacity Act, first aid and respecting privacy and dignity. Should a person have a specific care need, such as the care of a feeding tube, this was provided by the community nurses and undertaken directly with the person and their staff team. We saw evidence this training had taken place for a number of staff. Staff were also supported to undertake nationally recognised qualifications such as diplomas in health care, and the registered manager said staff were rewarded with an enhanced pay rate when completed.

New staff completed essential health and safety training before going out to visit people. One new staff member told us they had undertaken moving and transferring training before commencing their 'shadow' shifts with experienced staff. They said their induction to the service was "very good." The registered manager said staff new to care would be enrolled to undertake the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

Staff said they felt well supported by the registered manager, who they described as having an 'open door policy'. They said they could discuss matters with them or the service's other director, who also worked alongside staff providing care. One member of staff said, "It's brilliant, it's the best company I've ever worked for." Staff received group supervisions through staff meetings where they were able to discuss people's care needs, identify any concerns and plan their training and development support. Staff told us this suited them as they were encouraged to share their views and felt listened to. They said they had informal one to one supervision when attending the office as they often 'popped in for chat and a coffee'. Staff received an annual appraisal of their work performance and their training and development needs, as well as being given the opportunity to share their views on how well the service was managed.

Direct observations of how care staff attended to people in their own homes were undertaken periodically by the service's directors. These observations included how the staff member interacted with people, whether people's care needs were being met in the manner they preferred and whether there were any safety issues to be addressed. People and staff confirmed these checks took place regularly. Records of these spot checks were maintained and used to support staff training and development needs.

Some of the people receiving a service were living with dementia which could affect their ability to make decisions about their care and support. The Mental Capacity Act 2005 (MCA) legislation provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Staff had a good

awareness of the MCA and the principle of people being able to make their own choices. Three staff had recently completed a diploma in dementia care and the registered manager confirmed other staff would be supported to undertake this training. Staff told us they always asked at every visit if people were happy for them to assist with their personal care. They said they were aware people's ability to make choices might change and they were observant for this. A relative told us the staff were skilled in supporting their relation who was living with dementia, and they had been very supportive to them as a family.

If people had been assessed as not having the capacity to make decisions, a best interest decision was made involving people who knew the person well and other professionals, where relevant. Records showed the service had been involved in the best interest decision for one person to continue to receive assistance with their personal care. The registered manager explained that if a person's ability to make decisions about their care changed, they would discuss these changes with the person, their family and any relevant healthcare professionals to support a mental capacity assessment to be carried out.

People were supported to access healthcare services and their care records showed when health and social care professionals were involved. Staff told us they were in contact with the local GP surgery and community nursing service to keep them informed of people's care needs and to seek guidance and advice when necessary. The registered manager gave an example of where staff had recognised a person's mobility was declining and they needed more time to undertake their personal care safely. This was discussed with the local authority and increased time had been agreed for staff to attend to this person's personal care.

Staff supported some people to choose and prepare their meals. Staff knew people's food preferences and how to support people to make healthy meal choices. If they had any concerns over whether people were eating and drinking enough, staff told us they would contact the person's GP.

Is the service caring?

Our findings

People and their relatives told us the staff were very kind, caring and very supportive. One person said, "My carers are caring, conscientious, efficient and thoughtful." Other comments included, "they are all so lovely, so friendly" and "super, excellent, couldn't get anybody better". A relative told us their relation's carer was "a nice person to have around the home".

Staff spoke fondly about people they cared for and said they enjoyed working for Angel Home Care. One staff member said "I love the people I visit" and another said, "I find this job rewarding and satisfying".

In the service user guide, provided to all those who received a service, the service's vision was described as, "We believe that all our service users should be looked after with the utmost dignity and respect". It identified people have a right to be consulted about their care and to be treated with courtesy. When we visited people and spoke to people on the telephone, we asked them if staff treated them kindly and with respect. All said they did, and this was supported by those people and relatives who returned a questionnaire to us. People told us staff respected their dignity; they said staff always attended to them kindly and discreetly. Staff completed training to help ensure they understood how to respect people's privacy, dignity and rights. Observations of staff practice by the registered manager and director ensured staff used these values within their work.

Staff encouraged people to be as independent as possible and were patient to allow people time to complete care tasks themselves. One person said they were gradually improving after having an operation and staff were supporting them to regain their independence. They said the staff "never rush me". This was reflected in the comments we received from people prior to the inspection. All those people who returned a questionnaire to us told us the staff supported them with their independence.

People, and their relatives where appropriate, were involved in discussing their care needs and agreeing the information written in their care plans. People told us they were regularly asked whether they were happy about the way in which staff supported them. They said they were able to make decisions about their care and discuss any changes with the staff or the registered manager.

The registered manager said the service cared for and supported people to remain at home through illness and at the end of their lives. Staff received end of life care training and they told us they were proud to be able to continue to care for people at this time as they knew it meant a lot to people to remain at home.

The service had received many compliments, during the past year, from people and their relatives. These thanked the staff for their care and kindness. One person wrote, "Thank you all very much for all the care [name] and I have received. It made it easier for us to be at home." A relative wrote, "I want to thank you, the office staff and all the carers for their very good care and helpfulness to [name] over the years. I am sure he would not have been able to remain at home if he didn't have all the care you gave."

Is the service responsive?

Our findings

People told us the service was responsive to their care needs and they received the care and support they required. One person said, "They look after me very well."

The registered manager said they paid careful consideration to matching care staff with people. They wanted to be sure people were supported by staff with similar interests or who they felt would get on well with each person. They confirmed people had the choice of who cared for them and people could say if there was a member of staff they would rather not have. People's preferences in relation to whether they were supported by male or female staff were respected.

Care plans were developed with each person and people told us they had received a copy. These plans described the support people needed to manage their day to day needs. This included information such as their preferred routine, step by step guidance about how to meet people's needs and other information such as their food and drink likes and dislikes. We found one of the five care plans we looked at did not provide staff with detailed guidance about how to meet the person's needs safely and in line with their preferences. The registered manager gave assurances this would be reviewed with the person concerned and amended in accordance with their wishes.

Staff knew people well and were able to tell us how they supported people. Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written. Records showed the care plans had been reviewed regularly as people's needs changed.

People told us they were very satisfied with the care and support they received and were grateful it enabled them to remain in their own home. They said the service was flexible and responsive to changes in their needs. One person told us the service had been able to increase their visits at short notice while a family member was away from home. Another said the service was very flexible as they had to attend regular hospital appointments and the service was always happy to work around them. Other comments included, "I have found the agency and support workers to be unfailingly helpful and supportive." A relative said the service had been a "great support" to them and had responded well to their relation's changing needs. They said without this they would not have been able to care for their relation at home. A health and social care professional told us the service provided consistent support to people who had previously been let down by other care providers. In the provider information return, the registered manager gave examples of how the service fitted in with people's lives rather than people having to fit in with the service. They said it was important to adjust to people's requirements such as for appointments and social events.

People were provided with a copy of the service's complaints procedure. This provided information on how to make a complaint. People and their relatives told us they had no concerns over the care and support they received. They said they felt able to make a complaint if something was not right. One person told us, "If there was anything wrong I know they [the registered manager] would put it right. They help me in any way they can." Another person said they had no complaints about the service. They said the staff always made sure they had everything they needed before they left: they said, "They are always asking me what else can

they do for me." The service had not received any complaints this year.

Is the service well-led?

Our findings

People, their relatives and staff told us the service was well-led. One person said, "The office is very efficient and you get a prompt response from the out of hours' team", and another said, "They're excellent, I'm very confident with them".

In the provider information return, the registered manager told us they were committed to ensuring people received the "best care available" that was tailored to their needs. The feedback we received from people and their relatives showed a very high level of satisfaction with the care and support they received and demonstrated the registered manager put in to practice their aims and values of the service.

People said the registered manager and the service's other director, were very approachable and always willing to come out to talk to them about their care needs or if they were worried about anything. The registered manager said they felt it was important the service did not grow to such an extent that their personal knowledge of people was lost. They said they sent birthday and Christmas cards to everyone receiving a service and to staff to let them know they were important to them.

The registered manager was supported by administrative staff who were available in the office every weekday and who were responsible for rota planning. People and staff told us they were able to call into the office at any time to discuss care issues or changes to their rota, or just to "say hello and have a coffee". One person said, "I always call in when I'm in town."

The service had a good relationship with the local GP, pharmacy, the community nursing teams and the local authority. The registered manager said they used their local knowledge to guide people towards other services available to them such as the local memory café for people living with memory loss, or to social events people might enjoy. The registered manager said they also provided people with a copy of the town's guide to let them know what was happening in Bovey Tracey. A health and social care professional told us the service had a strong connection with the local community and had a "good group of regular care staff", who were reliable and who knew people well.

Several of the staff had worked for the service for many years. They said they did so because they felt the service had high standards and was professional. One member of staff said, "We are a small personal service and we have consistently high standards." When we asked staff what they felt the service did well, their comments included, "We care for people well"; "We are supportive of people and staff are supported. We have good training" and "The communication between us is very good".

Regular meetings provided staff with the opportunity to discuss people's care needs, share information and identify any training needs. Staff told us the registered manager was keen to listen to their views and to improve the service. The minutes of a recent meeting showed staff had discussed changes to one person's care needs and how to ensure they were supported safely as well as training in relation to catheter care.

Audits and reviews were carried out periodically to monitor the quality of the service. These audits included

reviewing whether there had been any accidents and how these had come about and whether any visits had been late. Visits were made to people's homes and records were checked to ensure they were completed correctly. Unannounced checks to observe staff's competency and interaction with people were carried out on a regular basis. Any issues were dealt with either individually by the registered manager or through discussion at the staff meetings to promote continual improvement of the service.

People told us they were always asked for their feedback about the quality of the service, either during visits or through the care plan reviews. One person said, "I'm always happy to let them know what I think." Questionnaires were sent to people annually and allowed people to make suggestions about the service and how it was managed. In May 2016 the service had sent questionnaires to people to seek their views. The feedback from these showed people were very satisfied with the care and support they received. Comments included, "I am very pleased with the service provided", "excellent care, reliable and on time" and "the carers make my life at home safer and my quality of life better."

The registered manager kept up to date with current issues in the care profession by accessing care related websites, attending external training events and meeting regularly with other care providers. They also attended the local NHS Clinical Commissioning Group stakeholders meetings to discuss the health care requirements for the local area. The service's other director also attended the local authority's care provider engagement network meetings to share ideas and good practice. This meant they were able to contribute to health care planning and reflect the needs of the people in the local area. They ensured staff benefited from these events by sharing information through the regular staff meetings and care reviews.

The registered manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of, harm. Systems were in place for the reporting of notifications to CQC and incidents that involved people had been reported to us as required.