

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Angel Home Care

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Angel Care (Devon) Ltd
Registered Manager	Mrs. Anna Mary Klinkenberg
Overview of the service	Angel Home Care provides personal care for people of all ages in their own home.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

People we spoke with were pleased with the service they received. One person said "I used to have a different service. This one's better. Incomparably better".

Everyone we spoke with thought that staff were polite and respectful and said that staff provided care and support in a respectful way.

People told us that they were happy with the care staff they had. The people we spoke with said care staff knew what to do and how to provide the care and support they needed.

People told us they felt safe and comfortable in the presence of staff and said staff respected them. Staff were aware of the different types of abuse and knew how to recognise and report it appropriately.

Staff told us they had enough information given to them to know how to care for people's needs. Staff were complimentary about the support they received from the organisation. We saw evidence that appropriate background checks were carried out prior to employing staff.

The agency conducted user surveys and records showed they responded when issues were raised. A trained assessor conducted regular spot checks to monitor the quality of care delivered in people's homes.

We saw that various checks were performed to ensure the service ran efficiently and to ensure that people were happy with the care they received.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People we spoke with were pleased with the service they received. One person said "The service and support is very good".

Everyone we spoke with thought that staff were very courteous. One person said "They are always very polite". People told us that they received a weekly timetable showing who would be delivering their care, on which day, at which time. All of these details were agreed with the person receiving the care.

People also appreciated the company staff provided. One person said "They include me in all their conversations". Two of the people we spoke with told us about the Christmas dinner event the service had organised recently. The service had invited all of the people who used the service, together with other people from the local community, to Christmas dinner at the local Methodist church hall. The service had provided catering and waiting staff for the event together with the food and refreshments. 19 people had attended. We saw a number of thank you cards from people regarding this event.

Everyone we spoke with said they thought staff provided care and support in a respectful way and compared well with other similar services. One person said "I used to have a different service, this one's better. Incomparably better".

Staff showed us a copy of the client information pack given to every person who was considering using the service. We saw that this included full contact details, vision and values, type of staff employed, range of services offered, confidentiality policy and complaints procedure. This meant that people were able to make an informed decision about using the service prior to making a commitment.

People told us they had been supplied with information about the service which included how to express any concerns or complain about any aspect of the service.

We saw care records which were detailed, clear to read and reflected people's individual needs and preferences. The care records included details about the person's preferred

name, details about their location, their interests, evidence of consent to share records with other healthcare professionals and personal preferences including any religious needs. We saw that the timing of one person's care visits had been adjusted on a Sunday to allow them time to attend church.

We saw four care plans for people with different levels of care needs and a range of different backgrounds. These care plans demonstrated that staff had been able to meet the people's needs whilst respecting individual preferences.

Staff told us there was enough time to provide care without rushing. One member of staff told us "They give us enough time to do the job. They're an excellent little company and that's why I stay with them". This meant that staff had enough time to engage people in conversation and involve them fully during each visit.

Staff were issued with an information pack which contained a range of useful details including the code of conduct expected from staff. This included respecting people, protecting confidentiality and privacy.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

All of the people we spoke with were complimentary about the care and support they received. One person said "They do extremely well. They seem to find good staff who know what they're doing. They are better than [other services]".

The people we spoke with were happy with the service they received. Three people said staff always stayed for the full amount of their allocated time. One person said "They always stay long enough". However, one person said "Once or twice they've been late".

One of the members of staff we spoke to was the agency's trained assessor. They told us that when people made enquiries about using the agency they visited the person's home for an initial risk assessment. This was then followed up by an in-depth assessment where people's preferences were recorded and staff matched with people. The assessor also conducted spot checks regularly to ensure staff were delivering the level of care agreed to a high standard.

One member of staff said "We always try and go above and beyond what would normally be expected".

We looked at daily rotas and saw that enough travelling time was given to staff between appointments. Management had considered the walking and driving distances between addresses. This meant that the management had made sure that the provision of care did not need to be rushed.

Everyone we spoke with was pleased with the staff they had. The people we spoke with said staff knew how to provide the care and support they needed.

We looked at three care plans and saw that each person had a file which included care records and risk assessments. These were clear, easy to follow and comprehensive. This meant that any staff could know the person's preferred routine. One copy was held in the person's home and one in the office. People told us about the records and instructions kept in their home.

People told us that the staff wore a uniform and a photo identity badge when they visited

their home and acted professionally. Staff told us that they wore gloves and aprons when appropriate and washed their hands at each visit.

Care records showed that each person receiving a service had undergone an initial needs assessment and that a care plan had been developed from this.

Care records showed that each person was assessed to gain a detailed overview of their medical history, care and support needs. Details such as health, medical conditions, dietary needs and medication were obtained.

Records also showed that the environment was checked for risks to make sure staff could enter the home and provide care in a safe way.

Office staff used their knowledge and the computer system to allocate the staff who would be best suited to the person. The manager explained that the business was small enough so they knew the abilities and availability of staff and knew the client group very well. The manager explained that they try to keep the same staff with the same person wherever possible. People told us that they almost always had the same carer.

We saw that care plan reviews took place every three months or sooner if appropriate. This showed that the care people received was checked to make sure it continued to meet the needs of people. The manager said these were basic timescales but were carried out more frequently when staff had highlighted changes in the person's care needs. Staff said they had been provided with sufficient information to provide quality care for people. One member of staff said "Recently I met with X and we updated their care plan with their agreement. It was a joint effort".

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The people we spoke with said they always felt safe when staff were in their homes. One person said "Yes, absolutely I feel very safe". People told us that staff respected their property and belongings.

Everyone we spoke with said they knew who they could speak to if they did not feel safe or were unhappy. People said this would be their relatives or the office staff at the agency.

We saw that staff received a staff handbook during their induction period and signed to say they had read and understood it. The handbook stated that the first response for staff to follow if they suspected abuse was to contact the manager or the company office staff who would follow the local safeguarding procedures.

Staff had completed safeguarding adults training during their induction period and had regular refresher sessions. We saw that there was a training matrix which was used to track when staff were due refresher training. This meant that staff were kept up to date on safeguarding training.

A safeguarding vulnerable adult policy was available within the staff handbook. Staff were aware of the safeguarding process to follow if they suspected abuse.

Staff we spoke with knew what to do if an allegation was made and knew the different types of abuse. All members of staff, we spoke with, said they would contact the manager, the local authority, the police or the CQC.

The manager told us that there had been no deprivation of liberty applications and that everyone who received care had the capacity to make their own decisions. We saw that staff files showed they had received training in the Mental Capacity Act.

The staff handbook contained policies on confidentiality. We also saw that confidential records were kept within locked cabinets for security. We saw that all computers were password protected.

Systems were in place to make sure staff had Criminal Record Bureau (CRB) checks performed, to ensure they were suitable to work with vulnerable people. We looked at staff files and saw that appropriate CRB and reference checks had been made.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at three staff recruitment files. These showed that the recruitment process was robust and met equal opportunities criteria.

Each file contained a photograph of the staff member and application form which contained details of an employment history, criminal and health declaration and details to complete about working in the UK.

Each file contained examples of proof of identity and proof of current address. Two written references had been obtained and details of the interview conducted. This was scored to show the process was fair for all employees.

Staff were unable to work for the agency until they had completed a Criminal Records Bureau (CRB) check, an ISA (Independent Safeguarding Authority) check and a physical and mental health assessment declaration. There were clear processes for the manager to follow if staff presented with a criminal conviction or health issue which would prevent them from working with vulnerable people. The provider had a robust risk assessment system in place to ensure that any staff employed were of suitable character to carry out care work with vulnerable people.

We saw evidence that new staff completed a probation period on commencing employment, during which time they were closely supervised and assessed. Staff who had completed probation also received supervision and assessment. Many of the staff had worked for the provider for a number of years. This meant that there was stability in the staff care team and a low turnover of staff.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

All of the people we spoke with said staff regularly asked them about the service they receive. One person said "They did a survey in 2012".

One person said "They do ask me about the service. I tell them 'its very good I think'".

We looked at the most recent 2012 survey to find out the views of people about the staff and the service they had received. The results from this survey were very positive. Of the sixty two people who had responded, 91% thought the service was good or very good. One person had written "I am very pleased with your care and visits. It has enabled me to stay in my own home". Another person had written "The carers are always cheerful, kind and willing to help with anything I may require".

We spoke to the service's trained assessor. They told us that they carried out an unannounced spot check on each member of staff regularly. We looked at three staff files and saw that spot checks had been completed on each of these staff. A new member of staff had been spot checked within two weeks of joining.

We looked at other completed spot check forms. These included face to face spot checks and checks over the telephone. We saw that the areas the assessor looked at included whether the care delivered matched the care plan, punctuality, communication skills, dress code, protective equipment, care competency, health and safety and dignity and respect.

The assessor told us that they monitored all aspects of care delivered and where any changes were necessary they were made in agreement with the person concerned.

Staff told us about their computer system called 'Caremanager' which assists the service in matching staff to the number of people requiring care each day. This meant that the manager could ensure appropriate care was delivered in a timely fashion by the correct staff.

The manager showed us how complaints and incidents were dealt with and monitored. We saw that there was a complaints policy in place. We saw that a recent complaint had been

dealt with in appropriately in a timely fashion. We saw that the office staff also monitored any safeguarding alerts, medication errors and risks identified by care staff. This showed that systems were in place to monitor how these events were managed. Everyone said they knew how to make a complaint. One person said "One person told us "If I had any concerns I'd speak to the company's owner and I've no doubt that they'd resolve it".

There were various systems of internal audits and checks performed at the agency to ensure the service ran efficiently. Checks on car insurance, driving licences, and whether training was up to date were included. The agency had a training matrix in place to ensure mandatory training and additional training was kept up to date.

The manager told us that the deputy manager at the office checked records frequently to reduce the risk of mistakes being made and ensure records were kept up to date.

We saw that the manager carried out regular surveys to find out the views of people about the staff and the service they had received. The results from the recent 2012 survey were positive. Of the sixty two people who had responded, 91% thought the service was good or very good. One person had written "I am very pleased with your care and visits. It has enabled me to stay in my own home". Another person had written "The carers are always cheerful, kind and willing to help with anything I may require".

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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