

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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2014

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

Supporting 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 10 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

At the time of our visit 75 people were supported by the service. The people we spoke with were very pleased with the service they received. One family member of a person who received a service told us "they're lovely, I miss them when they're not here, they look out for me too".

Everyone we spoke with told us that staff were thoughtful and kind. One person said "they fetch my milk and bread in their own time, they are a big help".

One person told us "I would rather do things for myself, but I can't and they are the next best thing. They are respectful and understanding".

One person told us "I have a laugh with (carer's name), she really cheers me up. I look forward to her coming".

We spoke with staff members about their work and asked if they would be able to recognise abuse. Each person was able to tell us what that understood by the term and the procedure that they would follow should they feel that a person they were caring for was at risk of abuse. From the answers given we were able to ascertain that staff understood what forms abuse took and how to properly alert the authorities.

We were shown the results of the annual user surveys which had been recently returned to the service. Very few contained negative comments. Of the ones that did, the service owners investigated each comment and where necessary took steps to change things to better suit the person's needs.

We found the office staff welcoming and friendly, easily approachable and professional.

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.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We visited people who received the service. They all told us that the service they received was good. One person said "they are excellent, I look forward to their visits". Another person told us "They are respectful and pleasant, I would not be able to stay in my own home without them".

We saw individual weekly timetables which were delivered to people's home several days before they were due to begin. This enabled the person receiving a service to plan ahead and if necessary request any changes. Wherever possible staff accommodated changes to fit in with the person's plans.

We were told "they ask me how I like things doing, they work with me rather than doing for me. To me this is important".

We saw care plans and risk assessments which were detailed and informative. These documents were individual to the person's specific needs and to the environment they lived in. We noted that if a person required a specific piece of equipment, staff were trained in the safe use of that equipment by the appropriate person. One example of this was a particular hoist which was needed to assist a person's to transfer safely from chair to bed.

Staff we spoke with were able to tell us about the people they supported, their likes and dislikes, preferences and interests. It was evident that staff took time to get to know the person and spoke warmly about each person they supported.

People expressed their views and were involved in making decisions about their care and treatment.

People who use the service were given appropriate information and support regarding

their care and treatment.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The service is located on the fringes of Dartmoor which means that many of the people they support live in isolated communities or that staff travel some distance to reach people. We asked how prepared they were for emergency situations caused by inclement weather conditions or vehicle breakdown.

We were told that each staff member is provided with a torch alarm which affords them some protection. If weather conditions are severe and roads are cut off or flooded, arrangements are in place with neighbours and family members to provide support to the people receiving a service.

We were told that staff telephone the service to report any difficulties and the office staff make alternative arrangements by telephone to ensure that the person receives a visit and some support. This demonstrated to us that there were arrangements in place to deal with foreseeable emergencies.

We were shown care plans of some of the people who received a service. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Staff members told us that they are given time to travel between clients so that they were not rushed and to ensure that the client receives their full time quota.

An internal assessor was employed by the service to conduct 'spot checks' in client's homes. This was to ensure that the people were receiving a good level of care and treatment and that they were happy with the staff who supported them. If any issues needed to be addressed this person ensured that they worked with the staff members to better understand what the client wanted from the service and how they could best deliver the required care and support package. This showed us that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff members we spoke with told us that they completed logs at the end of each visit so that a continuous and consistent level of support was provided. We were told that these logs were an invaluable source of information and allowed a seamless and professional standard of care practice to be delivered. One staff member said " It's so much better than my previous job. We were rushed there and logs were skimped so that we could get to the

next client. This is much safer"

We noted that staff wore a uniform and an identity badge when visiting people. They were provided with gloves, aprons and sanitising hand gel by the service. This showed us that both staff and clients were kept safe and that people's welfare was paramount.

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

People told us that they felt safe and comfortable with their care staff. We noticed that there was genuine and friendly verbal interaction between staff and clients. One person who lives with a family member who uses the service told us "they are so kind, they will do anything for us. They keep an eye out for me as well as (the family member). I look forward to their visits. We have a laugh". Another person told us that staff will collect provisions on their way to visit and that they greatly appreciated this gesture. We were told "they go that extra mile, it's the difference between me feeling like a burden to feeling like a person they care for". This showed us that staff cared about the people they supported and got to know them well which in turn mean that any changes in the person's demeanour or physical or mental health, were quickly noticed.

Staff we spoke with told us that the professional relationships that were built up between staff member and client made it easier to notice when things "were not quite right" or when people felt troubled. We asked the staff we spoke with what their understanding of abuse was. They each told us that they would report to the manager or office staff if they felt that anyone they supported was being abused. Each staff member was able to give us an example of a form of abuse and the signs to look out for.

We asked about safeguarding training for staff members. The service manager showed us a copy of the local authority safeguarding training course which is workbook based with group work to underpin each staff members understanding of the topic. It had been decided that this was the most suitable training package for the staff team and the service manager and the in house assessor had agreed to use this for all future staff training in this area.

The evidence we gathered suggested to us that 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.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with the in house assessor who was responsible for staff training and development. We were told that some staff joined the service having already obtained some relevant qualifications. However all staff complete statutory and mandatory training during their induction period.

During induction newly appointed staff 'shadowed' more experienced staff members as they went about their work. They were encouraged to ask questions, read care plans and familiarise themselves with the individual people who received support. Anything they were unsure of was explained to them and they were asked if they felt comfortable and prepared before beginning to work alone.

We were told by staff that if they wished to refresh their memory about a certain issue they would ask the person concerned, however where this was inappropriate they would consult the care plan. If they were still unsure there was 24/7 back up form office based staff.

One person who received a service told us "they know my routine, if they want to check they simply ask. We rub along nicely". Another said "they are lovely, they come in and just get on with things, they know what to do".

We asked the registered manager about ongoing training and were told that staff were welcome to enquire about any course they had heard of. If it was felt appropriate to their role, the service would support the staff member to enrol. This showed us that there was an opportunity for staff to receive appropriate professional development.

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 has an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We spoke with the in house assessor. We were told that regular 'spot check' visits were carried out when staff were visiting clients. This was to ensure that staff were providing the correct service, in the right way and that the service met people's needs. The assessor spoke with the clients to ask if they were happy. Where issues were mentioned, these were followed up. If changes needed to be made, these were actioned after proper consultation, without delay.

We were shown completed customer satisfaction surveys sent out by the service annually. The content was detailed and provided the person completing the survey with an opportunity to comment on every aspect of their care package including the way staff members behaved and made them feel.

The survey responses were carefully evaluated by the service manager who then used them as a working tool to inform changes where any were needed.

We were told that the registered manager followed up any comments made by visiting the person at home and discussing any issues they might have.

No formal complaints had been received however there were two isolated comments about staff arriving late. The service did all it could to minimise any such issue by allowing adequate travel time between clients homes. When staff encountered travel difficulties which caused disruption, such as road closures, they telephoned the service who in turn let the person know why the staff member had been delayed.

We felt that this demonstrated that people who use the service, their relatives and staff were asked for their views about their care and treatment and they were acted on and that the provider took account of complaints and comments to improve the service.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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