

Lacaz Bhurrut Ltd

# Guardian Angel Carers Mid Sussex

## Inspection report

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30 May 2023

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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

### About the service

Guardian Angels Carers Mid Sussex is a domiciliary care service providing personal care and support for people in their own homes. The service provides support to older people and younger adults with a range of needs including dementia, physical disabilities and sensory impairments.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, they were 19 people receiving the regulated activity from the service.

### People's experience of using this service and what we found

People received kind and compassionate care. People were supported by appropriately recruited and trained staff. Risks to people had been assessed and mitigated through safety measures and guidance for staff. People who required help with their medicines were supported safely. There were systems in place to protect people from avoidable harm and abuse. The registered manager ensured that incidents were reviewed so that any changes could be made.

People were supported by staff who received training appropriate to their role and who knew their needs well. People were supported to ensure their healthcare needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were encouraged to live healthy lives and received food of their choice.

People spoke affectionately of the carers that supported them. People appreciated the time staff spent with them. People were treated with respect and dignity. People received a responsive service where their care was arranged according to their needs and wishes. Staff knew these needs well. Staff were flexible and adapted to peoples' request to adjust their support.

People spoke positively about the engagement and involvement of the registered manager. The registered manager ensured, through audits and checks, that the quality of the care provided was sustained and monitored effectively. Management of the service responded effectively to people's views and feedback and sought to continuously improve care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 24 February 2022, and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Guardian Angel Carers Mid Sussex

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was undertaken by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 May 2023 and ended on 1 June 2023. We visited the location's office on 30 May 2023.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

### During the inspection

We visited the provider's office on 30 May 2023 and spoke with the registered manager, nominated individual, quality and compliance manager and care co-ordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed records that included 5 people's care plans, risk assessments and some medicine administration records. We also looked at records relating to the management of the service, including policies and procedures, quality assurance systems and staff recruitment and training records.

Following the site visit we spoke to 3 people and 3 relatives by telephone about the service they were receiving. We spoke with 3 care workers by telephone. We contacted 3 professionals to obtain feedback about working with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse.
- Staff had the training and knowledge to ensure they could recognise when people may be unsafe and to identify potential signs of abuse. Staff understood processes for reporting these concerns.
- The registered manager understood their reporting responsibilities with the local authority and CQC in reporting incidents where they suspected abuse.
- There was a system in place for recording and monitoring incidents and accidents. Appropriate actions had been taken to mitigate any further risks and ensure that safety incidents were reviewed. For example, action had been taken by staff to alert relevant professionals when one person's profile bed was found to be damaged.
- One relative spoke about the importance of trusting staff with their loved one and being in their own homes. They said, "Just having strangers in her home. It was important to find the right company. We certainly feel safe with them."

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed. Care plans had the information staff needed to manage these risks safely. Staff told us that changes in people's support were updated promptly to the electronic application they used.
- Risks associated with people's care and health needs had been assessed. For example, reviews of people's mobility needs, nutrition and hydration needs, their financial safety and health conditions had been completed so that potential risks could be mitigated as much as possible.
- The registered manager had completed environmental safety checks of people's homes during their initial assessment so that staff could undertake people's care and support safely.

Staffing and recruitment

- There were enough suitable staff to provide care to people. People told us they received a reliable service where calls were usually at the times they wanted and where staff had time to complete tasks and take time to chat with them.
- The registered manager monitored the number of people they supported and staffing levels, and only considered taking on new work only if it did not impact on the existing care people were receiving. Staff were given travel time between calls to allow carers adequate time to complete their work.
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). DBS checks provide information including details

about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- There were systems in place to ensure that medicines were administered safely. We do not inspect how medicines are stored in people's homes. Staff had received training in the administration of medicines.
- Staff recorded the administration of people's medicines on a secure electronic application. The registered manager ensured that changes in people's medicines were updated when needed and staff told us that information about people's medicines was clear and accurate.
- Some people were prescribed 'as and when needed' or PRN medicines. There were protocols in place for staff to follow when PRN medicines were needed.

#### Preventing and controlling infection

- People and their relatives told us that staff exercised good practice when supporting them and wore appropriate personal protective equipment (PPE) when it was necessary or requested.
- Staff had received training on infection control and had access to the PPE they needed.
- Environmental risk assessments guided staff with utilising hand washing facilities effectively and being aware of waste disposal arrangements. Carer records showed that carers had provided support to empty and remove people's clinical waste bags when required and ensuring that household waste was dealt with appropriately.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Peoples' needs and choices were assessed and took account of people's needs and preferences.
- The management of the service met with people before setting up their care package to ensure they could effectively meet their needs. One person said, "I met (the nominated individual) and she came herself in the first week and introduced me to one of the carers."
- People's protected characteristics and diverse needs under the Equality Act formed part of this process. For example, people's religious needs and preferences were captured.

Staff support: induction, training, skills and experience

- Staff were receiving the training and support they needed to undertake their role effectively.
- New staff completed a comprehensive induction that included practical and online training in areas such as moving and handling, safeguarding and health and safety. One staff member said, "It's a completely new experience for me. The induction was very thorough. We still do the online training throughout the year. We have access to this. The in-person training was very thorough. They teach you a lot. I left there feeling very comfortable about doing the job."
- Each new carer completed The Care Certificate as part of their induction process. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. One relative said, "There's a good deal of flexibility and a good deal of experience of those who join."
- Staff completed a period of shadowing more experienced carers before working by themselves. One staff member said, "We shadowed for the first couple of weeks and had the option to continue shadowing. Even now if I'm not certain they'll send someone out to help with I think it is fantastic."

Supporting people to eat and drink enough to maintain a balanced diet

- Some people needed support with preparation of food and drink and staff supported them effectively with this.
- People had been risk assessed as to what support they would need to maintain good nutrition and hydration.
- People were happy with the support they received to prepare meals. Carers records showed carers preparing vegetables for people, preparing healthy meals of their choice and responding to people's requests. One person said, "The carers get ready a flask of tea and cake, and we have tea together in the afternoon. We chat about what's on our minds then we choose what are going to eat the next day."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported by staff to access health care services if they needed to.
- When people required additional support, staff contacted and worked with other professionals to secure this. Appropriate and timely referrals were made when needed.
- When needed, people received support from staff to access medical appointments. One relative said, "She went to the hospital the other day. One of the staff took her in her car as I had another commitment."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People and their relatives told us staff sought consent before providing care. People were assumed to have capacity unless assessed otherwise, and carers ensured that people made their own decisions about their care. One person said, "Whatever they do, they make sure it's what I want them to do."
- Staff receive training on the Mental Capacity Act and understood their responsibilities regarding the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were consistently positive about the caring attitude and approach of staff. One relative said about staff and their loved one, "They have a good deal of fun as well as being very kind. He likes to have a chat with them."
- People told us that staff listened, spent any additional time with them and made them feel like they mattered. Staff told us they enjoyed the part of the role where they spend time with people.
- One relative said, "They chat with her all the time. It makes my wife feel much more comfortable." One staff member said, "They definitely allow enough time to do the job and more. I like to have to chat. Some people don't leave the house and I like to let them know what's going on." A second staff member told us, "We always chat when tasks have been completed, I always make sure I sit down and have a tea and coffee and ask what they've been up to."
- People's diverse needs were captured and reflected in their care planning. Although there was no one currently being supported with any cultural or diverse needs, any needs would be fully reflected and adapted into their support.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in planning their care and support.
- People told us that staff sought their views and focused on ensuring that people made the decisions about their care. One person said, "(The registered manager) gets in touch with me. I never hesitate to pick up the phone if I need to speak with him. One staff member has popped in to coincide with normal call to talk to me about my care."
- People told us that the registered manager was active in their support and would visit them to deliver support and speak to them. One person said, "I've met him. I think he's very good. If somebody didn't turn up, he's come in their place. He did this when a carer was taken ill and couldn't come."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One relative said, "Oh yes there's nothing out of order. They treat her very well indeed. It's a very good service."
- Care plans were detailed, written in a person-centred way and reflected peoples' choices of how they wanted their care to be delivered. Guidance for staff promoted the encouragement of people to be as independent as possible. Feedback from people was that their carers encouraged them to complete tasks themselves, according to their care plan.
- Records showed, and people told us, that staff responded in a compassionate and timely way when people needed it. One record showed that a carer had identified a drop in one person's emotional wellbeing

and who declined to go for their regular walk. They reassured the person, talked with them and encouraged them to go for their walk later in the day when they had rested. Records showed that this was effective, and notes reflected an improvement in their wellbeing.

- Care records and conversations with staff demonstrated a respect for the people they supported.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were receiving a personalised service that was responsive to their needs. Care plans contained detailed guidance of people's routines and how they wished for their care to be delivered.
- Care plans were reviewed and changes in people's needs were updated promptly. One staff member said, "With one client I was covering for another carer, so I didn't have enough time to shadow. I read all the care plan before going. There's enough information there. I will always call another carer to check."
- People told us that staff supported them at times that suited them and often did additional duties if requested. One person said, "She's absolutely on the dot. My carer doesn't drive so reliant on public transport to get to me. She sometimes walks. She's absolutely brilliant." Another person said, "When she was here last, she stayed an extra 10 mins as my laundry was still washing. If she hadn't it would have been there for a few days. She offered to do that even though I said not to bother. It was in her own time."
- Technology was used effectively to record and monitor the care provided. Carers used a secure electronic application to view people's support needs and record what care they had provided. Staff told us that the system was efficient and updated promptly with any changes in care needs.
- Some people were encouraged and supported to access activities. One person was supported by staff to access a local activity centre and local gardens. Staff provided companionship calls to some people to avoid isolation.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication and sensory needs had been assessed. Staff knew people well and supported them with those needs. People's care plans determined whether people needed support with glasses or hearing aids, or whether conditions such as dementia or acquired brain injury impacted on the person communicating their wishes.
- No one currently required information about their care in a format they could understand. The registered manager confirmed that information in formats such as braille, language translation, easy read or large print could be provided if needed.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and people had details of how to make a complaint in their home folders.
- There were no formal complaints to review although people and relatives stated that issues were dealt with by the registered manager promptly and professionally.
- People and their relatives told us they would feel comfortable making a formal complaint if needed and confident it would be addressed appropriately.

#### End of life care and support

- No-one was receiving end of life care at the time of inspection.
- Staff received training in end-of-life care. Some carers had joined an online training group run by the provider during the inspection.
- Peoples future wishes and arrangements had been assessed. Information about where people wished to be cared for, how they wished to be supported, and relevant medication was seen in some records.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and nominated individual were dedicated in providing a service that was inclusive and achieved good outcomes for people. One person said, "I feel I've made a really good decision to have this company." One relative said, "The staff are first class. Everything is well planned and executed. You get the feeling that your wife is being looked after well."
- The registered manager viewed the importance of a recruitment process that focussed on ensuring that new staff were compatible with the values and ethos of the service. The providers information return stated, 'We hire on values, not qualifications, seeking out carers who embody our values and are compassionate, professional, reliable, and friendly'. One relative said, "Certainly I do think they have a very good eye for picking the right people."
- People, their relatives and staff were consistent in their view that the service was well managed and supportive. One person said, "(The registered manager) and I get on very well. He has a lot of know-how, and he can do many things. He knows the medical side. He knows what he's doing."
- The registered manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager ensured that systems were in place to make sure that care and support was of good quality and to drive improvements. Regular quality checks were completed to monitor the standard of people's care.
- The registered manager and staff were clear about their roles and responsibilities. The registered manager was focussed on ensuring that people's support was not impacted as the service developed and grew. Recruitment of further field staff was planned so that quality assurance roles could be shared, and staff could develop further.
- The registered manager was clear about their regulatory responsibilities and had continued to work with local authorities and the CQC to ensure that legal requirements were met. Statutory notifications had been submitted to CQC appropriately. Statutory notifications are information the provider is required to send us about the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us that the registered manager was receptive to their views and feedback and acted when requests for support were made. One person said, "I am very, very happy. As a company they are very caring and happy to talk to me if I have anything to say."
- Staff completed client satisfaction calls although these had not been formally recorded. People confirmed that management would consistently seek their views and feedback. One person said, "(The registered manager) comes around occasionally. I did have an issue with one particular carer, but he dealt with that. They are very good. It was a quick look to see if everything is ok. They are brilliant." Another person said, "(The registered manager) has always said if I have a problem to ring him. He was perfectly happy for me to speak to me."
- Staff told us that the registered manager and nominated individual were inclusive, open and were proactive in supporting them. One staff member said, "They are very genuine and go the extra mile for their carers. They know how to run a business. 10 out of 10. Their attention to detail is excellent. I can't sing their praises enough." Another staff member said, "They absolutely run it well. I left my last job as the support wasn't there. It is here and that is very reassuring."

Working in partnership with others

- Staff had developed effective working relationships with other agencies. The registered manager had liaised with relevant specialist services when people needed additional support.
- Records showed regular involvement with a range of services including GP's and district nurses. One professional said, "I have always found them to be caring and professional. As colleagues they are approachable and responsive."
- Feedback we received was positive on the service's approach to partnership working and care. One professional told us, "My experience of Guardian Angels has been over a variety of patients and diagnoses. I have found them to be professional and thorough in communicating with colleagues. Feedback from patients and carers has been that they are caring and considerate."