

Blue Angel Care Limited

# Blue Angel Care Limited

## 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

### About the service

The service was a domiciliary care agency which provided personal care services to people living in their own home. There were 22 people using the service at the time of the inspection.

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.

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

People told us they were happy with the care they received. They said that the quality of the service had recently improved after the provider had made changes to the service's management structure. This included improvements around consistency of staff and the timing of calls.

The registered manager oversaw two of the provider's branches. There was an organised structure of senior staff in place to oversee the running of the service, all of whom had a good understanding of their roles and responsibilities.

The registered manager was focused on making continuous improvements to the service. This included developing their electronic care planning system to improve how auditing and quality assurance was carried out.

There were systems to enable office staff to monitor the quality of care responsively, using an electronic care planning system. This included the monitoring of care calls, care notes, incident reports and medicines administration.

People received personalised care in line with their needs. People were involved in developing and making decisions about their care. Their care plans were clear and concise, detailing the support they required and their preferred routines.

Risks related to people's health and medical conditions were assessed and reduced. Staff were pro-active in identifying emerging risks and changes in people's health and wellbeing. Staff were confident in making referrals to professionals and carrying out their instructions for ongoing care.

There were enough staff in place and new referrals were carefully managed to ensure there was sufficient staffing capacity in place to meet people's needs. The provider had appropriate recruitment processes in place to help ensure suitable staff were employed.

Staff were motivated in their role and spoke positively about the support they received from the registered manager and senior staff. People and relatives told us their care needs were met and they were treated with

respect and kindness. Staff had a good rapport and relationship with the people they supported.

The provider and registered manager understood the importance of supporting staff with good quality training. This included training and support related to their role and opportunities to promote their professional development. The provider had a proven history of developing staff to enable them to progress to more senior roles in the service.

There were policies and procedures in place to protect people from the risk of suffering abuse or coming to avoidable harm. There were systems in place to ensure incidents were appropriately reported, recorded and reflected upon.

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.

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 17 March 2022 and this is the first inspection. This service was previously registered at a different location which had not been inspected.

#### Why we inspected

This service had not previously been inspected and we wanted to check people were receiving safe care and support

#### 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 ●

# Blue Angel Care Limited

## 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 carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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.

#### What we did before the inspection

We reviewed information we had received about the service since their registration with CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with seven people and three relatives via telephone about their experience of the care provided. We visited the provider's office on 4 April 2022 to speak to the registered manager, the operations director

and review records, policies, audits and care plans. We spoke to eight staff via telephone between 25 March and 1 April 2022.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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

- People and relatives told us they felt safe receiving care from staff. Comments included, "They [staff] keep my relative happy and safe and that is all I can ask for", "I feel 100% safe", and, "I have no issues with the care I receive and when they are helping me I do feel safe".
- The provider had a safeguarding policy in place, which outlined the procedures the provider would follow to help keep people safe from suffering abuse or coming to avoidable harm.
- Staff had training in safeguarding adults. The staff we spoke with understood their role and responsibility for safeguarding people from abuse, including how to recognise and report possible abuse. Training was updated annually as well as safeguarding featuring as a topic in staff meetings and supervisions. This helped to ensure staff received ongoing learning and support and their knowledge around safeguarding was up to date.
- The registered manager had a good understanding of procedures to follow when concerns were raised about people's safety or welfare. They had taken appropriate action to safeguard people when concerns were raised about their safety or wellbeing.

Assessing risk, safety monitoring and management

- The registered manager completed assessments before people began to use the service. These included risk assessments in areas of support such as mobility, moving and handling and skin assessment. Risk management plans were in place to reduce the potential harm to people where they had been identified at high risk.
- Environmental assessments were in place to identify and reduce any risk related to people's homes. This helped ensure there was a safe environment for staff to work in.
- The provider had a business continuity plan. This detailed how the service would be kept running safely in the event of exceptional circumstances, such as acute staff shortages extreme weather or loss of the use of care planning technology.
- The provider had an 'out of hours on call service'. This was a telephone-based system operated by senior staff outside of office hours. This enabled people, relatives and staff to contact the provider in an emergency. Staff were also given work mobile phones, which they could use to contact the provider or other services in an emergency.
- There was a 'missing client' policy in place. This outlined procedures for staff to follow if unable to establish contact with people at planned care call times. This helped to account for people's safety and wellbeing.

Staffing and recruitment

- There was mixed feedback about staffing levels.
- Five people and relatives told us they received consistent staff at planned times. Comments included, "Staff come on time and let us know if there is any change", "I mostly get the same carers coming and they do come on time", and, "Nine times out of ten the staff are on time".
- However, five people and relatives told us that they received their care calls at inconsistent times which often differed from planned schedules. Comments included, "Very often they [staff] don't turn up on time", "Care calls are often late. I think staff are rushed because there doesn't appear to be enough transfer [travel] time between jobs", and, "When staff come in I've already done everything. They came today about ten and I prefer them between nine and nine thirty. I have mentioned it a few times to the office."
- The registered manager was aware of feedback around inconsistent care call times. Since taking over the management of the service, they had contacted people about their concerns and met staff to review their working schedules, which had promoted more consistent care call times. People were positive about the steps the registered manager had taken to make improvements. Comments included, "Since new manager took over it has been so much better".
- The registered manager had taken staffing levels into consideration when agreeing to take on new packages of care. This helped to ensure there were adequate staffing resources in place to meet people's needs.
- The provider followed appropriate recruitment processes to help ensure suitable staff were employed. This included checks to help determine candidates' character, experience and conduct in previous employment.

#### Using medicines safely

- People were positive about the support they received with managing their medicines. Comments included, "The staff help me with my medicines, and I give them 10/10 for that" and, "Staff help me with my meds and make sure I always have enough left".
- People's care plans detailed the support they required around their medicines management. This included the level of independence they wished to retain and the arrangements around the ordering and supply of medicines. This helped to ensure it was clear what role staff had in this system.
- Where risks were identified around the management of people's medicines, care plans clearly identified how staff should provide support and when they should raise concerns. This helped to ensure people had the right level of support in place and there was a clear procedure for staff to follow should additional support be required.
- The provider had a medicines policy in place. This detailed the procedures staff were required to follow to help ensure they administered people's medicines in line with best practice guidelines.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. The provider had a good supply of PPE available for staff to use during their care visits.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- There was an effective system in place for recording, reviewing and analysing accidents and incidents. Staff were aware of their responsibilities in reporting and recording when incidents or accidents occurred. Senior staff reviewed incidents to ensure all appropriate action had been taken to ensure people's safety and wellbeing.
- The registered manager and provider's senior management reviewed accidents and incidents to identify any emerging themes or trends. Any learning from incidents was shared with staff through communication



updates, staff meetings and supervision meetings. This helped to ensure reflections from incidents were meaningful in reducing the risk of reoccurrence

# 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

- People's needs were assessed prior to care commencing. This included reviewing assessments from professionals and meeting people to identify their needs and preferences. Senior staff completed initial care visits to ensure they had a good understanding of people's needs and that there was an effective care plan in place.
- The provider utilised technology to enhance the delivery of effective care. There was an electronic care planning system in place, which enabled senior staff to monitor care call times and ensured staff received up to date rota and care planning information, via their work mobile phones. This helped ensure there were effective systems in place to monitor care and communicate changes.
- People's care was developed in line with current best practice guidance and standards. The provider had a set of policies and procedures based on relevant legislation, standards and government guidance.

Staff support: induction, training, skills and experience

- People told us they felt that staff were effective in their role and well trained. Comments included, "All the staff work to a good standard", and "The staff understand my needs well".
- There were systems in place to ensure staff received support with initial and ongoing training. The provider's training induction included a range of classroom, online and practical sessions, which were tailored to staff's individual levels of experience.
- Training was in line with the Care Certificate, which sets out an agreed set of standards for workers in the social care sector.
- New staff were given time to work alongside experienced staff and senior staff observed new staff's working practice to give them feedback about their progress in their role. There was ongoing support through staff supervision, observations of working practice, learning through team meetings and regular refresher training. This helped to ensure staff were confident in their role and were working to current best practice guidelines
- The provider had training staff and facilities available at their office. The registered manager had used this resource to tailor additional support to staff where identified as needed or to provide training to ensure staff could meet people's changing needs.
- Staff were very positive about the training and support they received in their role. Comments included, "I always get feedback about how I am doing through spot checks and supervision". The registered manager told us they were passionate about delivering high quality training and support to staff to ensure the standard of care people received was maintained.

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

- People and relatives were happy with the support staff provided around eating and drinking. Comments included, "I don't have to worry about food or anything. We get the meals in and then they [staff] warm them up for me", and "The staff always have the time to help me to get a meal".
- The support people required with their eating and drinking was documented in their care plans. This included assessing any risks related to eating and drinking, such as choking or allergies. Where risks were identified, there were measures documented for staff to reduce these risks.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's health needs were identified in their care plans. This included background information about people's medical conditions and the support they needed from staff to manage these conditions.
- The provider worked effectively with other agencies and health professionals to ensure people received effective care. Staff were encouraged to report concerns directly to health or medical professionals whilst supporting people. The registered manager told us these prevented delays in reporting concerns and implementing professionals' recommendations.
- Staff maintained detailed records related to people's health, including any advice given from professionals, using the electronic care planning system. This helped to ensure senior staff had oversight of any changes to care required.

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

- There were appropriate systems in place to gain consent from people to provide care.
- Where people were assessed as lacking capacity to give consent to care, the provider consulted with the person who had the legal authority to act on people's behalf.

# 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 relatives told us staff were kind and caring. Comments included, "The staff are very caring and do what I ask them to do", "They [staff] are lovely people", and, "The staff treat me so well, they really are very good".
- Staff we spoke to were dedicated in their role and knowledgeable about people's needs. Comments included, "Every person we look after is unique in their own special way", "Everyone is different and has their own individual needs", and, "Every day is different at work. You learn new things about people all the time".
- The registered manager encouraged staff to utilise any spare time during care calls to promote people's wellbeing. This included talking to people or asking if there was anything extra that was needed. One person said, "I have to keep saying to them [staff] aren't you over your time and they say no its fine".
- There were policies in place to help ensure staff considered people's protected characteristics under the Equality Act 2010, when planning and delivering care. Staff we spoke to were sensitive of equality issues and demonstrated an understanding of the importance of treating each person as an individual.
- People's spiritual and cultural needs were documented in their care plans and any special requirements listed for staff to follow were included..

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

- Senior staff carried out regular reviews of care, involving people and their relatives. One relative told us, "They [senior staff] come and ask me if everything is going ok with my care", and, "People from the office come out to check on how things are going on a regular basis".
- There was mixed feedback from people around the number of different staff provided. Four people told us they would prefer fewer staff who visited more frequently. Comments included, "I have to keep getting used to different carers, I just get settled with one and they change again", and, "The staff alter a lot, I'm not too bothered about it although I would like a bit more consistency".
- The registered manager was aware of feedback around consistency of staffing teams. Since taking over they had met staff to rework their working schedules to promote more consistent staffing during evening and weekends. One person told us, "It is definitely getting better over the past few weeks".

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence to support people to remain in their own home for as long as possible. Staff comments included, "You have to help people but respect the fact they can do certain things for themselves. You don't want to take that away from them". One person told us, "The staff do what I say and respect if I don't want help".
- People's care plans clearly detailed areas in which they wished to remain independent. This helped to

ensure staff focussed on care tasks which people wished to be helped with.

- People told us that staff treated them with dignity and respect when supporting them with their personal care. Comments included, "They [staff] do not seem rushed and always help me with whatever I need doing", and, "The staff will always ask if I need anything done and they know my routines [around personal care]".

# 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

- People told us they received individualised care that met their needs. Comments included, "They [staff] understand what I need", and "We do have a care plan and I am comfortable with it".
- People's care plans were clear and concise. They detailed the support people needed with their personal care and how they would like this care to be delivered.
- Care plans and records were accessible to people and relatives (where consent was given) via the provider's electronic care planning system. This helped to provide reassurance to relatives about their family members care and aided communication with the provider to monitor people's changing needs.
- Care plans were accessible to staff via their work mobile phones. These care plans could be updated by office staff and changes would be immediately reflected on staff's phones. This helped to ensure staff were working to the most current assessment of people's needs.

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.

- The provider made assessments of people's communication needs and documented this in their care plans.
- The provider ensured they made adjustments so people received information in a way which they could understand. This included explaining information to people in person or providing correspondence in an adapted form.

Improving care quality in response to complaints or concerns

- People and relatives were positive about the response they received when they raised issues or complaints. Comments included, "If I have any issues, I do get a good response", and, "If I any problems yes we have all the numbers we need to call and they [office staff] will listen".
- The provider had a complaints policy in place. This detailed how people's concerns and complaints would be responded too and resolved.
- The registered manager had an open approach to complaints, telling us that they applied learning from feedback given to make improvements to the service. Actions from concerns or complaints raised had led to positive changes being made to how people's care was organised. One relative commented, "They [the

provider] have really listened to us and made changes to accommodate us".

#### End of life care and support

- The provider was not providing end of life care to people at the time of the inspection. However, staff had received training in end of life care and there were processes in place for the staff to support people at the end of their life.

# 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

- People told us the registered manager had made noticeable improvements to the service since starting. This included improvements in communication and scheduling of care visits. Comments included, "Since new manager took over it has been so much better [the care provided]", and, "I think it has definitely improved [the quality of care]".
- Staff told us the registered manager and senior staff were positive and supportive. Comments included, "The support I get from management is amazing", "All the management are really approachable and responsive", and, "I'm encouraged to raise any issues and they [senior staff] are open to listening to me if something is wrong".
- The registered manager and senior staff had a good knowledge of people's needs and were responsive when required to go out to cover care calls. Comments from office staff included, "Even though I work in the office, I still work out in the field [completing care calls]. I don't like the idea of not knowing about people's needs if I receive a call from them", and, "We [senior staff] will go out to complete care calls. It's important that you understand people's needs".
- The provider fostered a culture of staff development. There were many examples where care staff completed additional training or qualifications to fulfil greater responsibility or more senior roles within the organisation.

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 was aware of their responsibilities in relation to duty of candour. There were policies and processes in place to ensure the provider acted in a transparent way in line with the requirements of this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place. The registered manager was supported by the care manager, who oversaw the day to day running of the service. There were senior staff in post to coordinate people's care, supervise staff and deliver training. Each role was clearly defined to help promote an organised and professional atmosphere at the provider's office.
- There were systems in place to audit the quality of completed care and medicines administration records. Senior staff were able to audit these responsively using the electronic care planning system, enabling them



to quickly pick up errors or emerging trends.

- The provider's board of directors had a wide range of experience and skills relevant to the care sector. The registered manager told us they received good support from the directors of the company, who were heavily involved in developing the service through frequent visits to the branch, audits and meetings.
- The provider had sent statutory notifications to CQC about significant events at the service as required.

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

- The provider had systems in place for people and their relatives to give feedback about the care they received, including telephone calls, review meetings and questionnaires. The registered manager acknowledged good practice identified and addressed any areas of improvement where required.
- The provider engaged with staff to get feedback about how improvements could be made through surveys, supervisions and team meetings. The provider had made efforts to continue team meetings virtually throughout the course of the COVID-19 pandemic. Results of the most recent survey sent to staff contained very positive feedback about the leadership of the service.

Continuous learning and improving care

- The provider was committed to seek ways to make improvements. They had worked with a software firm to develop auditing processes using their electronic care planning system. These developments helped the provider to improve their quality assurance systems..
- The registered manager and care manager had also overseen recent improvements to the format of people's care plans. These changes had made care plans more reflective of people's individual needs.
- The registered manager attended regular meetings with managers from the provider's other services. This enabled ideas, good practice and learning from incidents to be shared between services.

Working in partnership with others

- The provider had good links with the wider community and worked in partnership with other agencies to promote a joined-up approach to people's care. They valued the development of working partnerships with individual professionals, which was reflected by positive feedback the provider had received from these stakeholders.