Gabriel's Angels Limited

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Inspection report

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30 August 2022

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

About the service
Gabriel's Angels Ltd is a domiciliary care agency providing personal care to people. People with various care needs can use this service including people with physical disabilities, older people, younger adults, sensory impairments and people with dementia. At the time of inspection, 80 people received personal care from this service.

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
We have made a recommendation for the provider to review their recruitment processes. The service had ensured that medicines were given to people safely. People's risks assessments were clearly written and easy to follow, meaning that people were less likely to suffer harm. People and staff knew how to raise safeguarding concerns. People felt there were enough staff to provide care and felt safe when staff visited them.

Staff worked well with people, families and health and social care agencies to support people's wellbeing. There was a positive culture amongst staff at the service. Staff knew people they supported well and cared about their wellbeing. The provider was able to demonstrate any learning from incidents or accidents was undertaken effectively.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 18 October 2019).

Why we inspected
We received concerns in relation to the recruitment of staff. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same.

We have found evidence that the provider needs to make improvements. Please see the safe section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gabriel's Angels Ltd on our website at www.cqc.org.uk.

Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Gabriel's Angels Ltd

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 one 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 26 August 2022 and ended on 8 September 2022. We visited the location's office on 26 August 2022.

What we did before the inspection
We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. 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 all this information to plan our inspection.

During the inspection
We spoke with eight members of staff, including the registered manager, care manager, care coordinator, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with four people and their relatives.

We reviewed a range of records. This included five people's care records and samples of people's medicine records. We looked at eight staff recruitment files. A variety of records relating to the management of the service, including complaints, accidents and samples of audits were also viewed.

After the inspection
We contacted two external professionals to gather their views about the service.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment
● We reviewed staff records to check whether all necessary checks required were completed prior to staff employment.
● For one staff member, evidence of conduct in their two previous roles was requested six months after their start date at Gabriel's Angels.
● The provider had requested a Disclosure and Barring Service (DBS) check for some new staff however, had used previously requested DBS checks within a three-year time scale for others. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● All of the above issues were discussed with the registered manager and the nominated individual who acknowledged improvements in the provider's recruitment processes were required.

We recommend the provider reviews their recruitment process and requests the required information in a timely manner.

● The registered manager felt there were enough staff employed to meet people's needs and this was supported by the service rotas.
● Rotas showed people were supported by the same staff enabling continuity of care. This was confirmed by people and relatives, who said, "[Staff member] regularly goes to see [person]… [person] has a really good relationship with [staff member]...It gives [person] the opportunity to socialise and interact with someone who they know really well."

Systems and processes to safeguard people from the risk of abuse
● All staff had received training in safeguarding adults and staff were able to explain the process they would take to raise a safeguarding concern.
● There were systems in place to guide staff on what action to take if they thought a person was at risk of harm.
● Where safeguarding incidents had been identified, the registered manager had investigated the incident and documented actions taken.

Assessing risk, safety monitoring and management
● Risk assessments were completed on an individual basis and included risks relating to moving and

handling, medicines, catheter care and dementia care.
● Risk assessments were reviewed on a six-monthly basis or more often if people's needs changed.
● People's risk assessments and care plans included sufficient information and guidelines to help staff provide care in a safe and person-centred way, based on people's needs, likes and the support they required. For example, one person received their medicines via percutaneous endoscopic gastrostomy (this enables people to receive medicines and nutrition via a tube directly into their stomach). The risk assessment contained clear instructions for staff to follow to prevent the person developing potentially fatal complications.

Using medicines safely
● Records showed that people were being given their medicines as prescribed.
● Documentation of all medicines, their administration requirements and any further guidance was provided to care staff on an online system.
● We found where people had been administered medicines, staff had signed the associated medicine administration record (MAR) to say this had been given. When a medicine was not given, the staff member had explained the reason within the MAR record.
● Where people were prescribed 'as required' (PRN) medicines, the service had individualised guidance in place to ensure that staff knew when to administer PRN medicine.
● When the management team received alerts from the online system reporting a missed medicine, or when a medicine error was identified, there was evidence of an investigation and any action taken was documented clearly.

Preventing and controlling infection
● We were assured that the provider was using PPE safely and accessing Covid-19 testing for staff was being undertaken.
● All staff had received infection control training.

Learning lessons when things go wrong
● There was a system to record individual incidents and accidents.
● Staff recognised incidents and reported them appropriately and the registered manager investigated incidents and shared lessons learned.
● The management team explained how incidents and accidents would be investigated and how this supported the development of the service.
● Themes and trends of incidents and accidents were recorded and analysed to drive continued improvement of the service.

Good

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- The management team were welcoming and demonstrated an open and transparent approach.
- Feedback from people showed they were at the centre of the service delivery. Comments included, "They help [person] to be as independent as possible and put [person] at the centre of the care… I cannot fault the care and they always listen to any of the requests we have."
- Staff told us they were involved and listened to. They commented on the registered manager's ability to identify a potential in them which already had resulted in some staff career development.

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 provider had a policy in place relating to duty of candour and the registered manager understood the importance of transparency when investigating something that went wrong
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager was aware of her responsibilities in relation to this standard.

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

- The registered manager had quality assurance systems in place. This included documentation and a regular review of medicine administration records, care plans and incidents and accidents. Where an action had been identified, it was clearly documented and included the actions taken.
- The registered manager submitted notifications to us when required and in a timely manner. Notifications are events that the registered person is required by law to inform us of.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- People's records were protected and stored safely.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were opportunities for people and relatives to provide feedback. The management team operated an open-door policy and welcomed any feedback. Staff told us, "[registered manager] and the rest of the

management team really care about the team and take everyone's views into consideration."
● Staff were supported through supervision and appraisals. Staff supervision files were reviewed, and opportunities were provided to staff to raise concerns during their supervision.
● Staff commented positively on improved teamwork, staff morale and communication within the team.
● Regular team meetings took place and a record of the meetings were reviewed. Staff were able to express any concerns and feedback was provided to staff around any changes to people's care.
● The registered manager reported that people or their relatives, where appropriate, are involved within their care decisions. We asked relatives 'Have you and your relative been asked your opinion about how things are run?' One relative said, "Yes, we are regularly involved… they [management] go above and beyond".
● Where any incidents or accidents had occurred and learning was needed, this was discussed at team meetings.

Working in partnership with others
● The team worked closely with the local social and health professionals.
● The registered manager was able to explain and provide evidence of collaborative working with professionals to support the needs of people.
● Where the service had requested support from other professionals, communication between the service and professional was clearly documented in people's care plans along with any updates to their care required following the discussions.