

Angels Home Care Housing Support Service

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Hamilton
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Telephone: 01698 429024

Type of inspection:
Unannounced

Completed on:
21 May 2025

Service provided by:
Angels Home Care Lanarkshire Ltd

Service provider number:
SP2015012622

Service no:
CS2024000136

About the service

Angels Home Care is registered to provide a service to adults, including older people, in their own homes and in the wider community. The provider is Angels Home Care Lanarkshire Ltd. Individual support ranged from 30 minutes to a few hours per week and some overnight support.

The registered manager and staff team work from the main office base in Hamilton. The manager is responsible for coordinating the overall running of the service. One care coordinator and three senior staff help to manage staff who provide direct support to people.

At the time of the inspection, 39 people were being supported by the service across the areas of North and South Lanarkshire.

About the inspection

This was an unannounced inspection which took place on 19-21 May 2025 between 08:00 and 16:45. This inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluation we:

- Spoke and spent time with 10 people using the service and five of their friends and family.
- Received 14 completed questionnaires (this included nine people using the service and five relatives).
- Spoke with 12 staff and the management team.
- Observed practice and daily life reviewed documents.

Key messages

- We saw kind and caring interactions between staff and people who were being supported.
- People were supported by compassionate staff who knew them well.
- Staff felt supported by one another and the management team.
- People benefitted from a small, consistent management and staff team.
- The service should further develop detail in personal plans.
- Three areas for improvement had been met since the last inspection.
- From the findings of this inspection, we have made two areas for improvement.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

Quality indicator 1.3: People's health and wellbeing benefits from their care and support

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People were treated with kindness and respect. There were warm and pleasant interactions between staff and people supported which highlighted the positive relationships they had. People were supported by staff who knew them well, enabling people to form good relationships.

People and their relatives provided positive feedback about the service. Some people told us "It's a great service. I really needed it and I am so glad I have it now." and "Couldn't get better, more than happy. I get encouraged to walk by myself and my carer is very pleasant. It's a joy when my carer comes." Relatives told us "All carers we have are caring, compassionate, friendly and are becoming like a family to us. We would be lost without them." and "There has been great flexibility for us to discuss with the team the changing needs of our mother and work with Angels to find a way for this to be incorporated into her care." This helped provide assurance that people were treated with respect, compassion and support was person-centred.

People's health benefited from the care and support provided. Staff were responsive to changes in people's health needs and shared this information with the right people. For example, relatives, management team and health professionals. This allowed for the service to be reviewed and ensured people received responsive timely care which supported their health and wellbeing. There was effective communication within the team, and staff were confident to raise any wellbeing concerns with the right people. This supported people's health needs being met.

Risk assessments were in place for people, and we saw actions taken to minimise risk of harm. Staff supported people to remain as independent as possible, whilst also ensuring risks were reduced and their needs were met. There was some gaps in risk assessments that could be needed for people to keep them safe. For example, swimming, medication and leaving their home and being at risk. Ensuring these are in place for staff to follow reduces the risk of harm and keeps people safe. (See area for improvement one)

Medication recording systems were in place for people where required. This was reflective of good practice and showed that people were receiving the right support at the right time. Staff had received training, to support this task safely. There was oversight of medication management which included audits, reporting of errors and actions recorded. We were confident that people's medication needs were being regularly reviewed and monitored. This provided confidence that people were being supported with safe administration of their medication.

The service had conducted a survey to assess how the service was performing in their support and service delivery. Responses that had been received were all positive. This means people are involved and have the opportunity to shape and improve service delivery. The service should ensure this information is collated and shared with key stakeholders and where appropriate actions added to the service's improvement plan.

Areas for improvement

1. In order to keep people safe, the provider should ensure personal plans are up to date and accurate. Where there is an identified risk to people a relevant risk assessment should be in place to inform the personal plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15) and "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

How good is our staff team?

5 - Very Good

Quality indicator 3.3: Staffing arrangements are right, and staff work well together

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

There was a stable and committed management and staff team, some of whom had worked in the service for several years. People spoke highly of the staff and told us, "First class service. Staff go above and beyond and make me feel listened to." and "The family feel very involved with all members of the Angels team and feel very fortunate for the care our mum received."

The service had a staff team who worked well together. Staff spoke highly of working in the service with people telling us, "I love working here, it is a great team, we have unity." "Great place to work, everyone has been lovely." and "If I ever have any concerns it is dealt with, and I feel listened to."

Staff were competent and confident in their roles and undertook regular training and development opportunities at the service. This included service specific training courses such as dementia awareness and end of life care. We discussed with the service exploring further training that may be helpful for staff such as stress and distress and diabetes awareness where appropriate. The service was currently actioning the increase in completion of training courses to ensure staff are fully up to date with training required for their role. This ensures that staff have the right skill set to carry out their work and support positive outcomes for people. There was a system in place to monitor the appropriate registration of staff members. This meant that there was clear oversight of when registrations required to be renewed.

Induction processes supported new staff in their role. Training and shadow shifts took place to allow staff to get to know people well. Staff told us they felt very supported by management and their colleagues when starting in their role. Ongoing staff competency assessments took place to support staff learning and development. This included observations of key aspects of people's support and we could see examples of these being carried out with staff. This allowed management to acknowledge good practice and identify any further learning needs for staff to support and address.

Staffing arrangements supported positive outcomes for people. People were supported by a small number of staff that they knew well. People told us it was always someone they knew that supported them and if there was changes to support, they were well informed. As people were supported by staff that knew them well staff were able to identify and be responsive to people's changing needs. Staff were flexible to changing situations to ensure that care and support is consistent and stable.

For example, where people required changes to their support out with their agreed support schedule the service made effort to be reactive to this. The service was also flexible in reviewing and changing support shift times where possible to meet these changing needs. This reassured people that the service was responsive and flexible to meet their needs.

Supervision and appraisal sessions provided staff with an opportunity to talk about their wellbeing and areas of work practice. The service was currently improving supervision planning to ensure these took place as per the service policy. Staff told us they felt supported and encouraged to develop in their role. The management team ensured staff wellbeing was part of the meeting agenda so there was continued oversight of this. This helped identify any wellbeing and learning needs, providing development and positive outcomes for people. The provider held employee of the quarter and 5-year service awards. This provided staff with recognition and appreciation of the support they provide to people.

How well is our care and support planned?

4 - Good

Quality Indicator 5.1: Assessment and personal planning reflects people's outcomes and wishes

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People's personal plans provided a good level of detail to guide staff on getting to know someone well and support them safely. People and where relevant, their families, were fully involved in developing their personal plans. Examples showed us there was regular communication that informed a person's plan with their life story and chosen outcomes of support. This showed that conversations and meaningful interactions with people, informed the quality of personal plans.

We saw evidence of six-monthly care and support reviews taking place. The management team had oversight of this which meant people's outcomes were monitored regularly. Reviews captured the involvement of people. Where people were unable to participate, their representatives helped share their preferences to shape their support. This helped ensure the right people were involved in leading and directing care and support.

Outcomes for people were documented throughout personal plans. We could see outcomes and personal plans being regularly reviewed and updated in response to people's changing needs. The service should ensure people's plans in their homes are updated when required so there is not conflicting information. This ensures personal plans accurately reflects individual needs.

Recording of people's needs being supported and met was well documented. Staff ensured personalised recording on each support visit providing valuable handovers to other staff and relatives. Accurate recording of care needs provides confidence people's needs are being met.

We found that although people's needs were being met and supported, recorded strategies for staff to follow could improve. For example, clear detail in support with personal care, mental health support and activities. Strategies having the appropriate detail ensures staff follow people's preferences and wishes to keep them safe and support their wellbeing. (See area for improvement 1)

Areas for improvement

1. In order for people to benefit from care that is person centred; the provider should ensure personal plans have appropriate detail. This should include agreed strategies for staff to follow that are personalised to each person.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.15)

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To include people experiencing care and other stakeholders in developing the service, the provider should ensure that their views and opinions are reflected in service's improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership". (HSCS 4.7)

This area for improvement was made on 4 October 2023.

Action taken since then

The service had recently sent surveys to people. All responses were positive about the care and support provided. There was no actions identified to add to the service improvement plan. The improving plan evidenced an action to carry out annual surveys. The service had plans to conduct a staff survey.

This area for improvement has been met.

Previous area for improvement 2

From upheld complaint July 2024 -

The provider should develop a process to guide staff on how to manage all concerns and complaints made about the service. To do this the provider should ensure that: all staff are familiar with the policy and procedure on complaint handling, all complaints are logged, investigated and an outcome provided to the complainant within set timescales.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me."

This area for improvement was made on 12 July 2024.

Action taken since then

There was evidence that an updated policy and procedure had been sent to people and staff. How to make a complaint guidance was also held in people's personal plans in their homes.

There had been three informal concerns raised with the service in the last year. The service took action ensuring these were resolved and an outcome provided to people.

This area for improvement has been met.

Previous area for improvement 3

From upheld complaint July 2024 -

Systems should be in place to promptly address reported incidents which may impact on the continuation of the service provided to people. To do this the provider should ensure:

- All staff adhere to relevant policy and procedural guidance when reporting and acting on alleged incidents.
- Priority is given to investigating and reviewing all situations where allegations of inappropriate behaviour have been made.
- People and their representatives are promptly advised of any allegations and the actions that will be taken including any referral to social work.
- Clear policy and procedural guidance is developed in respect of the circumstances that may lead to the termination of the service and
- The timescales for this any decision to terminate the service is actioned in line with the service policy/ procedure and service agreement information.

This is to ensure care and support is consistent with Health and Social Care Standard 4.18: "I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected."

This area for improvement was made on 12 July 2024.

Action taken since then

Where an accident or incident had occurred, staff reported this appropriately. Any concerns raised had been investigated in a way appropriate to the concern or incident. People had written agreements in their personal plans. This included information that may lead to the termination of a service. There was no service that had been terminated since the last inspection.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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