

# Mrs Ann Isobel Preston

My Little Angels

## 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	

### Overall summary

This inspection took place on the 27 & 28 January 2015. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a domiciliary care service. We wanted to make sure the provider would be available to support our inspection, or someone who could act on their behalf.

My Little Angels is registered to provide personal care (not nursing) to adults who may have dementia / physical disabilities. At the time of this inspection 22 people were receiving the service which operates from well-equipped premises.

There is a registered manager in post at My Little Angels. A registered manager is a person who has registered with

the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was accessible and approachable. Staff, people who used the service and the majority of relatives felt able to speak with the registered manager and provided feedback on the service. However a concern was raised which meant a person was not supported to feel safe when notice was given to them; when the agency had to stop providing care to them.

Staff were knowledgeable of people's preferences and care needs. People told us the regular staff they had,

# Summary of findings

provided them with the care and support they needed and expected. People using the service, and the relatives we spoke with described the staff as being “very gentle”, “very, very pleasant” and “such nice people”. Staff explained the importance of supporting people to make choices about their daily lives. Where necessary, staff contacted health and social care professionals for guidance and support.

Staff had received training in how to recognise and report abuse. All staff were clear about how to report any concerns they had. Staff were confident that any concerns raised would be fully investigated to ensure people were protected. However the staff we spoke with were less knowledgeable about the requirements of the Mental Capacity Act 2005. Staff said they “felt supported”, and they “received regular supervision.”

Care staff were clear about their roles and responsibilities, and those of the registered manager. However non care staff working for the agency were not clear of theirs. There was no defined company structure and this was causing confusion and an error in responding to a complaint according to the company policy. We discussed this with the registered manager, who agreed to address this immediately.

The registered manager had systems in place to monitor the quality of the service provided. Staff were aware of the organisation’s visions and values and spoke about being ‘proud’ to work for My Little Angels.

# Summary of findings

## 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. People, their relatives and staff told us they felt safe.

Staff we spoke with had a good understanding of the people they were supporting, and their working practice was monitored.

Staff had been recruited following safe recruitment procedures. They had a good awareness of safeguarding issues and their responsibilities to protect people from the risk of harm.

The provider had systems in place to ensure people received their prescribed medicines safely.

Good



### Is the service effective?

The service was effective. People and relatives explained they experienced consistent delivery of care.

Staff received supervision of their performance and told us they felt supported by the registered manager.

Staff received regular training, however not all staff were aware of the requirements of the Mental Capacity Act 2005.

Good



### Is the service caring?

The service was caring. People and relatives described the staff as “friendly, lovely and helpful.”

People were involved in making decisions about their care and the support they received.

Staff were respectful of people’s privacy, dignity and independence.

Good



### Is the service responsive?

The service was responsive. Care plans were in place outlining people’s care and support needs.

Staff were knowledgeable about people’s support needs, their interests and preferences in order to provide a personalised service.

The agency had received one complaint which had not been responded to by the registered person. This meant the complaint was not dealt with in line with the company’s policy and procedure. We recommend the provider ensures complaints are responded to appropriately.

People who used the service and their relatives felt the staff and registered manager were approachable and there were regular opportunities to feedback about the service.

Good



### Is the service well-led?

The service was well led. The service had a registered manager. Care staff were clear about their role and responsibility. However non care staff working for the agency did not have defined roles, therefore their responsibility and accountability was not clear.

There was open communication within the staff team and staff felt comfortable discussing any concerns with the registered manager.

The quality of the service provided was checked regularly.

Good



My Little Angels

## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector and a bank inspector. The bank inspector gathered information from people who used the service, their relatives and staff by speaking with them.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide by sending us a notification. In addition, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. This included talking with 12 people, relatives and five members of staff. We looked at documents and records that related to three people's support and care and the management of the service. We spoke with the registered manager.

# Is the service safe?

## Our findings

People were clear in telling us they felt safe. They described staff as being “very gentle”, “pleasant” and “such nice people”. People said staff “turn up when you expect them”, and “they’re marvellous”. A relative told us the registered manager and care staff gave them “every confidence” and the service “made a great deal of difference”. They said they were planning to go away for the first time, and could only do so because they were confident their relative would be well cared for.

People receiving a service from My Little Angels were safe because arrangements were in place to protect them from abuse and avoidable harm. Staff had access to safeguarding training and guidance to help them identify abuse and respond appropriately. Each of the staff we spoke with described the actions they would take if they suspected abuse was taking place. Staff told us they “were confident in raising any concerns they had about poor practice and that the registered manager would act on their concerns”.

Two of three recently appointed staff said that they had read the service’s safeguarding policy as part of their induction. Three staff said they had attended safeguarding training with previous organisations, and one person said they were due to complete safeguarding training “later in the year”. Staff that spoke with us said that they had not experienced any safeguarding issues but would feel “completely supported to raise concerns.” Staff explained how they had received regular ‘spot checks’. This was a way of monitoring staff performance when delivering care to people in their homes.

There were clear recruitment processes in place to ensure that new staff were safe to work with people. We looked at the staff files of the two most recently employed staff. Both staff files evidenced that safe recruitment practice was followed.

None of the people we spoke with felt discriminated against in any way by staff or isolated from the community. Comments we received included staff being “friendly, respectful” and interacted with them “very well.”

Each person who used the service had received an initial assessment of their home environment to ensure the premises were safe. There were risk assessments in place to enable people to take part in activities which minimised risk to themselves and others. Staff described the arrangements for working safely, which included “making sure the working environment is clean and tidy” and by “being aware of the clients” needs and what we need to do [to keep them safe]. Staff said there were risk assessments in people’s care records, which documented risks and issues staff needed to be aware of.

Staff explained what they did to follow safe standards of infection control. They described the use of gloves and aprons and said that face masks were available if needed. Staff told us they “wash their hands on entering the client’s home” and “wash their hands between tasks”. Staff said they “dispose of waste products in the correct manner” and “keep areas clean”. People told us they were confident in staff awareness of health and safety issues, and conscious of the need for infection control. This showed that staff knew how to work safely to reduce the risk of cross-infection.

Records and procedures for the safe administration of medicines were in place and being followed. Training records confirmed staff had received training in the safe management of medicines. Staff described the systems in place to ensure safe administration of medication. They said they only administered prescribed medication when it had been dispensed by a Pharmacist into a ‘Dosset box’. This meant it was the right medication, for the right person, at the right time. Staff said the care plan described the assistance that people needed. All of the care plans we saw included the level of support the person needed regarding their medicines, and the level of risk was assessed.

# Is the service effective?

## Our findings

Everyone we spoke with was confident that staff were able to meet their needs, and commented “I would recommend them to anyone”; “I couldn’t fault them and have referred them to a lot of people”. All staff explained they had sufficient time to ensure that people’s needs were met. Staff explained “there is plenty of time, we aren’t rushed and there is time to talk and have a coffee”. Staff commented “we aren’t rushed or stressed at all”. People using the service said “we have a good laugh and a good chat” and “when they’ve finished we have time for a cup of tea.”

Staff said they had been given written information, which explained some of the clinical conditions that people needed help with such as diabetes. They said the care plans documented people’s needs and preferences. We saw care plans included this information, as well as input from healthcare professionals such as the district nurse. Staff we spoke with were able to describe people’s needs well and had a good understanding of people’s needs. One member of staff spoke with the registered manager when they recognised a person was not “their usual self”. The staff contacted the person’s doctor as they were concerned the person may be unwell. Staff explained they ensured that appropriate equipment was provided to meet people’s needs. They described how a person’s bathing facilities had been improved to ensure they could have a more enjoyable bathing experience. They reported that the person was very happy with the adaptations that had been made following an assessment they had arranged by the occupational therapist.

New staff told us that they had “a really good induction” and were “introduced to everyone and not dumped in at the deep end”. Staff described how they shadowed other staff and did not work unsupervised until they were “signed off” to work alone once they were deemed ready to do so

by the registered manager. One person described how the registered manager had watched them assist a client on five occasions before being “signed off” and said “they make sure you are ok and know what you are doing.” They said “if you are working on your own and don’t feel very confident, you can ring the registered manager and they will meet you at the client’s house”.

People using the service said they were always introduced to new staff. A relative commented “they never just send someone in who hasn’t been before”, which they said was important to them. Staff said they were introduced to all clients in person by the registered manager and clients knew in advance that they would be visiting. This showed people were kept informed of staff changes and people did not receive a service from staff that were unfamiliar to them.

Staff told us they receive regular updates on their mandatory training they told us “training is good and refreshed every year”. Staff described how they supported people to make choices such as what to wear and eat. They said all the people they provided a service to had the capacity to make decisions. All of the staff we spoke with did not demonstrate a good understanding of the Mental Capacity Act.(MCA) The MCA came into force in 2005 and is designed to ensure the human rights of people who may lack mental capacity to take particular decisions are protected. Registered persons must ensure that their staff receive training in how the Act affects their work, so that they are able to comply with it. The registered manager said refresher training had been arranged for all staff.

Records showed staff received regular training, supervision (including spot checks of staff working practices) and appraisals. The registered manager told us the effectiveness of training was monitored through the supervision process. All of the staff confirmed they had received regular supervision of their work.

## Is the service caring?

### Our findings

Everyone we spoke with was complimentary about the staff, describing them as “very good”, “lovely”, “right at the top of their class” and “unbelievably good”. A relative told us “they were very good, everything was at her pace and how she wanted it. They talked very softly, everything was in slow motion, and they coaxed her along. They always asked before they did anything, and they did everything her way”.

We looked at care plans which demonstrated that people and their families had been involved in compiling and reviewing them. People told us they were aware of their care plans and commented “they write in it every day” and they were “happy with the care plan”. The care plans stated the likes and dislikes of the person and how they wished their care and support to be given. The things which were important to the person had been documented as well as

how care staff should support them. Staff said they assisted the same people “so you get to know people and that’s the good part as you have rapport. It’s more personal”. This showed that staff listened and acted upon people’s wishes and preferences.

Staff explained how they encouraged people to be as independent as they could be, whilst maintaining their privacy and dignity. A relative told us staff were respectful of their spouses need for privacy when they assisted them to have a bath, and they were “very happy”. One person described how they had been “very dubious” and “not keen with people seeing you [undressed]” before receiving the service, but that staff had been “so helpful and absolutely excellent”. People told us staff were “very, very good, very helpful and very nice people”. One person commented staff “are lovely and consistent and that’s what I like as it keeps things on an even keel”.

# Is the service responsive?

## Our findings

People described how staff listened to their views and said staff were “very friendly, very obliging, and nothing is too much trouble”. Everyone we spoke with said that staff had enough time to meet their needs in the way that they wanted them met. People told us staff supported them in the way that they wished and “they understand if you don’t like different times”. People described how staff responded straight away if they didn’t like something. A relative said “If he doesn’t want something they respect his wishes’.

We saw people’s needs were assessed by the registered manager and once the service was started, they were asked their views as to whether the time allocated was sufficient. Staff said their views were valued by the registered manager and said “they listen to your opinion, which is really nice”. People said that staff came at the time of their choice and they “always know they [the staff] are going to arrive and have no fear of being left”. A relative told us of their relief that staff were visiting, and said the registered manager responded very quickly when their relative needed more visits. This showed that people had confidence regarding the reliability of the service and were able to influence when the service was provided.

We saw care plans had been developed with the person, their families and the staff. The care plans were individualised and described how people wished their care to be given, their preferred routines and how staff should support the person to make their own choices. Staff explained they were flexible with people’s care plans with regards to their wishes. They described how people “weren’t rushed or having to do something in the care plan that they didn’t want to do”. People told us “If I’m not feeling right I can ask to have a bed bath instead”. This showed that people were listened to, and were able to influence the care and service provided.

Staff said that any changes to the care plan were discussed with the registered manager and they were kept fully informed. Staff said “the way the manager cares for the clients and puts themselves out, is the way that they expect us to work with the clients”. Staff described how they responded to people’s changing needs and said they informed the registered manager, who then re-assessed the

person and amended the care plan accordingly. Staff said “the manager is really good, they won’t leave anything as people’s needs change”. People told us that staff provide a “much more personal service and are very flexible if the family need extra help”. They said the flexibility meant the service responded to the needs of the person using the service and supported the wider family too. One person described how staff supported their relative when they moved to a care home and “stayed over their time”. They said this meant they “didn’t have to worry” and their relative was ready for the move.

Each person had risk assessments in place where appropriate. This ensured that staff had appropriate information to keep people safe when they delivered care to the person. Staff told us that they were confident this ensured people were kept safe while enabling them to make choices and maintain their independence.

We received some information just before our inspection relating to the way in which a person’s notice period was managed. We discussed the issue with the registered manager who confirmed they were aware of the concerns. The registered manager explained lessons had been learned as a result and would be dealt with differently if the need arose in the future. Such as involving relatives and healthcare professionals (where necessary) to ensure the person is appropriately supported during the period of change from one service to another.

The agency had received one complaint since our last inspection which had not been responded to by the registered person. This meant the complaint was not dealt with in line with the company’s policy and procedure. We recommend the provider ensures complaints are responded to appropriately.

Everyone we spoke with was confident any concerns they raised would be listened to and actioned. One person described “a couple of times when things went amiss” and said the registered manager ensured the issue was addressed and “there have been no problems since”. A relative said an issue she raised with the registered manager was “taken on board” and there had been “no issues since”. People said they had regular contact with the registered manager and staff said “they seem to meet with everyone every week”.

# Is the service well-led?

## Our findings

The service had a registered manager in place. Care staff were clear about their role and responsibility. Non care staff responsibility and accountability was not clear. We discussed this with the registered manager, who agreed to address this immediately.

Staff said that the aim of the service was “to help people stay in their own home and make sure the quality of care is high”. The registered manager described how the culture of the service was promoted through training and induction.

Staff spoke highly of the registered manager and said they felt valued and supported in their role. They said the registered manager had “high expectations”, and was “very positive and very supportive”. Staff described the registered manager as being “brilliant and consistent with the clients”. People using the service said “the manager knew what I wanted straight away” and “so understanding and comes out and helps”. They said “they keep you informed” and are “so efficient”.

Staff described a recent staff meeting as being “very open and honest”. New staff appreciated the chance to meet

other staff and said “it felt like people were pleased you were there and they listened to you, even though you were new”. One person described how when they shared their views, the manager said “thank you, that gave a different perspective”. Staff commented “If we are not happy about something, they will listen to us, which is great”. All of the staff we spoke with said there were sufficient opportunities to discuss opinions/concerns about how the service is run. This showed the registered manager’s approach made staff feel valued and encouraged them to share their views.

The provider had a system in place to monitor the quality of the service. This included monthly audits completed by the registered manager. The audits covered areas such as care plans, management of medicines, incidents and accident reporting and supervision.

People who used the service were able to provide feedback about the way the service was led. A satisfaction questionnaire had been sent out to everyone who received a service in December 2014. The findings showed overall satisfaction with the service. Everyone we spoke with said they saw the registered manager at least once a week, this gave them the opportunity to discuss how the service was being run.