

Angels Home Care Limited

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## Inspection report

63 Clitterhouse Road  
London  
NW2 1DL

Tel: 02084558377  
Website: [www.angelshomecareltd.com](http://www.angelshomecareltd.com)

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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

Angels Home Care Limited provides personal care in people's homes. This service is a domiciliary care agency. The majority of people are funded from the NHS continuing care budget. At the time of our inspection there were eight people using this service.

At our last inspection in June 2016 we rated the service good. The inspection was brought slightly forward due to information of concern about the service being conveyed to us. This information included suggestions of poor recruitment processes and lack of staff training and support. However, we found the service was upholding standards in all areas. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in post. 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 service helped people to stay safe. Staff knew about abuse and how to report it and other incidents or accidents which took place. Risks to people were regularly assessed and updated and there were systems in place to ensure there was enough staff to meet people's needs. The registered manager was actively recruiting new staff and the service was not taking on any new care packages until staff had been safely recruited.

People were supported to take their medicines safely and in accordance with the prescribed instructions. Staff members received the training, support and development opportunities they needed to be able to meet people's needs.

People had a care plan that provided staff with direction and guidance about how to meet their individual needs and wishes. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. People told us they were involved in decisions about their care and were aware of their care plans.

Staff had been recruited safely, received on-going training relevant to their role and supported by the registered manager. They had the skills, knowledge and experience required to support people in their care. Staff were knowledgeable about the people they cared for and responded appropriately as people's needs changed.

Staff spoke positively about the people they supported and were motivated to provide an individualised

service in line with people's needs and goals.

People confirmed there was a stable staff team and that care was provided by familiar faces.

People's feedback about their experience of the service was positive. People said staff treated them respectfully and asked them how they wanted their care and support to be provided. People told us they had their care visits as planned. Staff mostly arrived on time and stayed for the allotted time. Nobody reported any recent missed visits.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People's views on the service were regularly sought and acted on.

Staff were respectful of people's privacy and maintained their dignity.

There were processes in place to monitor quality and understand the experiences of people who used the service. We saw that people were visited on a regular basis in order to obtain feedback about the staff and the care provided.

The service worked in co-operation with other organisations such as healthcare services to deliver effective care and support

The service listened and responded to people's concerns and complaints, and used this to improve the quality of care. The service learnt lessons and made improvements when things went wrong.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led	<b>Good</b> ●

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## **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 was planned to check 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 took place on 11 and 13 May 2018. The provider was given 48 hours' notice because the service is small and the registered manager can be out of the office supporting staff or providing care. We needed to be sure that they would be available.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.

The inspection was carried out by one adult social care inspector and one Expert by Experience, which is a person who has personal experience of using or caring for someone who uses this type of care service. Their involvement was limited to phoning people using the service and their relatives to ask them their views of the service.

There were eight people using the service at the time of our inspection visit. During the inspection, we spoke to three people who use the service and one healthcare professional. We also spoke to four care staff, the deputy manager and the registered manager. We reviewed the care records for four people using the service to see if they were up-to-date and reflective of the care which people received. We also looked at records for all nine members of staff, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including complaint and safeguarding records, to see how the service was run.

## Is the service safe?

### Our findings

People said they felt safe and that staff understood their needs. Comments from people included, "Yes I feel safe with the staff; I have been using the agency for a year" and "Of course I feel safe, why wouldn't I?"

People were protected from the risk of abuse because staff knew and understood their responsibilities to keep people safe and protect them from harm. We saw the staff training records which showed all staff were up to date with safeguarding vulnerable adults training. Staff told us they had received training to help them identify possible signs of abuse and understand what action to take. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures inside and outside of the organisation. If staff had any concerns they were confident the managers of the service would take appropriate action. One care worker we spoke with told us, "It is my duty to report things straight away, the other day my client was shivering and I reported it straight away."

The registered manager told us that most people had their medicines administered by external health professionals because of their complex needs. Where medication was administered by care staff we saw there were completed assessments for medicine concordance. The service was working with a local pharmacy to introduce Medicine Administration Charts in line with NICE guidance.

Appropriate staff recruitment processes helped to protect people from those who may not be suitable to care for them. The staff records we inspected showed that appropriate checks had been carried out before they started work. They included completion of application forms, interview notes and reference checks, as well as their right to work where applicable. Enhanced Disclosure and Barring Service (DBS) checks were completed. The DBS enables employers to check the criminal records of employees and potential employees, to ascertain if they are suitable to work with vulnerable adults and children.

The registered manager visited people in their homes and conducted risk assessments on the safety of the person's home environment. Potential risk to people in their everyday lives had been assessed and recorded on an individual basis and to the staff who supported them. For example, risks relating to personal care, management of health conditions, mobility and medicine management. Each risk had been assessed to identify any potential hazards which were then followed by action on how to manage and reduce the risk.

The registered manager told us that they were short of staff at the moment and that they were filling in when required to cover care calls. They told us that they had recently recruited some staff but "they were not of the right calibre." We saw that four new staff had been recruited and they were waiting for all relevant checks to be completed before they could start their induction. The registered manager told us that they were not taking any new referrals until new staff were ready to start work.

Feedback indicated visits were punctual and there had been no missed calls, plus people were always informed if a carer was running late. Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes as close to the agreed times as possible. They told us if they were delayed, because of traffic or needing to stay longer at their previous visit, they either rang the person who used the

service to let them know they would be late or they would ring the office and management would let people know. People usually had a regular carer but were also introduced to a small number of other carers who covered for absences. One person told us, "They generally come on time and if they are running late they will call me."

The service protected people by the prevention and control of infection. Staff were aware of infection control practices such as washing hands and the importance of good hygiene. Staff told us they had access to protective clothing including disposable gloves and aprons.

The service learnt lessons and made improvements when things went wrong. For example, all care staff had recently been given training on report writing to improve standards in relation to writing up daily logs after care visits. The service had also introduced a written test as part of the recruitment process.

## Is the service effective?

### Our findings

People were supported by a staff team who received regular training and had a good understanding of people's needs. We were told all staff were expected to complete the Care Certificate and were supported to do this by the deputy manager. The Care Certificate is a national training process introduced in April 2015, designed to ensure staff were suitably trained to provide care and support. When new staff started in post they completed an induction programme. They then shadowed an experienced member of staff until they were confident to work unsupervised. One member of staff told us they shadowed for one week and were monitored by the registered manager to ensure they "were confident enough to work alone." Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. They said the training was of a good standard and was mainly face to face. The deputy manager told us she was in the process of completing a 'train the trainer' course so that she could undertake some of the staff training herself. A member of staff told us how they learnt from a visiting speech and language therapist how to support a person to eat and drink safely.

There was a system in place to make sure staff received appropriate training and refresher training was kept up to date. The overall staff training record showed that all staff were up to date with their mandatory training. This included safeguarding vulnerable adults and children; Mental Capacity Act; basic life support; moving and handling; medication; food hygiene and palliative care. We also noted that individual staff had done additional specialist training for example catheter care and the management of pressure sores.

Staff received regular supervision with senior staff and the staff we spoke with all told us they were well supported in their roles. In addition to supervision meetings, staff were regularly observed whilst they provided care to people. Most staff records showed that regular supervision took place.

People's rights to make their own decisions, where possible, were protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff we spoke with all had a clear working understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. People's care records contained signed documents of consent which confirmed agreement of the care that was provided to them. Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity. Discussions with staff confirmed that they knew the type of decisions each individual person could make and when they may need support to make decisions.

Staff told us they asked people for their consent before delivering care and they respected people's choice to refuse support. We were told, "Our clients must make their own decisions, we can't do it for them." Another told us, "We always let them choose what they want to wear or eat." They said they always recorded a person's refusal and if it persisted, they would inform the registered manager. A person who used the service told us, "They are flexible with me and listen to what I ask of them, I never feel rushed."

People's healthcare needs were monitored. The care plans detailed people's medical history and known health conditions. Records confirmed that people had regular access to health professionals such as their GP or occupational therapist. Changes in people's health were documented in their care records. This information was also available to inform health professionals who became involved with their care, either through an identified need or an emergency. The management team told us they liaised with community health and social care professionals whenever people needed this, such as for trying to source more funding for care visits when staff told them there was not enough time.

Care staff told us they supported people at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. We spoke to staff that were clear about the importance of adequate fluids and nutrition. Staff confirmed that before they left their visit they ensured people were comfortable and had easy access to food and drink as appropriate. If staff had any concerns about weight loss or gain they would inform the registered manager and refer to a relevant health care professional.

## Is the service caring?

### Our findings

People who used the service told us they were treated with dignity and respect, and that staff were caring. Comments included, "Yes the carers treat me very well", "They are generally kind and caring" and "They are really respectful."

We found staff had a good knowledge and understanding of people. There was a stable staff team with several staff having worked for the service for many years. Staff were motivated and clearly passionate about making a difference to people's lives. New staff were introduced to people before they started to work with them; people were introduced to a small range of carers who covered for each other in the event of sickness or leave. This meant people usually received care from staff they had previously met.

Care staff told us how they made sure people's privacy and dignity was maintained when they were providing personal care. They said, "I always introduce myself and go at their own speed, we always cover people and close the door."

People were encouraged by staff to remain as independent as possible. Care plans had instructions about what tasks people needed support with and what they could do for themselves. This reduced the risk of people being over supported and losing their independence and life skills.

The management team told us if staff were running late, they were required to contact the office who then informed the person due to be visited or their relatives. Staff confirmed they did this. People and their relatives told they were kept informed if visits were running late. This demonstrated respect by keeping people informed.

The service also responded positively to requests for culturally appropriate care; at the time of our inspection we saw that the agency employed care workers who spoke a variety of languages to facilitate effective communication.

People and their family members were involved as much as possible in their care and support arrangements. They were consulted when care plans were written and were provided with important information about the service. The service supported people to express their views and be actively involved in making decisions about their care and support. We saw that people were visited monthly to obtain feedback about the staff and the quality of care provided.

## Is the service responsive?

### Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way.

The service had initially received an assessment for each person from the NHS continuing care panel before visiting them to develop a person-centred care plan. This included information on the person's medical conditions, their personal care needs, whether they required domestic support and other areas related to the person's wellbeing.

We found that staff had ensured people were as involved in the planning of their care and support as possible. Where required and appropriate, family members advocated on behalf of the person using the service and were involved in planning care and support arrangements. A person using the service told us "I had an assessment at the very beginning and I feel very involved in my care."

People received a service based upon their individual needs. People's needs were assessed in relation to what was important to them. This meant the service was planned and delivered considering what people needed and what they wanted. Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Details of people's preferences and daily routines were recorded. One care plan we saw detailed the importance of their religion with specific instruction in how to carry out their personal care tasks on holy days. For another person it was noted they only 'likes his tea from a pot.' Care plans were reviewed monthly. The deputy manager explained that reviews needed to be done very regularly because "most people's needs change very quickly because they are complex."

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. We saw that the care worker recorded all activities carried out and how the person they supported appeared.

People said they would not hesitate to speak with staff if they had any concerns. People knew how to make a formal complaint if they needed to. One person we spoke with told us, "If I had any complaints at all I would not hesitate in contacting the manager who is very approachable."

We found that feedback was encouraged and people we spoke with described the managers as open and transparent. Some people we spoke with confirmed that they were regularly asked what they thought about their service and were asked to express their opinions.

The managers of the service had recently attended end of life care training with the local authority and they were planning to add these plans to their care documents.

## Is the service well-led?

### Our findings

The service was well led and managed. The registered manager was hands on and led by example, promoting an open and inclusive culture. They told us they had been trying to recruit staff, however had not found any who upheld their high expectations around care, so therefore continued to provide care themselves daily. Although this placed restrictions on their own personal commitments, they told us they were committed to the people who used their service and would not risk the quality of care provided. People told us, "I think the service is well managed". "I feel listened to" and "It is always easy to contact the office".

The registered manager demonstrated an in-depth knowledge of the people who used the service and valued their staff. They were familiar with people's needs, personal circumstances, goals and family relationships. Staff told us the registered manager was approachable and supportive and often visited them at work and providing them with lunch. People felt they could discuss any issues with them and felt comfortable they would be responded to.

Staff told us they felt valued by the registered manager. They said that they were supported to share concerns with the managers and felt that their views were valued and helped improve the service. They told us "the managers are good" and "very hands on", "they know what they are doing" Staff had clear roles and responsibilities and could discuss and concerns or issues with the deputy and registered manager

Although the service was small, the registered manager had enrolled with a local training and consultancy organisation. They were currently using this organisation to update all their policies and procedures

The registered manager carried out regular monthly quality monitoring reviews to assess the quality of the service. As they were present in people's homes daily this meant they could review records daily, audit medicines, ensure safe working practices were followed, and check people were happy with the quality of care they received. Although having an informal process to monitoring, the registered manager was aware that if their business grew they would need to improve the quality checks undertaken by formally documenting their findings and developing service development plans to address any issues they identified.

There had been no incidents that the registered manager was required to notify us of, however they were aware of the circumstances in which they would be required to do so.

The managers of the service continued to attend local authority provider and manager forums to ensure that they kept their knowledge updated.