

Angel Solutions (UK) Ltd

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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

This inspection took place on 10 and 17 February 2016 and our first visit was unannounced. At our last inspection in September 2014 the provider met the regulations we inspected.

Angel Solutions (UK) Ltd provides domiciliary care to people living in their own homes. The agency was providing the regulated activity of personal care to six people at the time of this inspection.

The agency had a registered manager who was also the registered provider. 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.

People using the service told us that care staff spoke to them politely and treated them with dignity and respect. They were positive about the care and support being provided to them.

Staff felt supported to carry out their roles effectively and were in regular contact with the registered manager. They received training relevant to the care and support they provided.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA). Staff were aware of the need to obtain people's consent prior to them providing any care and support.

There was a system for dealing with concerns and complaints. People felt comfortable in speaking to the registered manager if they had any issues.

Effective systems were in place to assess and monitor the quality of the service. These included obtaining the views of people who used the service and monitoring the quality of service provided through spot checks, surveys and telephone contact.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Identified risks to individual safety and welfare were being managed appropriately.

People were supported to receive their medicines safely.

There were appropriate staffing levels to meet the needs of people who used the service. Recruitment procedures were in place to help keep people safe.

Is the service effective?

Good ●

The service was effective.

Training and supervision was provided to staff to help them carry out their role and provide effective care.

Staff had an understanding of, and acted in line with, the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were happy with the care they received and felt staff respected their privacy and dignity.

Relationships between care staff and people using the service were positive.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that met and responded to their individual needs.

People had information about how to complain and felt able to raise any issues of concern with the registered manager.

Is the service well-led?

Good 

The service was well-led.

There was a registered manager in post who was supportive and approachable.

The agency carried out regular audits to monitor the quality of the service and drive improvement.

Angel Solutions (UK) Ltd

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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 10 and 17 February 2016 and our first visit was unannounced. The inspection was carried out by one inspector.

We spoke with the registered manager and two members of staff. We looked at the care records for two people. We reviewed how medicines were managed and the records relating to this. We checked four staff recruitment files and the records kept for staff allocation, training and supervision. We looked at records for the management of the service including quality assurance audits, action plans and health and safety records.

After our inspection visit we spoke on the telephone with two people who used the service to obtain their views about the care provided.

Is the service safe?

Our findings

One person using the service said, "I am very very happy with the service." Another person told us, "If I want them to do something, they do it, no problem."

Safeguarding information was available in the agency office including the applicable local authority Pan London procedures. The registered manager was aware of how to raise a safeguarding alert and written records were available documenting action taken following an alert raised in 2015. We saw that staff received safeguarding training as part of their induction when they started work with Angel Solutions (UK) Ltd. Each staff member was issued with a copy of the agency safeguarding procedure which they signed for when they commenced work.

Recruitment checks took place before staff started work. The four staff files seen included checks with previous employers and identity checks however the Criminal Records check on file for two staff members was from their previous employment. These checks had taken place over three months prior to their employment with Angel Solutions (UK) Ltd so would not be considered as portable. The registered manager told us they had applied for up to date checks following our visits.

We saw there was a policy in place regarding accidents and incidents. The staff spoken with were aware of the responsibility to ensure all incidents and accidents were reported immediately and that relatives or involved professionals were informed as necessary.

A policy and procedure gave staff guidance about the administration of medicines to people using the service. A medicines risk assessment was completed to help make sure that people received their prescribed medicines safely and at the right time. Staff recorded they assisted people with their medicines in the daily records and corresponding records were kept of the medicines people were taking in their main care plan.

Care files seen also included assessments of any risks associated with people's care and their home environment. The service user assessments seen looked at any moving and handling tasks required by carers and specified any equipment required.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by people's needs. For example, people who had restricted mobility received care and support from two staff. One person using the service said that staff came on time and worked in a safe manner when providing their care and support. Another person told us, "If my carer is not available, they get another person immediately."

We saw that care staff were provided with protective clothing including a uniform and disposable gloves as necessary.

Is the service effective?

Our findings

People who used the service told us that they thought the staff who provided their care and support were trained and competent. One person told us, "They know what they are doing." Another person said, "I was with another agency but these ones are the best."

Staff completed a nationally accredited induction programme when they first started work for the agency. During this training staff completed training in key areas such as safeguarding, infection control and moving and handling. Assessments of competency were completed in relation to the training they had completed. Staff then spent a period of time during their induction out in the community shadowing more experienced staff prior to them working unsupervised. Further training was provided to staff and refreshed on an ongoing basis through attending classroom training at the agency office. We saw a training matrix was kept by the agency to monitor that the training provided to staff was up to date.

Staff received support to carry out their roles effectively. Staff said that the registered manager was supportive and that they could contact her if they needed to discuss anything related to their work. Quarterly one to one supervision sessions were held with staff and staff were invited to attend regular meetings at the agency office. The agency also carried out spot checks on staff whilst they were supporting people in their homes. During the checks they obtained the views of people who used the service about the carer working with them. Any issues would be raised with the staff member in their supervision and additional training provided as required.

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 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We saw staff had received training in the Mental Capacity Act (MCA). The registered manager and staff told us that they obtained consent from people when providing care and support. One staff member said "We check with the client when we work with them." People using the service told us that they were happy with the way staff worked with them. We were however unable to see any capacity assessments recorded for specific decisions regarding the care that people were receiving. The registered manager told us that people receiving a service were currently able to give consent but they would look at introducing additional sections within the care plan to record this important information when required.

Some people were supported at mealtimes to access food and drink of their choice. People told us they were happy with the support they received regarding their diet and nutrition. One person told us, "They always get me a cup of tea and leave me tea in a flask for later." Another person said, "I like the food from local shops, my carer always goes to them to get the things I like."

People who used the service were supported by staff to have their healthcare needs met. Care plans

included details of people's GPs and any other involved health professionals. There were procedures for carers to follow in reporting any health emergencies and summoning assistance when required.

Is the service caring?

Our findings

People using the service told us that staff were caring and treated them with dignity and respect. One person said, "They are beautiful to me." Another person told us, "They talk to me nicely, they call me by my name. All polite, we have never had an argument."

People were given a guide about the service which was kept at their home. This included information about what to expect from the agency, how to complain and who to contact both during and outside of office hours. The guide included a charter of rights for people using the service addressing key areas such as dignity, choice and confidentiality.

People's privacy and dignity was respected and promoted. Staff told us how they ensured people's privacy by ensuring curtains were closed and people were covered when providing them with personal care. They told us they always knocked on people's doors before entering their homes even if they had the authority to enter using a key.

Visit times were discussed and agreed in advance with individuals and their representatives. The people using the service said that staff were generally punctual and stayed for the agreed time of the call. One person said, "Not bad at all, always arrive near enough on time."

The registered manager and staff we spoke with had a good knowledge about the people receiving care and support. They knew about people's individual needs and preferences and clearly knew some people very well having supported them for an extended period. The registered manager told us that the small size of the service enabled them to get to know people well and they wanted to retain this personalised service whilst slowly increasing the numbers of people receiving support.

Care plans included some personalised information including preferred name and a section for other useful information. We discussed developing the care plans to be more individualised and person centred with the registered manager.

Is the service responsive?

Our findings

People using the service told us that staff provided them with the care and support they required. One person said, "They do everything I need." Another person said, "They give you exactly what you want."

We saw people's needs were assessed before they could start using the service. Care plans were developed based on the assessments completed by the registered manager and those provided by commissioners if available. The plans were then agreed and signed by the person using the service or their representative. A copy of the care plan was kept in the persons homes for reference and another in the agency office.

The plans we looked at provided staff with information about people's needs and the tasks they were expected to carry out. Staff completed a daily record after each visit recording a summary of the care and support provided as well as any significant observations or issues.

The provider sought feedback from people or representatives through the use of regular surveys. These were sent out to people at regular intervals throughout the year seeking their views about the service they received. We saw people were able to comment on all aspects of the service including the standard of care provided and the approach of staff. The results in the surveys we looked at were all positive.

People using the service were provided with information about how to make a complaint about the service should they need to. People we spoke with said that they had this information and felt able to raise any issues with the registered manager. One person said, "I can easily talk to the manager, she lets me know what is going on." Another person said, "I don't have any problems, I would contact her if I was worried about anything." We saw records were kept of any complaints with timescales, action taken and outcomes clearly recorded.

A record of compliments was also kept by the agency. A comment made in 2015 stated that, "We have, at all times, been happy with your carers."

Is the service well-led?

Our findings

People using the service said they were happy with the service provided and how it was managed. One person said, "She listens to you, she gets you what you need."

Staff told us that they found the registered manager to be approachable and supportive. One staff member said the registered manager "listens to me" and would always make herself available to support the carers. Another staff member said, "Good teamwork here." The staff members spoken with said that they felt the quality of care for people was of a high standard and they had no concerns about the service being provided.

Records showed that, when people first started receiving a service from the agency, the registered manager was in regular contact through monitoring visits and telephone calls.

There were then systems in place to help make sure of the quality of the care and support provided to people on an on-going basis. These included regular spot checks carried out at the person's home, telephone monitoring and surveys sent out to each person using the service. A staff member who carried out these checks told us, "We don't notify carers, we spot check once a month by going to the client's home."

Records of these checks were kept in each person's file at the office and included the staff member's appearance, timekeeping, interaction with the person and record keeping. The views of the person using the service were obtained during the visit and documented. Daily notes kept by staff were also checked to make sure they were being kept to the standard required by the registered manager.

We discussed the development of a formal plan for future development of the service with the registered manager. This document should reflect feedback from people using the service, staff and other stakeholders.