

Ms Andrea Mckie

# Angels Assisted Living Services

## Inspection report

Suite 1, 1st Floor Block 3, Commercial House, Princess  
Way  
Low Prudhoe Industrial Estate  
Prudhoe  
Northumberland  
NE42 6HD

Tel: 01434601230

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Angels Assisted Living Services is a domiciliary care service providing personal care and support to people living in their own homes, in the Prudhoe area of Northumberland. The service provides personal care and support. At the time of our inspection there were five people using the service.

We carried out an announced comprehensive inspection of this service on 17 and 18 December 2015. Three breaches of legal requirements were found, which related to safe care and treatment, staffing, and good governance. We took enforcement action in relation to good governance, and issued a warning notice which notified the provider why they were not meeting the regulation and required them to take action. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check they had met the requirements of the warning notice. This report only covers our findings in relation to the warning notice with regards to Good Governance. We will follow up on the other breaches of regulations at future inspections. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Angels Assisted Living Services on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Under its registration with the Care Quality Commission (CQC) this service does not require a registered manager, as the provider of the service is an individual in day to day charge of operations. 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.

We found action had been taken to address the shortfalls identified at our last inspection.

Policies had been reviewed and updated so they were specific to this service. The safeguarding policy included information about how to contact the local authority safeguarding team, and the complaints policy detailed how any complaints would be investigated.

The provider was working within the principles of the Mental Capacity Act 2005. People's capacity to make decisions had been assessed. We saw evidence their choices and decisions about their care and treatment were respected.

People's care records had been updated. Assessments and care plans were specific to people's individual needs and contained a good level of detail.

The provider was involved in planning and delivering care. She told us this meant she monitored the quality of the service provided on a daily basis. She acknowledged that some of the assurances and checks she carried out were informal, but we noted that systems related to ensuring staff competency in their role and gathering feedback from people who used the service, had been improved.

This meant that the provider was now meeting Regulation 17.

We have not changed the rating of the service at this inspection. This was because we wanted to be reassured that improvements made would be sustained over a longer period of time.

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

We always ask the following five questions of services.

### Is the service safe?

We found action had been taken to improve safety.

The provider had developed their safeguarding policy so that it contained important information for staff about how to respond to safeguarding incidents. Staff had undertaken safeguarding training and records had been improved.

This meant that the provider was now meeting Regulation 17. We will follow up on the other breaches of regulations at future inspections

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### Is the service effective?

We found action had been taken to improve the effectiveness of the service.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). People's capacity had been assessed and their right to make decisions about their care and treatment was respected.

This meant that the provider was now meeting Regulation 17. We will follow up on the other breaches of regulations at future inspections

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### Is the service responsive?

We found action had been taken to improve the responsiveness of the service.

Care records had been reviewed, were now clear and person-

**Requires Improvement** ●

centred. The provider's complaints policy had been updated and now demonstrated the process that would be followed in the event of a concern being raised.

This meant that the provider was now meeting Regulation 17.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Is the service well-led?**

We found action had been taken to improve how well-led the service was.

Action had been taken to improve governance arrangements. Whilst we noted some elements of the quality assurance system were informal, through the provider's day to day involvement in care delivery, steps had been taken to better assess the quality of the service provided.

This meant that the provider was now meeting Regulation 17.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** 

# Angels Assisted Living Services

## **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.

We undertook an announced focused inspection of Angels Assisted Living Services on 24 November 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the agency office. This inspection was done to check that improvements to meet legal requirements, planned by the provider after our inspection on 17 and 18 December 2015, had been made. We inspected the service against four of the five questions we ask about services: is the service safe, effective, responsive, and well led. This is because the service was not meeting some legal requirements.

The inspection was carried out by one inspector and took place at the office base for the service. We looked at the care and support records of three people who used the service. We additionally looked at records related to the management of the service, such as audits, staff files and recruitment records. We also reviewed information we held about the service, including any statutory notifications that the provider had sent us. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of. We spoke with the provider and the administrator.

We also contacted Northumberland local authority contract monitoring team and adult safeguarding team, and Healthwatch to obtain their feedback about the service. This information informed the planning of the inspection. On this occasion, we did not ask for a Provider Information Return (PIR) prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service

does well and any improvements they plan to make.

## Is the service safe?

### Our findings

At our comprehensive inspection on 17 and 18 December 2015 we found the provider did not have systems in place to ensure incidents of a safeguarding nature were dealt with appropriately. At that time the safeguarding policy was generic and did not contain the contact details for the local authority safeguarding team. Incidents of a safeguarding nature had not been identified as such and had not been referred to the relevant authorities. This meant the provider did not have effective systems in place with regard to safeguarding to identify and respond appropriately to any concerns. This was a breach of Regulation 17. Good governance.

At this focused inspection we found that the provider had taken action to meet shortfalls in relation to the requirements of Regulation 17 described above.

The provider had developed their safeguarding policy so it set out clearly the steps staff should follow if they had any concerns over a person's safety or wellbeing. The safeguarding policy included information about the different types of abuse, signs a person may be at risk of potential abuse and contact numbers for the local authority safeguarding teams.

Since our last visit the provider and staff had undertaken training in safeguarding. The provider had put together a safeguarding file, where any incidents of a safeguarding nature would be kept. This meant the provider was able to monitor any safeguarding incidents. The provider advised us there had been one safeguarding incident since our last inspection. Records showed the provider had been proactive in sharing information with the local authority safeguarding team and had updated their records at each stage of the safeguarding investigation.



## Is the service effective?

### Our findings

At our comprehensive inspection on 17 and 18 December 2015 we found the provider had not kept records in line with the Mental Capacity Act 2005 (MCA). This meant the provider could not evidence that they were upholding people's rights in relation to decisions about their care and treatment. This was a breach of Regulation 17. Good governance.

At this focused inspection we found that the provider had taken action to meet shortfalls in relation to the requirements of Regulation 17 described above.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive possible.

We checked whether the service was working within the principles of the MCA. The provider told us all of the people who used the service had capacity to make their own decisions. She advised us that there were no restrictions on people's movement and that no one required constant support to keep them safe. She was aware if this was the case then applications would need to be made to the Court of Protection to grant authorisation. The Court of Protection makes decisions on financial or welfare matters for people who are unable to do so for themselves.

We saw assessments of people's capacity, carried out by the local authority, were in place within all of the three care files that we looked at. These confirmed the information the provider had shared with us, that people were able to make their own decisions. Care records showed that people's consent had been sought before care was delivered. We saw examples where staff had respected people's decision to refuse care, such as declining support with their personal care or refusing medicines. This meant people's rights had been upheld.

One person's care records referenced that they had appointed a Lasting Power of Attorney (LPA). LPA is a legal tool which allows people to appoint someone (known as an attorney) to make decisions on their behalf, if they reach a point where they are no longer able to make specific decisions. The provider advised us that they did not have a copy of this legal document, however explained that at that time the person was able to make all of their own decisions. They told us if in the future the person was no longer able to make their decisions, they would ensure they had these legal documents in place.

## Is the service responsive?

### Our findings

At our comprehensive inspection on 17 and 18 December 2015 we found people's care records were not person-centred. They contained assessments and paperwork which was not relevant to their individual needs. This meant the provider had not maintain securely an accurate and complete record in respect of people's care and treatment. We found that the provider's complaints policy was not clear, and complaints records had not been well maintained. This was a breach of Regulation 17. Good governance.

At this focused inspection we found that the provider had taken action to meet shortfalls in relation to the requirements of Regulation 17 described above.

We looked at three people's care records. We found the provider had undertaken a wide range of assessments to determine people's needs. For example, to determine what support a person required to move and transfer, or their risk of tripping or falling. Care files included assessments carried out by the service, and those undertaken by healthcare professionals. We did not note any assessments within people's care records which were not complete, or which were not related to people's individual needs.

At our last inspection we had found assessments and plans of care to be basic and brief. During this inspection we noted that all of the records we viewed were detailed and specific to the individual. The information provided to staff detailed the care they should provide to people, to support their wellbeing and social interaction, in addition to their physical needs. Care records included personal details, such as people's hobbies and what they enjoyed talking about. This meant staff had been provided with clear information about how to meet people's needs.

Since our last inspection the provider had updated their complaints policy, so it included detailed information about how the service would respond to, and investigate, complaints. This meant people were aware of how their complaint should be handled.

## Is the service well-led?

### Our findings

At our comprehensive inspection on 17 and 18 December 2015 we found policies and procedures for the management of the service were limited and underdeveloped. There had been a lack of written evidence in areas such as incidents of a safeguarding nature, risk management, health and safety, complaints about the service and quality assurance. This meant the governance of the service was not effective enough to ensure that people received high quality, safe care. This was a breach of Regulation 17. Good governance.

At this focused inspection we found that the provider had taken action to meet shortfalls in relation to the requirements of Regulation 17 described above.

The provider told us that since our last inspection they had reviewed all of their policies and procedures to ensure they were fit for purpose. We looked at the complaints and safeguarding policies, and saw these documents had been improved so that they included information specific to the service.

During our last inspection we noted risks associated with people's care needs had not always been assessed. During this inspection we saw risks, such as those relating to personal care, cooking or accessing the community, had been assessed. However, we did note they had not always been highlighted in risk assessment documentation. We noted one person was at risk of choking. We saw information about the steps staff should take to minimise this risk was not detailed within their risk assessments or care plans, but had been included within their mental capacity assessment. We discussed with the provider whether this risk should be more prominent within the care record, but they informed us that the staff team had read the whole file, and knew people and their needs very well.

Since our last inspection the provider had reviewed staff records. They had introduced a training overview, which showed the provider, at a glance, what training had undertaken and where any refresher training was required. The provider had used a similar system to monitor staff supervision sessions, to ensure that each staff member was given regular opportunities to discuss their role and any development needs.

Improvements had been made to the way the provider monitored the quality and safety of the service, although the manager did acknowledge some of the checks in place were informal. The provider told us the service had reduced in size since our last inspection, from supporting 16 people over a large geographical area, to providing care to five people who all lived within one supported living complex. She told us that she carried out the assessments on people's needs, wrote the care plans and delivered care on a daily basis. She explained this meant she was in the fortunate position of being able to observe, assess and monitor the care provided to people as and when it was being provided. She explained that whilst she did not use any formal auditing tools to review care records, she ensured records were up to date by reading them on a daily basis. She told us she was extremely proud of the company and of the standard of care which was provided.

We saw the provider carried out unannounced spot checks to monitor staff conduct. Records of these spot checks showed staff punctuality and presentation had been checked, competency on a range of policies and procedures had been monitored and feedback provided to staff. We saw all of the people who used the

service had been sent a questionnaire to gather their feedback on the service they received. These questionnaires had been returned in November 2016 and had not been fully analysed. The provider told us there were plans to share any feedback and any changes made in response, with people who used the service. This meant the provider had assessed and monitored the quality and safety of care provided.