

Angels Caring Care Limited

# Room 3 36 Queensway

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

This service is a domiciliary care agency. It provides personal care to a range of adults living in their own homes with a broad range of physical, mental health and learning disability needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were 13 people receiving a service that is regulated by CQC.

### People's experience of using this service and what we found

People and their relatives told us staff were kind and caring and that they had a regular carer. People and their relatives told us they were very happy with the service.

People had regular care staff who turned up on time, or let them know if they were running late.

Care records were up to date, person centred and comprehensive. Risk assessments were in place for the majority of risks identified; staff were able to tell us how they cared for people to mitigate these risks.

People and their relatives told us that the registered manager was very responsive to any issues or concerns they had and that they would recommend the service to other people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were aspects of the service that were well led, but the registered manager was aware they needed to refine and improve some aspects of the paperwork in order to maximise good quality care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with CQC in July 2018. This is the first inspection of the service.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

# Room 3 36 Queensway

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 8 July 2019 and ended on 17 July 2019. We visited the office location on 8 July 2019.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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 used all of this information to plan our inspection.

During the inspection

We spoke with two members of care staff, the recruitment and training manager and the registered manager. We reviewed a range of records, including four care records, medicine administration records, three staff recruitment files and training. We also looked at management quality information including medicines audit documents, spot checks of care staff and accident and incident documentation. We checked the service had key policies in place to guide their work.

After the inspection

We spoke with an additional care staff member, and two relatives. We also spoke with three people using the service to gain their views on the service provided. We contacted three organisations for feedback on the service but they did not respond to our request.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care staff. The service had systems and processes in place to safeguard people from abuse. Staff were able to explain their role in safeguarding vulnerable adults and could tell us what they would do in the event of any concerns. They also understood when and how to whistleblow.
- The safeguarding policy set out actions to take in the event of a safeguarding concern and we had received notifications appropriately in the period since the service started in February 2019.

Assessing risk, safety monitoring and management

- There were risk assessments in place on care records. A generic record, with detailed risk assessments for specific risks were identified. These included skin integrity, falls and the home environment.
- We found some areas where the risks had increased due to a person's changing needs but the risk assessment had not been updated. Staff were able to tell us how they supported these individual people. This is addressed further in the Well-Led section of the report.
- The registered manager told us they would review all risk assessments to ensure they were fully updated by the end of July 2019.

Staffing and recruitment

- Safe recruitment processes were in place with appropriate criminal record and reference checks taking place prior to staff starting work with vulnerable people.
- People told us they had consistent staff who turned up on time. If they were running late, they phoned to let them know.
- Staff told us they had enough time to get from one person's house to another.

Using medicines safely

- We saw that medicine administration records were returned to the office in the month following completion. These were audited by the registered manager. Where issues were identified these were noted and we could see that these had improved in the next month's records.
- The service had a medicines policy in place; staff had been trained to give medicines and the service planned to check staff competency again within 12 months.

Preventing and controlling infection

- People told us that staff used gloves and aprons where necessary and staff had been trained in infection control procedures.

### Learning lessons when things go wrong

- The service kept records of incidents and the registered manager was able to show us actions taken following incidents and learning shared with staff, but this information was not readily available. This is addressed further in the Well-Led section of the report.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager drew up the care plan from a combination of referral information from the commissioner, from talking with people and their relatives and from meeting people using the service in their environment.
- People's voices were evident in the care records and people told us the service was set out in the way they wanted.
- One person who had transferred care from another agency told us the transition was very smooth and they were happy with the care at this service.

Staff support: induction, training, skills and experience

- People and their relatives told us the staff were skilled and able to provide them with good quality care. Comments included "She knows exactly how I want help" and "They know how to deal with my [relative]."
- Records showed staff received an induction over three days and then shadowed experienced staff prior to working with people alone. Staff were trained in key areas and as part of the initial stages of the Care Certificate completed a questionnaire which checked their knowledge in a variety of areas. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff supervision was recorded and we saw that registered manager planned to have a mixture of both individual and group supervision. Staff told us they found supervision helpful.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assisted people with eating and drinking as set out in their care plans. People told us staff were helpful in this area, heating up food as was needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records showed the registered manager was in regular contact with local health professionals including district nursing service and GP's.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA and staff understood the importance of obtaining consent before providing care.
- Mental capacity assessments were on record and where one person did not have capacity, and their relative made decisions on their behalf, this was set out clearly in care documentation.
- People told us staff always asked for consent before providing care to them.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us the staff were "very kind" and "extremely kind and caring."
- One person told us they really enjoyed their carer coming as "We have a real laugh."
- Staff were able to tell us how they treated people with dignity and respect; "Communication is the key" and "I respect people's privacy and their differences."
- Care records noted people's spiritual and religious needs and staff were able to speak confidently regarding issues of equality and diversity.
- Staff were from a broad range of backgrounds so staff were available to meet a wide range of people's needs should they be required.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were asked how they wanted their care to be provided and we could see that care records included examples of this "I like to make my choice of food to eat. I don't like eating in front of people."
- Records set out what tasks people could do for themselves and people we spoke with told us staff encouraged them to do tasks for themselves and supported them to do so.
- People and their relatives told us staff treated them with dignity and respect.
- At the time of the inspection the registered manager had not obtained signatures to evidence people's involvement, or that of their relative in their care records, but planned to do so at review.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care records were up to date, personalised and covered a wide range of needs. These included eating and drinking, personal care, mobility and memory or cognition. Personalised information was recorded. For example, records showed 'What you need to know about me', "I am a happy person" and 'What I find hard', "it's hard to pick some things up. I have pins and needles and loss of sensation in both arms and hands."
- Care records also stated what people liked to be called and their spiritual, religious and partnership and family status. This showed people were involved in the care planning process and so provided personalised information.
- People and their relatives told us that the staff and registered manager supported them to maintain their functioning and this included social connections with family and friends.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available for people in ways they could understand, and the registered manager was available to explain information for people.

### Improving care quality in response to complaints or concerns

- The service had a complaints process in place but had not received any complaints since starting the service in February 2019.
- People and their relatives told us the registered manager was extremely responsive and supportive to meeting their needs and addressing any issues that arose. One relative told us, "I ask her if she is ever not working?" Nobody we spoke with had felt the need to make a complaint.

### End of life care and support

- The service had an end of life policy in place and was beginning to offer support to people near the end of their life. The registered manager was liaising with relevant health professionals and one family member told us the registered manager was helping them obtain the relevant services in the community.
- The registered manager told us they were starting to ask people questions related to end of life wishes as part of the generic assessment process and would develop a more detailed plan for those near the end of life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was providing person centred care to people and this was evident from care records and from talking with people and their relatives. The registered manager was aware of the need to, and planned to improve care planning to support people at the end of their lives.
- People and their relatives told us the service was provided in the way they wanted and supported them to remain at home.
- The registered manager was open and transparent throughout the inspection and people and their relatives spoke highly of the registered manager and the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Whilst risk assessments were in place for some risks identified, we found there were some gaps. As the service was currently small and staff knew the people the service were providing care to, this did not place people at risk. However, it was important the registered manager ensured all risk assessments were in place and covered all risks. At the time of writing this report the registered manager was reviewing all the risk assessments for people using the service.
- Quality audits of medicine administration records and daily recording of care provided by care staff took place.
- Staff were clear about their role and told us they were supported to do it.
- The registered manager had made notifications to CQC and the local authority as required to do so.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in the setting up of their care and we saw that spot checks of staff competency and telephone reviews were taking place. This meant that people and their relatives had an opportunity to comment on the service and care provided.
- Team meetings took place and staff told us they could give their views on how best to meet people's needs.

Continuous learning and improving care

- Policies were in place for key areas of service delivery, however some needed to be reviewed to ensure

they met best practice requirements. For example, the recruitment policy did not stipulate the number of references required, nor that they were required from staff's most recent employer. The medicines policy did not stipulate staff should be competency checked every 12 months.

- The service did not currently capture information related to actions taken and learning following accidents and incidents.

- The registered manager told us they would update all of the above policies and documentation and would formulate a service improvement plan to address all the areas identified in this inspection.

Working in partnership with others

- It was clear the service worked in partnership with local health professionals and commissioners and was keen to establish effective relationships in order to progress and support the growth of the business.

- The registered manager had attended one local provider forum and told us they were committed to using local forums to keep up with best practice in care.