

Angel Home Limited

# Angel Home Limited

## Inspection report

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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 caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 1 October 2015 and was unannounced. At our previous inspection on 22 July 2014 the service was meeting the regulations inspected.

Angel Home Limited provides accommodation, care and support to up to nine people with learning disabilities. At the time of our inspection seven people were using the service.

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 provider did not have robust systems to review the quality of the service. Care record audits did not always review the content of people's care records and we saw inconsistent and insufficient information about some people's care needs. Medicines management processes were not reviewed and we found there were inadequate processes in place to account for the medicines stored at the service and ensure correct stock balances.

Staff were aware of individuals who were able to make decisions about their care and what decisions some people did not have the capacity to make. However, there was a lack of information about how decisions were made for people who lacked capacity and there was no evidence of best interests meetings being held in line

# Summary of findings

with the Mental Capacity Act (MCA) 2005. Staff were unclear about the Deprivation of Liberty Safeguards (DoLS) and how these may be applied to support people. DoLS is a way of making sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

Staff were knowledgeable about people's support needs. They were aware of what people were able to do independently and when they required help from staff. People were supported with their personal care, and their privacy and dignity was maintained. Staff were aware of people's interests, hobbies and what activities they enjoyed participating in. A wide range of activities were provided for people at the service and in the community.

Staff provided people with the support they required with their health care needs and provided meals in line with people's choices.

There were sufficient staff employed, which enabled people's support needs to be met and for staff to have the time to talk and engage with people. We observed staff interacting with people and engaging them in activities they enjoyed.

Staff received regular training, supervision and appraisal. The registered manager reviewed staff's competency before staff supported people unsupervised. The staff team met regularly to discuss service delivery and to identify any means of improving the support provided. Staff felt well supported by their manager. They felt any suggestions they made were listened to and would be acted upon.

We identified breaches of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to: need for consent, safe care and treatment, and good governance. You can see what action we told the provider to take at the back of the full version of the report.

# 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?

Some aspects of the service were not safe. There were not adequate systems in place to monitor the stocks of medicines stored at the service, and there were not sufficient systems in place to review medicines management processes.

There were sufficient staff to meet people's needs. Staff were knowledgeable about how to manage risks to people's safety and to protect people from harm. A safe environment was provided for people. Staff checked any maintenance required was identified and actioned.

Requires improvement



### Is the service effective?

Some aspects of the service were not effective. There was a lack of information as to how decisions were made when people did not have the capacity to make decisions for themselves, and there was no evidence of best interests meetings being held. Staff were unclear about the Deprivation of Liberty Safeguards and how these may be applied.

Staff received regular training, supervision and appraisals to review their knowledge and skills and ensure they provided the support people required. Staff supported people at mealtimes and to maintain their health needs.

Requires improvement



### Is the service caring?

The service was caring. We observed staff and people interacting positively, engaging in games and holding conversations.

Staff were aware of people's preferred communication methods, and provided support to people to enable them to make decisions about day to day aspects of their care.

People's privacy and dignity was maintained.

Good



### Is the service responsive?

The service was responsive. Staff were aware of what help people required and provided people with the level of support they needed. People were encouraged to be independent and engaged in a wide range of activities.

A complaints process was in place, and people told us they felt able to raise any concerns they had with staff. The provider asked relatives for feedback about the service through a satisfaction survey, and asked people for feedback during regular meetings.

Good



### Is the service well-led?

Some aspects of the service were not well-led. There were not sufficient robust systems in place to review the quality of service delivery, including the quality of care records and medicines management processes.

Requires improvement



## Summary of findings

Staff felt well supported by their manager, and felt able to raise any concerns or questions they had. The registered manager encouraged people and staff to feedback about the service and suggest means of improving service delivery.

The registered manager was aware of and adhered to the requirements of their registration with the Care Quality Commission.

# Angel Home Limited

## 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 1 October 2015 and was unannounced. One inspector undertook the inspection.

Before the inspection we viewed the information we held about the service, this included the statutory notifications received about the service.

During the inspection we spoke with two people using the service, three staff members, the registered manager and a visiting professional. We viewed three people's care records, two staff records and the team's training documents. We viewed records relating to the management of the service and medicines management processes.

After the inspection we spoke with one person's relative and a representative from the local authority's commissioning team.

# Is the service safe?

## Our findings

People were aware they needed to take medicines every day and they told us the staff supported them with this.

Medicines were stored in a locked cabinet. The registered manager told us that ordering and supply of medicines worked well and there was sufficient stock of medicines at the service. The majority of medicines were supplied in blister packs prepared by the pharmacy. There were some medicines that were supplied in addition to the blister packs including paracetamol, one person's warfarin and people's 'when required' medicines. Staff checked the stock balance for paracetamol and 'when required' medicines on a weekly basis to ensure that appropriate stocks were kept at the service. However, no stock checks were kept for the other medicines. There were no systems in place to monitor the stocks of warfarin kept at the service and to ensure the person received their medicines as prescribed. The registered manager told us, when asked, that they did not know how many warfarin tablets were stored at the service. On the day of the inspection the registered manager arranged for staff to count the warfarin tablets so they knew the amount in stock and directed staff to ensure that weekly stock counts were introduced.

The pharmacy undertook an annual audit of medicines management at the service. Apart from this audit there were no other audits undertaken to ensure safe medicines management.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All medicines administered were recorded on a medicine administration record. We saw that these were completed correctly. There were protocols in place for staff to follow to ensure staff received their 'when required' medicines when they needed them.

One person told us they, "Feel safe living here." Staff were able to describe to us the risks to people's safety whilst they were at the service and in the community. For example, some people were unable to access the kitchen independently because they were at risk of scalding when using the kettle, or burning when meals were being cooked, and some were at risk of cutting themselves when using sharp knives. Other people were at risk in the community due to poor road awareness and of being exploited or being involved in incidents with other people.

Staff were aware of how to support people to minimise the risks to people's safety and ensure their health and welfare was protected. The majority of people had risk assessments undertaken to identify the risks to their safety and to inform staff what protection plans were to be put in place. However, for one person we were unable to find an assessment of the risks to their safety in the community which meant there was a risk that staff were not aware of all risks to this person's safety and how they were to be supported in the community. The registered manager told us they would ensure this was put in place.

Staff were knowledgeable in recognising if a person was being harmed, and were aware of the reporting procedures to follow if they had concerns a person's health or safety was being compromised. The registered manager liaised with the local authority's safeguarding team if they had concerns about a person's safety or if they wanted any advice as to how to keep people safe.

There were sufficient staff to meet people's needs. People told us they felt there were enough staff and there was always someone around to support them and talk with. The registered manager arranged for the appropriate number of staff to be on shift to support people, for example, we saw that additional staff were on duty to support people in the community and accompany them to groups and activities. The registered manager organised for additional visiting professionals to come to the service to support people. For example, an activities coordinator visited the service twice a week to provide activities for people. One staff member told us they felt they had sufficient staff and it enabled them to support people with their personal care, but also to be able to "spend time talking and sitting with people".

The registered manager ensured the staff were suitable to work with people by carrying out proper recruitment checks. They ensured staff had previous experience of working in a care setting and appropriate qualifications. Checks were undertaken to assess a person's suitability including; obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring criminal records checks were completed.

Staff regularly checked the environment and the building to ensure a safe environment was provided. This included ensuring equipment and furniture were in working order. If any repairs were required, then this was organised and

## Is the service safe?

tended to. Staff also checked that emergency lighting and fire alarms worked and they practiced evacuation drills.

Each person had a personal evacuation plan in their care records in case of a fire at the service. Gas safety, electrical safety and water safety checks were undertaken to make sure the premises were safe.

# Is the service effective?

## Our findings

Staff had completed training on the Mental Capacity Act (MCA) 2005. They were aware of the people who had the capacity to make decisions about aspects of their care, whether this capacity fluctuated and who was unable to make decisions about their care, welfare and finances. However, there was no information in people's care records about who made decisions on behalf of people who were unable to make decisions about their care and welfare, and there was no evidence of MCA assessments or best interests meetings being undertaken. This meant there was a risk that decisions were made for people inappropriately. We heard from the registered manager that people were unable to manage their own finances and there were court of protection appointees in place to manage this for people. However, this information was not included in people's care records which meant there was a risk that people would not be supported with their finances appropriately.

Staff spoken with were unclear about what the Deprivation of Liberty Safeguards (DoLS) were and how they may be applied to support people. DoLS is a way of making sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. Staff told us there were some people who were unable to leave the service without one to one support from staff. The registered manager was unaware that this restriction could amount to the deprivation of a person's liberty and had not applied for people to be assessed to establish whether a DoLS would be appropriate to support these people and keep them safe.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New staff took part in an induction to the service. This included familiarising themselves with the provider's policies and procedures, and shadowing more experienced staff until the registered manager had assessed the staff member as being competent to undertake their duties and support people unsupervised.

A representative from the local authority told us they felt the staff were able to meet people's needs. Staff received regular training to ensure they had the knowledge and skills to undertake their roles. This included training on;

safeguarding adults, medicines administration, food hygiene, health and safety, infection control and fire awareness. Staff attended annual refresher training to ensure they were up to date with good practice guidelines. They were also supported to take relevant qualifications including diplomas in health and social care.

The registered manager reviewed staff's performance through the completion of regular supervision sessions and annual appraisals. Supervision sessions and appraisals gave staff the opportunity to discuss people's needs and the support provided. If any gaps were identified in staff's knowledge about how to support people, training was provided to address this.

People told us they liked the food at the service and there was always plenty of choice. One person said, "We get to choose what we eat." Staff supported people with their meals. Staff prepared and cooked meals for people. The registered manager developed a menu on a weekly basis with input from people. People were able to request meals to be added to the menu. A choice of meals was provided at each meal time and alternatives were available if people did not want what was on the menu.

People had health action plans informing staff what support they needed with their health needs. Staff arranged and accompanied people to health care appointments such as to see their GP, dentist and optician. Staff arranged for home visits from healthcare professionals for those people who did not like leaving the service. Staff liaised with other healthcare professionals if they, together with input from the person's GP, felt the person would benefit from specialist advice. For example, some people had been supported to have their health needs and behavioural needs reviewed by a mental health professional. One person using the service was diabetic and staff liaised with the district nurse to ensure this person had access to the service they required to obtain support to manage their diabetes. This included the district nurse coming to the service to administer insulin. However, the person's support needs in regards to their diabetes was not clear in their care records. This meant there was a risk that staff would not support the person appropriately with their diabetes, for example, providing them with appropriate meals. The registered manager told us they would ensure this person's care records were updated to identify what advice and support staff should provide the person to help manage their diabetes.



## Is the service effective?

People had 'hospital passports' in their care records. The 'hospital passport' provides hospital staff with important information about people and their health needs. This

enables people to get the support they require when attending hospital appointments and informs hospital staff about how they communicate and their behavioural and support needs.

# Is the service caring?

## Our findings

One person told us the staff were “alright” and they “like all of them”. Another person said, “You can talk to the staff if you need to. There’s always staff around.” The relative we spoke with described the staff as “ever so pleasant.”

We observed staff having friendly discussions with people. Staff were polite and used appropriate language to engage people in activities. We observed people smiling and laughing indicating they were enjoying themselves.

Staff supported people to build and maintain friendships with other people at the service, and in the community. We heard that people were supported to stay in contact with and visit friends and family. Two people using the service were siblings and staff were aware of the importance of maintaining this relationship. The provider had two services. People living at these services interacted regularly and this enabled people to develop friendships within a wider group. It was clear from people’s care records who at the service liked socialising and being in the company of others, and who preferred to spend time on their own. This meant that staff could support them appropriately and ensure they were not socially isolated.

Staff were aware of what situations caused people to get anxious and supported people appropriately to minimise their anxiety. For example, some people did not like going to unfamiliar places and some people did not like being in crowds.

Staff were knowledgeable of people’s communication methods. Two people did not verbally communicate. Staff used pictures and sign language to help communicate with these individuals. Staff also told us that people pointed to what they wanted and took staff to where they wanted support. For example, they would take them to the kitchen and point to the kettle if they wanted a hot drink.

Staff gave people a choice as to how they spent their day, and enabled people to make decisions about their day to day care. For example, choosing what they wanted to wear, what they wanted to eat and what activities they wanted to do. One person told us, “We get to choose what we do each day.” We observed some people participating in group activities and some spending time on their own. People were free to access the communal areas of the service and we observed people helping themselves to the games and puzzles available.

People’s privacy was respected. Staff supported people with their personal care in the privacy of their own rooms with the doors and curtains shut. Information was included in people’s care records about how to maintain people’s dignity at the service and in the community, for example, supporting people with their continence needs.

# Is the service responsive?

## Our findings

One person told us the staff provided them with the help they needed, including helping them to get washed and dressed. They said the staff helped them to have a shower. Another person said they were independent with most tasks but staff helped them to bathe. The relative we spoke with said their relative was well presented and their personal care needs were met.

Staff were aware of what help people required and what they were able to do for themselves. The care records contained a one page summary of the main tasks people engaged in and whether they were able to undertake them independently, whether they required some assistance or whether they needed full support from staff. One staff member said, "We let them do what they can." People's care records and support plans included further information on the support required and how people wanted this to be provided.

Staff encouraged people to be independent. One staff member told us some people were able to help with food preparation, with their laundry and with the help of staff clean their rooms. People were supported to engage in activities during the day. The service arranged for an activities coordinator to visit the service twice a week to provide in house activities in addition to the interaction staff provided. Staff also supported people to access activities in the local community. For example, on the day of our inspection two people were supported to go to the day centre, and some people were going to play bingo. We also heard that people were supported to go swimming and to access a local college course. One person told us they liked the activities provided at the service and the support provided to access activities in the community. They told us they liked going to the day centre.

The complaints procedure was accessible in an easy to read format in the communal area. In addition, the registered manager asked people on a daily basis if they were okay and if they had any concerns they wanted to raise. People told us if they had any concerns or were unhappy about anything at the service they felt able to speak with a member of the staff team. There were processes in place for the registered manager to follow to investigate and deal with any complaints raised. Staff said they felt able to support people to raise any concerns they had and had confidence the registered manager would take the necessary action to address the concerns.

The registered manager asked people's relatives to provide feedback about the service formally through the completion of satisfaction surveys and this was used to amend service provision. We viewed the completed satisfaction surveys during 2015 and saw that relatives were happy with the service provided. Their comments included, "It feels like home from home", "Excellent service", "I'm able to give my opinion on things" and, "We have noticed a big improvement [with regards to the person using the service]". The relative we spoke with told us staff had listened to concerns they had previously raised and action had been taken to address the concern.

A monthly meeting was held with people to obtain their views about service delivery. These meetings enabled each person to feedback about the service and make suggestions about changes they wanted to make. We viewed the minutes from the last meeting which showed people were happy with the service. They specifically mentioned liking the food at the service and the meal choices available.

# Is the service well-led?

## Our findings

The provider did not have a robust system to check the quality of the service. There was insufficient auditing of care records. The registered manager ensured that people's support plans and risk assessments were updated, but they did not always check the content of people's care records. We found that one person's care records did not include sufficient information about their diabetes and how they were to be supported with this. Another person's care records did not include an assessment of the risks to the person in the community, even though staff told us they were unable to access the community independently due to the risks to their safety. We saw that care records did not contain sufficient information in regards to consent, capacity and people's ability to make decisions about aspects of their care. There were not sufficient internal audits to check safe medicines management, and therefore our concerns in regards to medicines management had not been identified.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The representative from the local authority we spoke with felt the registered manager was "very caring". They felt the registered manager was committed to improving the service and took on board any suggestions made. They said there was good joint working and open communication between the two services.

Staff told us their manager was "very supportive" and "very helpful." They felt "free to talk to her about anything." One staff member said they were able to speak with the registered manager if they had any concerns and said they could, "Always approach her if we have any questions". Staff told us they found their supervision sessions helpful and gave them a good opportunity to discuss their role and how they could progress to further improve their individual

performance. Some staff were being encouraged and supported to complete further qualifications in health and social care prior to being offered a promotion at the service and taking on additional responsibilities. One staff member told us they "always want to learn more" and the registered manager was supporting them to do so.

The registered manager told us they had an "open door policy" and that they encouraged staff and people to give feedback about their performance and service delivery. Staff were invited to contribute items to be discussed at team meetings. These meetings were held monthly and we saw that they gave staff the opportunity to discuss people's needs as a team and make suggestions about how to improve the support provided. Staff felt able to express their views and opinions. They felt they were "free to talk" and felt their contributions were listened to by their manager. They told us they were encouraged by their manager to make suggestions and try new things to further engage people in the service. There was a team approach towards service delivery. One staff member told us, "Team working works well. We work together and share the job."

Staff were knowledgeable of the policies and procedures at the service. They were able to describe to us what action they would take and the reporting processes they needed to complete if they witnessed an incident at the service or in the community. They were aware of the escalation process and felt the registered manager would take the necessary action to follow up on any concerns, and ensure the risk of an incident recurring was minimised.

The registered manager was aware of the requirements of their registration with the Care Quality Commission. They adhered to their registration requirements and submitted statutory notifications as required, for example, of incidents involving people who use the service when the police had been called.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Need for consent.

The provider did not ensure that care and treatment of service users was always provided with the consent of the relevant person and when people were unable to give consent because they lacked capacity to do so, that they acted in accordance with the 2005 Act. Regulation 11 (1) (3).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

The provider did not make sure that care and treatment was provided in a safe way for service users because they did not have proper and safe arrangements for the management of medicines. Regulation 12 (1) (2) (g)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

The provider did not have effective systems and processes to assess, monitor and improve the quality

This section is primarily information for the provider

## Action we have told the provider to take

and safety of the service provided, and to make sure accurate, complete and contemporaneous records were maintained in respect of each service user. Regulation 17 (1) (2) (a) (c)