

Angel Healthcare Professionals Ltd

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## Inspection report

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## Ratings

### Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

About the service: Thames Innovation Centre is a domiciliary care agency and provides personal care and support to people living in their own homes. At the time of this inspection three people were using the service.

At this inspection, we found that all three people had started using the service within a maximum period of a month, because of this, we were unable to gather enough information about their experiences to provide a rating against the five key questions, 'Is the service safe?', 'Is the service effective?', 'Is the service caring?', 'Is the service responsive?' and 'Is the service well-led? Therefore, we were unable to provide an overall rating for the service.

People's experience of using this service:

- People received safe, effective, compassionate and quality care.
- The provider had safeguarding policies and procedures which provided guidance on protecting people from abuse and the registered manager knew of reporting procedures.
- Risk to people had been identified, assessed and had appropriate risk management plans in place.
- The provider followed appropriate infection control protocols to prevent and minimise the spread of infections.
- People were supported to eat sufficient amounts of healthy food for their well-being.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were involved in making decisions about their care and support.
- People's privacy and dignity was respected and their independence promoted.
- People were supported to participate in activities that interested them.
- People and their relatives feedback was being used to develop their care and support plan and delivery.

Rating at last inspection: This is our first inspection of the service since registering with us on 8 November 2017.

Why we inspected: This inspection was part of our routine scheduled plan of visiting services to check the safety and quality of the care people received.

Follow up: We will continue to monitor intelligence we receive about the service to ensure people receive safe, high quality care. Further inspections will be planned for future dates and we may be able to rate the service at this time. If any concerning information is received 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?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for safe.

Details are in our Safe findings below.

**Inspected but not rated**

### Is the service effective?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for effective.

Details are in our Effective findings below.

**Inspected but not rated**

### Is the service caring?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for caring.

Details are in our Caring findings below.

**Inspected but not rated**

### Is the service responsive?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for responsive.

Details are in our Responsive findings below.

**Inspected but not rated**

### Is the service well-led?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for well-led.

Details are in our Well-Led findings below.

**Inspected but not rated**

# Angel Healthcare Professionals Ltd

## **Detailed findings**

### Background to this inspection

The 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 checked 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.

Inspection team: One inspector carried out this inspection.

Service and service type: Thames Innovation Centre is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults.

The service had a manager registered with the Care Quality Commission. This means that they and the registered 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 visit because it is small and the registered manager is often out of the office providing care. We needed to be sure that they would be in.

Inspection site visit activity started and ended on 29 November 2018. We visited the office location on 29 November 2018 to see the registered manager and to review care records and policies and procedures.

What we did:

Before the inspection, we reviewed information we held about the service and the provider which included statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. The provider completed a provider

information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During inspection: We spoke with one relative to seek their views about the service. We also spoke with the registered manager, reviewed three people's care plans and risk assessments and other records relating to the management of the service including policies and procedures.

# Is the service safe?

## Our findings

- Safe – this means people were protected from abuse and avoidable harm. There was not enough evidence available consistently over a period to demonstrate the service was safe and to award a rating.

### Safeguarding systems and processes

- The provider had safeguarding policies and procedures which provided guidance on abuse and reporting to relevant authorities. The registered manager knew of the types of abuse that could occur and told us they would report any concerns of abuse to the local authority and CQC. Since their registration with CQC in November 2017 there had not been any safeguarding concerns raised; however, there were systems in place to respond to allegations of abuse should the need arise.

### Assessing risk, safety monitoring and management

- Risks to people had been identified, assessed and had appropriate risk management plans in place. Risk assessments covered areas including mobility, skin integrity, nutrition, bed rails and the environment. Where risks to people had been identified such as pressure ulcers, there were appropriate guidance in place for staff to manage this risk. Risks specific to individual needs such as the risk of oncoming cars had been identified and had guidance in place to maintain people's safety.

### Staffing levels

- The registered manager was the only person delivering the care at the time of this inspection. Everyone who used the service required one staff member to support them and the registered manager was able to support people at their preferred time of visit.
- The registered manager told us they had plans to recruit staff as they now had more people that needed care and support. They knew of the requirement of employing new staff and told us they would ensure appropriate pre-employment checks including completing an application form, criminal records checks, references and the right to work in the United Kingdom would be acquired before staff could start working at the service.

### Using medicines safely

- The provider had medicines policies and procedures in place which provided guidance on the safe management of medicines. At the time of this inspection, no one required support with medicines administration. Because they were either taking their medicines independently or were being supported by their relatives. People's care plans included a list of medicines, dosage and what the medicine was prescribed for.
- There were systems in place to ensure people's medicines would be managed safely when required. For example, there were medicine administration records available in people's care files should they require support with their medicines. The registered manager was a registered nurse and knew of appropriate procedures in managing medicines safely.

### Preventing and controlling infection

- The provider had an infection control policy which provided guidance on the prevention of diseases. The

registered manager told us they washed their hands regularly, used personal protective equipment (PPE) when supporting people and knew they had to dispose of all clinical waste appropriately.

#### Learning lessons when things go wrong

- The provider had policies and procedures on reporting and recording accidents and incidents. However there had not been any accident or incidents since the service registered with CQC. The provider had accident and incident forms in place and the registered manager told us they would follow their policy where required.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. There was not enough evidence available consistently over a period to demonstrate the service was effective and to award a rating.

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

- Before people began using the service, an initial assessment was carried out at their home, by the registered manager to assess if they could meet their needs.
- During assessments, expected outcomes were identified and the registered manager supported people in line with best practices. Information from these assessments were used to develop individual care plans and risk management plans.

Staff skills, knowledge and experience

- The registered manager was the only member of staff at the service. They told us they were a registered nurse by profession and had maintained their registration with the Nursing and Midwifery Council and we confirmed this. They told us they updated their training and professional development to ensure they had the knowledge and skills to deliver an effective service.
- The registered manager told us they were liaising with an external company to provide new staff with induction and training once employed.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink sufficient amounts for their health and well-being. Where required people were supported to prepare food of their choice and were provided with either cold or hot drinks of their choice to keep them hydrated.
- The registered manager told us they encouraged people to make healthy food choices and reduce sugary food where they were at risk of diabetes.

Supporting people to live healthier lives, access healthcare services and support. Staff providing consistent, effective, timely care within and across organisations

- Where required people were supported to access healthcare services to maintain good health. People were registered with the GP and they and their relatives were responsible for arranging their healthcare appointments. However, where people required support, the registered manager told us they were flexible to provide the appropriate support needed.
- People's care plans included information on their medical conditions, medicines and any allergies they had and this would ensure information was readily available to emergency services when required.
- The registered manager had liaised with other healthcare professionals including hospital teams where they had concerns about a person's medicine and wellbeing. They told us they would contact the GP or call 111 if there was an emergency. For other health concerns they would contact the district nurse for wound care and occupational therapists and physiotherapists if they had concerns regarding a person's mobility.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had the appropriate legal authority and were being met.

- The registered manager was knowledgeable about the requirements of the MCA and had recently completed a training session with the local authority. They told us they sought people's consent before supporting them.
- The registered manager told us that everyone using the service had capacity to make decisions for themselves, however if they had any concerns regarding a person being unable to make specific decisions for themselves, they would carry out a mental capacity assessment with the person, their relatives where appropriate and other professionals to ensure decisions were made in their best interest.

# Is the service caring?

## Our findings

not rated

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect. There was not enough evidence available consistently over a period to demonstrate the service was caring and to award a rating.

Ensuring people are well treated and supported

- People were supported by staff that were kind and caring towards them. One relative told us, "I can stand back and know [my loved one] is in the best possible hands."
- People's preferences including their likes and dislikes were recorded in their care plan and a relative confirmed that their loved one's wishes and preferences were respected.
- When speaking with us, we noted the registered manager addressed people respectfully and called them by their preferred names.

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us they and their loved one's have been consulted about their care and their views were considered when planning and delivering the care.
- The registered manager told us that care and support was planned based on information people and their relatives had shared with them about how they would like to be supported.
- Care plans we reviewed showed that people were involved in making decisions about their support needs.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected.
- People were afforded choice and control in their day to day life.
- The registered manager told us they promoted privacy and dignity by ensuring curtains were closed, they shut doors and used a towel to cover alternative parts of people's body that wasn't being washed. They said confidentiality was maintained by sharing information on a need to know basis. The provider had an office and we noted that care plans were stored in lockable cabinets and computer screens were password protected.
- People's independence was maintained. The registered manager told us they maintained independence by encouraging and motivating people to do things for themselves where they had the capability to do so. They gave us examples of encouraging people to wash their own face and involving people in making sandwiches. They told us people were given choices for example about the food they ate and clothes they wore so they could make decisions for themselves.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs. There was not enough evidence available consistently over a period to demonstrate the service was responsive and to award a rating.

#### Personalised care

- Each person had a care plan in place that outlined their needs, their medical condition, medicines, what was important to them and the level of support they required.
- The registered manager knew people well, they told us of the care and support they delivered and this was in line with information in people's care plans. Daily care records showed people were being supported in line with the care and support that was planned for.
- People were given opportunities to make choices for themselves and they had as much control and independence as possible, including when they would like their support delivered.
- Care plans showed that people's needs were identified, including those related to protected equality characteristics such as age, disability, race, religion, gender and cultural background and they were supported in a caring way and without any discrimination.
- Where required, people were supported to access activities that interested them. One person was supported to their place of work and the registered manager told us they had conversations with people and supported them to turn on electronic devices such as television sets or the radio to keep them stimulated.

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

- The provider had a complaint policy and procedure in place which included how to make a complaint and the timescales to respond. The complaint policy was provided to people when they started to use the service. A relative told us they knew how to make a complaint if they needed to; however, they had nothing to complain about.
- The service had not received any complaint since their registration with CQC in November 2017. The registered manager told us they would follow their complaint policy to ensure people received best outcomes.

#### End of life care and support

- No one using the service required end of life support. The registered manager told us, where required they would work with people, their relative where applicable and other professionals such as the palliative care team and a local hospice to ensure people's end of life wishes were met.

## Is the service well-led?

### Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. There was not enough evidence available consistently over a period to demonstrate the service was well-led and to award a rating.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The service had a clear statement of purpose which set out the provider's aims, objectives and values and we saw that the registered manager demonstrated a commitment to provide meaningful, person centred, high quality care by engaging with people, their relatives and other professionals.
- The registered manager empowered people to make decisions about their care and support and acted on any feedback received to ensure individual needs were met. For example, about when people would like to be visited.
- A relative told us the level of professionalism and dedication their loved one received from the service exceeded their expectations. They said there was attention to detail and the registered manager was compassionate about the quality of care and support they delivered.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was a registered manager in post who knew of their responsibility to work within the principles of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and had notified CQC of any significant events at the service.
- There were systems in place to ensure care plans and records were managed and updated appropriately. The provider had not carried out any audits; however, there were audit tools, for example, for spot checks to ensure appropriate quality checks took place. The registered manager told us once the service developed, they had plans and systems in place to ensure the service was regularly monitored and evaluated.

Engaging and involving people using the service, the public and staff. Continuous learning and improving care

- There were systems in place to encourage people and their relatives to provide feedback about the service. Where feedback was being given verbally, this was currently being used to tailor the care and support to people's needs. The registered manager told us that people and their relative's views would be used to continuously develop the service.

Working in partnership with others

- Due to the limited size of the service the provider was not yet working in partnership with other organisations.