

Angelina Care Limited

Angelina Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 8 April 2016 and was unannounced. When we last visited the service on 30 January 2014 we found the service was meeting all the regulations we looked at.

Angelina Care provides residential accommodation and support for up to 12 people living with mental health conditions. At the time of our inspection the home was providing support to 11 people. The service had a registered manager. 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.

Risks to the health and safety of people using the service were identified, assessed and reviewed in line with the provider's policy. Medicines were managed, administered and stored safely. There were arrangements in place to deal with foreseeable emergencies. There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm. Accidents and incidents involving people using the service were recorded and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff were deployed throughout the home to meet people's needs.

There were processes in place to ensure staff new to the home were inducted into the service appropriately. Staff received training that enabled them to fulfil their roles effectively and meet people's needs. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with respect and were consulted about their treatment and support needs. Staff respected people's dignity and privacy. People were supported to maintain relationships with relatives and friends and we observed that people were also supported to access community services. People's support needs and risks were identified, assessed and documented within their care plan. People's needs were reviewed and monitored on a regular basis. People were provided with information on how to make a complaint. The service worked with health and social care professionals to ensure people's needs were met.

There were systems and processes in place to monitor and evaluate the service provided. There was a registered manager in post at the time of our inspection and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. People's views about the service were sought and considered through residents meetings and satisfaction surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Risks to the health and safety of people using the service were identified, assessed and reviewed in line with the provider's policy.

Medicines were managed, administered and stored safely.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

There were safe staff recruitment practices in place and appropriate numbers of staff were deployed throughout the home to meet people's needs.

Is the service effective?

Good 

The service was effective.

There were processes in place to ensure staff new to the home were inducted into the service appropriately.

Staff received training that enabled them to fulfil their roles effectively.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

People had access to health and social care professionals when required.

Is the service caring?

Good 

The service was caring.

People were treated with dignity and respect and were consulted about their care and support needs.

Staff respected people's dignity and privacy.

People were supported to maintain relationships and access community services.

Is the service responsive?

Good ●

The service was responsive.

People's needs and risks were identified, assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People were provided with information on how to make a complaint.

The service worked well with health and social care professionals to ensure people's needs were appropriately met.

Is the service well-led?

Good ●

The service was well-led.

There were systems and processes in place to monitor and evaluate the service provided.

There was a registered manager in post at the time of our inspection and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

People's views about the service were sought and considered through residents meetings and satisfaction surveys.

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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.

The inspection was carried out by an inspector on 8 April 2016 and was unannounced. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service. We used this information to help inform our inspection.

During the inspection, we spoke with three people using the service, three members of staff, the registered manager and a visiting health professional. We spent time observing the care and support provided to people in communal areas, looked at three people's care plans and records, staff records and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living in the home and staff treated them well. One person said "The staff are nice and I feel safe living here". Another person told us "Staff are lovely and treat me well. I haven't felt this secure since I was a teenager."

There were safeguarding adult's policies and procedures in place to protect people from possible harm, and information on the "London Multi Agency Adult Safeguarding Policy and Procedure" was available for staff reference. Staff had received appropriate training in safeguarding and were aware of the potential types of abuse that could occur and the actions they should take. Staff told us they felt confident in reporting any suspicions or concerns they might have and explained that if they saw something of concern they would report it to the manager who would take action as appropriate. Staff were also aware of the provider's whistle blowing procedure and how to use it.

Accidents and incidents involving the safety of people using the service were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action to address concerns and referred to health and social care professionals when required. We saw that when appropriate accidents and incidents were also referred to local authorities and the CQC.

There were arrangements in place to deal with foreseeable emergencies and detailed evacuation plans to support staff in evacuating people from the premises in the event of a fire. Staff we spoke with knew what to do in the event of a fire and who to contact. We saw records of fire evacuations conducted and fire alarm tests were routinely carried out. Staff told us that they had received fire training and records we looked at confirmed this. There were systems in place to monitor the safety of the premises and equipment used within the home. We saw equipment was routinely serviced and maintained and regular routine maintenance and safety checks were carried out on water, heating, gas, fire and electrical appliances. We observed the home environment was clean, free from odours and was appropriately maintained.

Assessments were conducted to determine the levels of risk to people's physical and mental health needs. People had a care plan in place which contained guidance to provide staff with information that would protect people from harm by minimising assessed risks. Risk assessments were detailed and responsive to individuals needs and included areas of risks such as road safety, substance misuse, smoking, aggression, personal hygiene, social inclusion, behavioural risks, diet and nutrition and medicines. Risk assessments documented clear guidance for staff on what actions to take to support people to manage identified risks and to reduce reoccurrence. People and their relatives where appropriate had been involved in assessing and reviewing their individual risks. For example we saw that one person had consented for staff to monitor and check on a regular basis that they were not misusing substances such as drugs and alcohol. Risk assessments were reviewed on a regular basis or when there had been a change in a person's condition and risk level. Information from health and social care professional's involvement was also documented to ensure people's needs were met and risks to people's health were minimised.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted

before staff started work to ensure they were suitable to be employed in a social care environment. Staff records confirmed that pre-employment and criminal records checks were carried out before staff started work. Records included application forms, photographic evidence to confirm applicant's identity, references and history of experience and professional qualifications and contracts of employment. We observed there were enough staff on duty and deployed throughout the home at the time of our inspection to ensure people's needs were safely met. We looked at the staffing rotas and saw there were no gaps in staff cover. One member of staff told us, "We are a very small and close staffing team. We are always fully staffed and able to meet people's needs safely."

People told us that staff supported them with their medicines. One person said "Staff are very good at supporting me to make sure I take my medicines when needed". Another person commented, "Staff support me to manage my medicines so I stay well."

People's medicines were stored, recorded, managed and administered safely. We observed staff supporting people to take and administer medicines during the day. Staff checked medicines and medicines records to ensure the correct medicine was administered to the right person and stayed with the person while they took their medicines safely. People's current medicines were recorded on Medicines Administration Records (MAR) and records we looked at were up to date and corresponded with the amount of medicines administered with no omissions documented. Medicines were stored securely in a locked cupboard in the office and daily temperatures were recorded to ensure medicines were fit for use. Records of medicines received into the home and returned to the pharmacist were kept and we saw reports from medicines audits that were conducted by staff. People using the service had detailed records of their medicines management plans kept in a folder which contained photographs to formally identify people, medicine administration records and medicine risk assessments.

Is the service effective?

Our findings

People were supported by staff that had appropriate skills and knowledge to meet their needs. One person said "The staff are wonderful and the support I get is like nothing I've experienced before." Another person told us "The staff understand my needs and how to support me."

There were systems in place to ensure staff new to the home were inducted into the service appropriately. Newly appointed staff undertook an induction which included completing the provider's mandatory training programme and shadowing experienced colleagues. The manager told us the service had implemented the Care Certificate for all newly recruited staff. The Care Certificate sets out learning outcomes, competences and standards of care that are expected of all care workers. Staff told us they were supported in their roles through regular supervision and an appraisal of their performance. One member of staff said, "I get supervision on a regular basis and the manager is very approachable at any time. I feel well supported." Staff files demonstrated supervision was conducted on a regular basis in line with the provider's policy and staff received an appraisal of their performance.

Staff received training that enabled them to fulfil their roles effectively. Training records showed that staff received up to date training appropriate to the needs of the people using the service. One member of staff told us, "The training we get is very good. It's really informative and I have just completed training on diabetes management which was really helpful." Another staff member said, "Training provided is good. It's all appropriate to the people we support." Training provided included safeguarding, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, equality and diversity, recovery and social inclusion, first aid, health and safety, psychosis and management of medicines.

Staff demonstrated good knowledge and understanding of people's rights to make informed choices and decisions independently but where necessary for staff to act in someone's best interest. Staff were knowledgeable about people's individual needs and understood when people wished to make choices about their care and support. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

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 were being met. We saw that where required, people's care plans contained mental capacity assessments and best interests meetings to demonstrate decisions were made in their best interest and the service was working within the principles of the MCA. Staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat and drink sufficient amounts to meet their needs and ensure a balanced diet.

One person told us, "The food is good and there is a choice." Another person commented, "I love the food. We have some wonderful staff who can really cook lovely meals." Staff held regular meetings with people to discuss food options and menus were created in consultation with people to ensure they reflected people's individual choices and preferences. We saw that the provider had conducted a food satisfaction survey in February 2016 which enabled people to provide feedback about the food served at the home. We saw results were positive. Care plans and risk assessments highlighted people's specific nutritional needs and how they could be supported to eat a balanced diet. For example if people were at risk of poor nutrition and or required a special diet. Care plans also contained 'monthly observations' which monitored people's weight and diet.

People had access to health and social care professionals when required and had physical and mental health care plans which detailed the support they required to meet needs. Care plans and records showed that where appropriate staff worked effectively with health and social care professionals to ensure people were supported to maintain their physical and mental health. Care plans included records of people's appointments with health and social care professionals and outcomes of meetings were documented to ensure staff were aware of people's on going needs. Staff were able to explain people's physical and mental health care needs and were familiar with local health and social care professionals who visited the home on a regular basis. We spoke with one visiting professional who told us, "The staff here are extremely effective in communicating with us and following any guidance we provide to ensure people remain well and supported."

Is the service caring?

Our findings

We observed people were treated with respect and people told us their care and support need preferences were acknowledged and acted on by staff. One person told us "I love living here. The staff are so caring and supportive." Another person said, "Staff have always been kind to me." A visiting professional told us, "Staff are always kind and friendly. They support people so well and really make a difference."

We observed that communal areas were relaxed and welcoming and we saw staff encouraged and supported people with activities of daily living. Staff respected people's choice for privacy and it was evident throughout the course of our inspection that staff knew people well and understood their needs. We observed staff actively listened to people and supported and encouraged them to express their views and to be involved in making decisions about their support and treatment. Staff addressed people by their preferred names and answered people's questions with understanding and patience.

Care plans detailed people's histories, preferences and expressed wishes with regards to the care and support they received. Staff were knowledgeable about people's needs with regards to their disability, physical and mental health, race, religion, sexual orientation and gender and supported people appropriately. Care plans demonstrated that where appropriate staff supported and enabled people to practice their faith and to attend local community services that reflected people's wishes and cultural needs. Care plans also demonstrated that people had been involved in the development and on-going reviews of their care. When required staff had sourced social activities and independent advocates for people who required support to make informed decisions and choices about their care and treatment. Where appropriate people's relatives were involved in their family members care and treatment and were invited to review meetings and events. People and their relatives were also notified about any significant events or visits from health and social care professionals and these were recorded within people's care plans. People were allocated a keyworker who co-ordinated all aspects of their care and treatment. We noted that keyworkers met regularly with people to review their support and treatment needs. One person told us, "I have a keyworker and they meet with me regularly. They always include me in my reviews and any decisions I need to make they support me with them."

People were provided with information about the service, and external health and social care services upon admission into the home. For example, notice boards displayed information about relevant health and social care issues and local community services. Residents meetings were held on a regular basis at which issues regarding the general running of the home were discussed. We looked at the minutes of the meeting held in January 2016 which included discussions on keeping the home and people's property safe, smoking and the providers smoking policy, medicines and activities within the home.

Is the service responsive?

Our findings

Staff knew how to meet people's individual needs appropriately and people spoke positively about staff and the support they received. One person said "I absolutely love it here. The staff are pleasant and very supportive. I have everything I need and I am very happy and content." We observed that staff understood how to meet people's needs and the importance of supporting people in meeting their social and cultural needs within the local community.

People's needs were assessed and individual care plans were developed with people's participation to ensure their choices, safety and welfare were considered. Pre admission assessments were completed of people's physical and mental health needs ensuring that the service could meet their individual needs appropriately prior to admission. Care plans included an admission profile, consent forms, assessments of people's physical and mental health needs including medicines management and detailed people's strengths, long and short term objectives, reflections and staff perspectives and interventions.

People were involved in the planning of their care and care plans evidenced where appropriate that people's care coordinators, keyworkers and appropriate health and social care professionals were involved in the care planning process. Care plans contained reports from the Care Programme Approach (CPA) review meetings which were held and kept available in people's care plans for reference. A visiting professional told us they saw their clients at the home on a regular basis and frequently met with staff to discuss people's care and treatment needs and to complete reviews. They said communication with the home was excellent and staff were very aware of people's care and support needs. They told us of the work staff had done to support one person to improve their social network and inclusion and that staff were very receptive and followed any recommendations they had made. Care plans contained information on how people's needs should be met and recorded guidance for staff on how best to support people to meet their identified needs. Care plans were reviewed on a regular basis and in line with the provider policy and where people's needs had changed the home responded by consulting with relevant health and social care professionals to ensure accurate guidance was available to staff. People were provided with the opportunity to discuss their needs with staff during regular key worker meetings. Records of these meetings were kept within people's care plans and demonstrated that changes in people's needs and wishes had been discussed and actioned.

Staff encouraged people to be as independent as possible and provided support to enable people to engage in a range of activities that reflected their interests and met their needs. People had activity planners which detailed their preferred activities for example going to the gym or leisure centre, visiting friends and family and attending local social clubs. People told us there were opportunities for activities both in and outside of the home and we observed there were outdoor activities available in the garden such as football nets, basketball net and a hanging punch bag.

The home had a complaints policy and procedure in place and we saw a copy located in the communal area of the home. People told us they were aware of the home's complaints procedure and would tell a member of staff or the manager if they had any concerns. We looked at the home's complaints folder and noted that there were two complaints made this year. We saw that these had been responded to

appropriately and in line with the provider's policy to ensure best outcomes.

Is the service well-led?

Our findings

People told us they thought the home was well run and staff were approachable and supportive. One person said, "The manager and staff are all very good." Another person commented, "Staff are always available to speak with and will always try to help you." We observed the home had an open culture that encouraged feedback from people and promoted good practice. We saw the registered manager and deputy manager was available throughout our inspection and spent time with people using the service and staff. Staff we spoke with told us the registered and deputy manager were supportive and open to suggestions. One staff member said "The management is very good and are always supportive. I feel very confident in approaching the manager with any questions or concerns I might have and know I will be listened to." A visiting professional told us, "The management and staff are very proactive and friendly. This is the best home I've visited."

There was a registered manager in post at the time of our inspection. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the manager demonstrated good knowledge of people's needs and the needs of the staffing team. It was evident from our discussions with staff that morale and motivation was high and the staffing team worked well together. One member of staff told us, "We are very supportive of each other, that's why the home has a good family feel to it." Staff handover meetings were held several times throughout the day and provided staff with the opportunity to discuss people's daily needs and to allocate tasks. Staff team meetings were held every month and were well attended by all staff. Minutes of the last staff meeting held in February 2016 included discussions relating to staff duties and team work, working hours and the provider's complaints procedures.

The home encouraged involvement from people, their relatives where appropriate and health and social care professionals in monitoring and assessing the quality of the service. The registered manager and staff had regular contact with health and social care professionals and acted on feedback received to help drive improvements. Health and social care professionals we spoke with told us the service responded well to feedback and delivered good standards of support to people based on their recommendations when meeting people's needs. People's views about the service were sought and considered through satisfaction surveys that were conducted on a regular basis. The provider had a variety of surveys in place to enhance the standard of service delivery and included an annual service user survey, visitor surveys and a food satisfaction survey. Results we looked at for the surveys conducted in February 2016 were positive. Comments made from visiting professionals included, "Thank you for your extremely thorough and comprehensive report" and "Very good service with extremely good staff."

There were systems and processes in place to monitor and evaluate the service. The registered manager showed us audits that were conducted in the home on a regular basis. These included health and safety, fire safety, environmental, care plans and records, staff records, medicines and incidents and accidents. Audits we looked at were conducted as required and were up to date. Records of actions taken to address any highlighted issues were appropriately documented.

