

Angel Healthcare Professionals Ltd

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Inspection report

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Tel: 07581415029

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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

About the service

Angel Healthcare Professionals Ltd is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of this inspection six people were using the service.

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

People and their relatives were complimentary about the service and told us it was well led. People received care and support which was safe and personalised to their needs. Staff understood their responsibility to protect people in their care from abuse and report any concerns they had. Risks to people had been assessed, identified and appropriate management plans were in place to minimise the risk of harm. People were supported to take their medicines safely and there were enough staff available to support people's needs. Staff followed appropriate infection control procedures to minimise the risk of infections.

Before people started using the service, their needs were assessed to ensure they could be met. People received care and support from staff who had been supported through training and supervision. People were supported to maintain good health; eat healthily and access healthcare services when required. 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 supported by staff who were kind and caring, respected their privacy and dignity and promoted their independence. Staff understood people's diverse needs and supported them in a caring way. People's communication needs had been assessed and met. People were supported to participate in activities that interested them and knew how to complain if they were unhappy; however, people told us they had nothing to complain about at this time.

The service had an effective system in place to assess and monitor the quality of the care and worked in partnership with key organisations to plan and deliver an effective service. People and their relatives' views had been sought and their feedback had been used to improve the quality of care and support provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: This service was inspected but not rated (Report published 16 January 2019).

Why we inspected

This was a planned inspection based on the inability to rate the service at the previous inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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 (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

This inspection was carried out by one inspector.

Service and service type

This service 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. 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 and ended on 15 July 2019. We visited the office location on 15 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last 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. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager and two care workers.

We reviewed a range of records. This included care plans and risk management plans for three people and medicine records for two people. We looked at three staff files in relation to recruitment and staff supervision. We also looked at various records used in the management of the service including policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was inspected but not rated. At this inspection this key question has now 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 were protected from the risk of abuse. People and their relatives told us they or their loved ones were safe, and they did not have any concerns of abuse or discrimination.
- The provider had safeguarding policies and procedures in place which provided guidance on abuse and reporting to relevant authorities.
- Staff had completed safeguarding training and knew of the types of abuse and what to look out for. They told us they would report any concerns of abuse to their manager. Staff also knew of the provider's whistleblowing policy and told us they would not hesitate to escalate any concerns of poor practice.
- The registered manager understood their responsibility to protect people in their care from abuse and to report any concerns to the local authority safeguarding team and CQC. However, there had not been any concerns of abuse since our last inspection in November 2018.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. Risks to people had been identified, assessed and there were appropriate risk management plans in place.
- Risk assessments covered areas including personal hygiene, mobility, skin integrity, nutrition and the environment. For each risk identified there was clear guidance for staff on how to reduce or prevent the risk occurring.
- Staff understood potential risks and knew of the level of support people required to reduce or prevent identified risks occurring.
- The registered manager informed us, where required, other professionals such as physiotherapists were involved in assessing and supporting staff to reduce risks safely.

Staffing and recruitment

- There was sufficient staff available to meet people's needs. A relative told us, "Staff are on time and we have a regular person [staff]."
- Staff were well deployed to ensure people's needs were met. Everyone using the service required one member of staff to support them safely and staff we spoke with confirmed there were enough staff available.
- The service followed safe recruitment practices and had ensured appropriate pre-employment checks were completed before staff were employed to work at the service. These checks included two references, right to work in the United Kingdom and criminal records checks.

Using medicines safely

- Medicines were managed safely. Relatives told us they were happy with the level of support their loved ones received with their medicines.
- Where people were supported with their medicines, staff completed a medicines administration record (MAR) to document the support they had provided.
- The MARs included a list of medicines, dosage and frequency and they were completed without gaps.
- All staff had completed medicines training and their competency had been assessed. Staff told us they felt confident supporting people to manage their medicines.

Preventing and controlling infection

- People were protected from the risk of infection. Relatives told us staff wore gloves and aprons and washed their hands before supporting people.
- The provider had policies and procedures on infection control and prevention which provided staff guidance on how to prevent and minimise the spread of infections.
- All staff had completed infection control and food hygiene training. Staff told us they followed appropriate infection control practices including the use of personal protective equipment and hand washing to prevent the risk of cross contamination and the spread of infectious diseases.

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 accidents 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 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.

At the last inspection this key question was inspected but not rated. At this inspection this key question has now 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

- People's needs were assessed to ensure they could be met. Before people began using the service, their needs were assessed to ensure the service was suitable and could meet their needs. The registered manager carried out these assessments at people's homes where the care and support would be delivered.
- During these assessments, the level of support, the time the service should be delivered and expected outcomes were discussed to ensure people needs and preferences would be met.
- Information acquired from these assessments was used to develop individual care and risk management plans.
- Where required, the serviced involved healthcare professionals such as occupational therapists in these assessments to ensure people were supported in line with best practice.

Staff support: induction, training, skills and experience

- All new staff completed an induction when they started working at the service. Staff we spoke with told us they had an induction which covered the provider's policies and procedures, training and shadowing the registered manager.
- All staff had completed a level two or three Diploma in Health and Social Care and were therefore not required to complete the Care Certificate which is a bench mark for the induction standards of new health and social care workers.
- Staff were supported through training and supervision to ensure they had the skills and knowledge to be effective in their roles. A staff member told us, "I feel very supported in this role, [Manager's] communication is great, and she cares about her staff."

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

- People were supported to eat and drink sufficient amounts for their health and well-being.
- Care plans included assessments of people's nutritional needs and the level of support required. They also included detailed guidance for staff on how to support each person and meet their dietary needs.
- Staff knew the level of support each person required to eat and drink safely. They told us that if they had any concerns about a person's nutritional or hydration needs they would report it to their managers or to a healthcare professional.

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

- People and their relatives were responsible for booking and attending health care appointments.

However, where needed staff provided the required level of support.

- People's care plans included information on their medical conditions, medicines and any allergies they had, to ensure information was readily available to hospital teams and emergency services when required.
- The service worked in partnership with health and social care professionals including GPs, physiotherapists, district nurses and occupational therapists to plan and deliver an effective service.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. People and their relatives told us staff sought their (where appropriate) or their loved one's consent before supporting them.
- Everyone using the service could make day-to-day decisions for themselves. People were provided with information in formats that met their communication needs so they could make informed decisions for themselves.
- The registered manager told us, 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 interests.

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.

At the last inspection this key question was inspected but not rated. At this inspection this key question has now 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 were supported by staff who were kind and caring. A relative told us, "She [staff] is a lovely person, they are very polite and very bubbly."
- People received care and support from staff who were attentive and understood their individual care needs.
- People's preferences, including their likes and dislikes were included in their care plans and staff who supported them knew them well and the level of care and support required.
- People and their relatives told us that staff addressed them respectfully and called them by their preferred names or titles.
- People's diverse needs were included in their care plan. Staff had completed equality and diversity training; they respected people's differences and supported them in a caring way. For example, people were supported to attend church and staff from similar backgrounds were matched with those they cared for.

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

- People and their relatives were involved in planning the care and support needs. A relative told us, "We were involved from the start, they asked us what we wanted and how we wanted to be supported."
- People were supported to make day-to-day decisions for themselves and were provided with choices. People and their relatives told us staff asked them regularly how they or their loved ones would like to be supported.
- People were provided with a service user guide, so they could make informed decisions for themselves.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, their rights to confidentiality were upheld and they were not discriminated against in any way.
- Staff told us they promoted privacy and dignity when supporting people. For example, a staff member said, "During personal care we cover people up to maintain their dignity and we shut doors."
- Information about people was kept confidential and was shared only on a need to know basis. People's care files were kept securely in lockable cabinets in the provider's office.
- People were supported to maintain their independence. People's care plans included guidance for staff on the things they could do for themselves and those that they needed staff support with. One person told us, "I can do most things for myself, staff support me only with those I cannot do."

Is the service responsive?

Our findings

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

At the last inspection this key question was inspected but not rated. At this inspection this key question has now 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

- Each person had a care plan in place which provided staff guidance on how their care and support needs should be met.
- Care plans contained information on people's medical, physical and social care needs; likes and dislikes and the level of support required.
- Staff knew individuals they supported well, and they told us about the support they provided to ensure people's needs were met.
- People had choice and control over their lives and staff respected their choices. One person told us, "I am not forced to do anything I do not want to do."
- Daily care notes showed the care and support delivered was in line with the care and support planned for.

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.

- People's communication needs had been assessed and met. The registered manager told us that with the exception of one person everyone using the service understood information in the standard format. They told us they were currently supporting a person to acquire a talking machine to ensure they could communicate effectively.

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

- Where required, people were supported to access activities of choice and/or interest. Staff supported people to access activities including bowling and track racing. Staff told us they also took people out into their garden or to local parks. Staff said they chatted with people and turned on their television and radio in their homes as people wanted.
- Relatives were involved in people's care and support. The registered manager told us all the people using the service had family involved and the service encouraged effective communication to prevent social isolation.

Improving care quality in response to complaints or concerns

- The provider had a complaints 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.

- People and their relatives told us they knew how to make a complaint if they were unhappy; however, they had nothing to complain about. A relative said, "They [service] are doing a perfect job for me, if there is anything I am not happy about I will let them know but for now I have no concerns or complaints."
- The service had not received any complaints since registering with CQC in November 2017. The registered manager told us they would follow their complaints policy to ensure people were satisfied with the service delivered.

End of life care and support

- No one using the service required end of life support. The registered manager told us people had been consulted about their end of life care needs and some would like their cultural and religious preferences respected in relation to end of life care or if a sudden death occurred.
- Care records contained information on people's diversity and preferences and this included their cultural and spiritual needs.

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.

At the last inspection this key question was inspected but not rated. At this inspection this key question has now been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 registered manager demonstrated a commitment and willingness to provide meaningful, high quality person-centred care which was inclusive to ensure people's needs and preferences were met.
- People and their relatives were complimentary about the service. A relative told us, "The manager appears to have the knowledge and she is committed to provide good care."
- The registered manager shared a clear set of values which included communicating effectively, promoting privacy, dignity, independence and choice. Staff knew of these values and told us they adhered to them when supporting people.
- The registered manager understood their responsibilities under the duty of candour and knew they had to be open, honest and take responsibility when things went wrong.

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

- There was a registered manager in post who understood their responsibility to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and had notified CQC of significant events that had occurred at their service.
- There were systems in place to assess and monitor the quality of the service. Regular unannounced checks were carried out on staff practices to ensure they adhered to best practice guidelines.
- There was an organisational structure in place and staff understood their individual roles and responsibilities. Staff told us they felt supported in their role. A staff member told us, "[Registered manager] cares about their staff and supports us all very well."
- The service had an out-of-hours system which people, their relatives and staff used to contact the registered manager in the event of an emergency.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People's views were sought to develop the service. The service gathered feedback from people and their relatives through home visits and surveys.
- Four completed questionnaires we reviewed all provided positive feedback. People and/or their relatives said staff treated them or their loved ones with kindness and compassion, dignity and respect, as an

individual and respected their preferences. People also said they were involved in making decisions and they were provided with time to make informed decisions that met their needs.

- Regular staff meetings were held to update staff about best practice and to gather their views about the service. Staff told us they found these meetings useful as they were used to develop their knowledge and skills and their views listened to.

Working in partnership with others

- The service worked in partnership with health and social care professionals to plan and deliver an effective service. The management team contacted healthcare professionals where they had concerns to ensure people's healthcare needs were met.