

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

Angelina Care is a 'care home'. People in care homes receive accommodation and nursing, or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Angelina Care provides residential support for up to 12 people living with mental health conditions. There were 10 people living at the service at the time of our inspection.

At our last inspection on 8 April 2016 the service was rated Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards.

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 service had safeguarding and whistle-blowing procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work. There was enough staff available to meet people's care and support needs. Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals. The home had procedures in place to reduce the risk of the spread of infections.

Staff completed an induction when they started work and they received training relevant to people's needs. Assessments of people's care and support needs were carried out before they started using the service. People's care files included assessments relating to their dietary support needs. 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 support this practice.

Staff treated people in a caring and respectful manner. People had been consulted about their care and support needs and they were supported to maintain relationships with people that were important to them. They could communicate their needs effectively and could understand information in the current written format provided. People were confident their complaints would be listened to and acted on. Staff said they would support people according to their diverse needs. None of the people living at the home required support with end of life care. However, the registered manager knew who to contact to access this type of care and support if it was required.

The provider recognised the importance of monitoring the quality of the service provided to people. They took people's views into account through satisfaction surveys and residents meetings. The registered manager worked with other health care providers and professional bodies to make sure people received

good care. Staff said they enjoyed working at the service and they received good support from the registered manager. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it. The registered manager and staff were committed to supporting people to become independent and work towards moving into their own homes.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Angelina Care

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 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.

This inspection took place on the 16 and 17 August 2018 and was unannounced. One inspector carried out the inspection. Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the 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 help inform our inspection planning.

During the inspection we looked at four people's care files, three staff recruitment records and records relating to the management of the home such as medicines, staff training, supervision and appraisal records, quality assurance audits and policies and procedures. We spoke to four people using the service and a relative to gain their views about receiving care. We spoke with the registered manager, a provider director, a team leader and a support worker about how the home was being run and what it was like to work there. We also spoke on the phone to the local authority that commissions services from the provider and two members of the Community Mental Health Team and asked them their views on the care provided at the home.

Is the service safe?

Our findings

People told us they felt safe and that staff treated them well. One person said, "We are safe here. It's a nice home with nice staff." There were safeguarding adults and whistle blowing procedures in place and staff had a clear understanding of these procedures. Staff told us they would report any concerns they had to the registered manager. Staff said they would use the whistle-blowing procedure if they needed to. Safeguarding records we looked at included safeguarding contact information for the local authority and reporting and safeguarding monitoring forms to ensure concerns were managed appropriately. Training records confirmed that staff had received training on safeguarding adults from abuse.

There were enough staff on duty to meet people's needs. One person told us, "We don't need any more staff, we have enough." Another person said, "The staff are very busy but I get help when I need it." We checked the staffing roster; this corresponded with the staff on duty. Two members of staff told us there was always enough staff to meet people's needs. The registered manager told us staffing levels were arranged according to people's needs. If extra support was needed for supporting people to attend health care appointments or social activities then additional staff cover was arranged.

Robust recruitment procedures were in place. We looked at the recruitment records of three members of staff. These records included completed application forms, employment references, evidence that criminal record checks had been carried out, health declarations and proof of identification. The registered manager told us that the home worked with the United Kingdom Border Agency to ensure that right to work and identity documents obtained from staff during the recruitment process were valid.

Action was taken to assess any risks to people using the service. Individual risk assessments had been completed for example on medicines, road safety and risk of harm to self and others. The risk assessments included risk management plans with information for staff about actions to be taken to minimise the chance of the risk occurring. There were arrangements in place to deal with foreseeable emergencies. Staff told us they knew what to do in the event of a fire and training records confirmed that all staff had received training in fire safety. People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely. We saw evidence of weekly fire alarm testing and servicing of the alarm system and that routine maintenance checks had been carried out on gas and electrical appliances.

The home was clean, free from odours and had infection control procedures in place. We saw hand wash and hand driers in communal toilets and staff told us that personal protective clothing such as gloves and aprons was available to them when they needed them. Training records confirmed that staff had completed training on infection control and food hygiene.

People told us staff helped them with their medicines and reminded them when they needed to attend health care appointments. One person said, "The staff help me with my medicines. If they didn't I would probably forget to take them." Where people self-medicated we saw risk assessments and care plans were in place to support them to take their medicines safely. Medicines were managed safely. We saw records of medicines received into the home, medicines returned to the pharmacist and reports from weekly and

monthly medicines audits carried out by staff and the registered manager. We saw a medicine folder which contained individual medicine administration records (MAR). These included people's photographs, information about their health conditions and any allergies where appropriate. We checked the MARs for three people; these indicated that they were receiving their medicines as prescribed by health care professionals. Training records seen confirmed that staff had received training and had completed medicines competency assessments before they were permitted to administer medicines to people.

The registered manager showed us the provider's system for monitoring, investigating and learning from incidents and accidents. They told us that incidents and accidents were monitored to identify any trends and actions had been taken to reduce the likelihood of the same issues occurring again. For example, an incident occurred between two people when all of the staff were engaged in the home's routine handover procedure. The registered manager told us the handover procedure was reviewed so that only one member of staff from the shift leaving duty would attend. This ensured that staff were always available to support people and keep them safe.

Is the service effective?

Our findings

People told us the service was effective and met their needs. One person said, "The staff know what my needs are. I get all the support I need." Assessments of people's care and support needs were carried out before they moved into the home. These assessments were used to draw up individual care plans and risk assessments. A member of the Community Mental Health Team told us, "The home uses its own assessment along with the care program approach (CPA) when they assess people's needs. They have excellent individualised care plans in place for the people living there." The CPA is used to plan people's mental health care.

People's care plans included assessments of their dietary needs and the support they required with cooking and drinking. One person told us the home had a cooking group. Each person was allocated a day in the kitchen to cook whatever they want. They can cook for themselves or share what they had cooked with others. They said about the food, "Oh wow, breakfast is great, there are cereal's and croissants and lots of healthy options such as fresh fruit." Another person commented, "The staff cook a meal for us in the evenings. The food is good. We can make cups of tea and snacks whenever we want to."

Staff had the knowledge and skills required to meet people's needs. The registered manager told us that staff new to care would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. A member of staff told us they had completed an induction, they were up to date with training and they received regular supervision. Training records confirmed that staff had completed training that was relevant to people's needs. Training included mental health conditions, understanding autism, dementia, safeguarding adults, first aid, infection control, fire prevention, food hygiene, health and safety, moving and handling, medicines administration, the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

The 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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called DoLS. We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager demonstrated a good understanding of the MCA and DoLS. Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection we found that the authorisation paperwork was in place and kept under review.

We found that the home was warm and clean and suitably adapted to meet people's needs. People had access to front and rear gardens that included seating areas to relax in. One person showed us their room and told us, "I love living here. There are good facilities and its clean and comfortable. It has taken me a long time to get my room the way I want it. I have my own bed, covers, ornaments, rugs and posters. I am over the

moon with my room."

Staff monitored people's mental and physical wellbeing and where there were concerns people were referred to appropriate health professionals. One person told us, "I see the community psychiatric nurse every four or five weeks. I can see my GP or the dentist just up the road if I need to." A member of the Community Mental Health Team told us, "Staff maintain really good communication with all of the health care professionals involved in people's care. They accompany people to appointments and they know about people's needs." We saw that people's care files included records of all appointments with health care professionals.

Is the service caring?

Our findings

People told us staff were caring. One person said, "The staff are nice and very caring. They are thoughtful and helpful. They definitely know about my condition and what they need to help me." Another person commented, "The staff are good, if you asked me I would say they are caring and kind."

Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. They respected people's choices to spend time in private in their rooms if they wished to do so. Two staff told us they knocked on people's doors before entering their rooms and they made sure information about people was kept confidential at all times. One person told us, "My privacy is totally respected. If I want to spend time alone in my room the staff don't disturb me. If they want to speak with me they will knock on my door and wait until I say it's alright to come in. They sometimes knock on the door and open it a little way just to ask me if I am alright."

A member of staff told us that most people living at the home were independent and did not require any support with personal care; however, on occasions they might remind people to have a wash or change their clothing. Some people needed more support for example, support from staff with washing or using a shower. The member of staff said they supported people to do as much as they could for themselves in order to maintain their independence.

People were consulted about their care and support needs. They had key workers to co-ordinate their care. Care records were person centred and included people's views about how they wished to be supported. One person told us, "I have a care plan and talk to my keyworker about what I want to do. I am doing very well now, much better than I was before." Another person said, "I have a keyworker who helps me do things and I see a Community Psychiatric Nurse now and again." We saw that minutes from keyworker meetings were kept in care records we looked at. A member of the Community Mental Health Team commented, "People are well cared for and looked after at Angelina Care. Care is tailored to meet their needs. I meet with my clients at the home every three or four weeks and the staff always prepare comprehensive reports that consider my clients physical and mental health needs."

People were supported to maintain relationships with people that were important to them. People told us their family members were free to visit them anytime they wished. One person said, "We can visit our families and friends and we can have visitors anytime we like although they cannot stay here overnight." A relative told us, "I visit my loved one every week. The staff always make me feel welcome when I go there."

People and their relatives were provided with appropriate information about the home in the form of a 'Service User's Guide'. The guide included the complaints procedure and the services the home provided and ensured people were aware of the standard of care they should expect. The registered manager told us this was given to people when they moved into the home.

Is the service responsive?

Our findings

People spoke positively about the care and support they received from staff. One person told us, "All of my needs are being met. I can do a lot of things for myself now, that I could not do before. My self-esteem has really improved. I am more focussed on myself because of the support I get from staff." A relative told us they had been involved in planning for their relatives care and support needs. They said, "I attend all of the review meetings. I am involved in everything [my relative] does. I am able to put my views about their care forward and I feel that I am listened to."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans. Care files contained referral and assessment information, care plans, risk assessments and records of appointments with health care professionals. Care plans described people's mental and physical health needs and provided guidance for staff on how to best support them to meet these needs. The staff we spoke with knew people well and were able to describe people's care and support needs in detail. We saw that care plans and risk assessments had been kept up to date so that staff were fully aware of and could meet people's current needs. A member of the Community Mental Health Team told us, "People's care plans are outstanding."

Care records contained a 'This is me' document that included a personal profile of people's likes, needs and wishes. The document included a section that referred to their diverse needs such as their culture, religion, sexuality and lifestyles. Staff had received training on equality and diversity and understood how to support people with their diverse needs. The registered manager and staff told us they encouraged people to express themselves and they would be happy to support people to do whatever they wanted to do. The document also included the person's wishes upon their death for example what type of funeral or burial they preferred. The registered manager told us that none of the people living at the home required support with end of life care. They said they would liaise with family members, the GP and health care providers in order to provide people with end of life care and support if and when it was required.

Staff encouraged people to be as independent as possible and people were able to partake in activities that met their needs. These activities included cooking, domestic tasks, accessing the local community and visiting family members. 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 and basketball nets and a hanging punch bag. We observed staff playing board games with one person and helping another person to prepare a meal. One person told us they went on trips with staff to the seaside for fish and chips and ice cream and there were lots to do in the community. They said they and others regularly visited local cafes, coffee shops, the cinema and the gymnasium.

The registered manager told us that all of the people currently using the service were able to communicate their needs effectively and could understand information in the current written format provided to them, for example the service user's guide and the complaints procedure. This was confirmed with the people we spoke with. The registered manager said that if any person planning to move into the home was not able to understand this information they would provide it in different formats for example large print or in different

written languages. They told us they were in the process of reviewing the access to information policy for the service.

The home had a complaints procedure in place. The procedure was displayed in communal areas at the home. People using the service and a relative told us they would complain to the registered manager if they needed to and they were sure their complaint would be listened to and dealt with appropriately. The home had a complaints file that included a copy of the complaints procedure and forms for recording and responding to complaints. Records showed that when complaints had been raised they were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

Is the service well-led?

Our findings

People using the service, a relative and health care professional spoke positively about the leadership at the home. One person told us, "I think the home is well run. Everything is strategically planned for. The registered manager is very thoughtful and good at her job." A relative said, "I have never seen a better care home. It is a perfect example of how a care home should be run."

The home had a registered manager in place. They were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the home. Staff told us they were well supported by the registered manager and there was an on-call system in operation that ensured management support was available when they needed it.

Throughout the course of this inspection it was clear from the registered manager and staff we spoke with that the ethos of the home was to improve people's ability to do things for themselves and become more independent. A member of staff told us the ethos of the home was to promote people's independence, improve their daily living skills such as cooking and budgeting and help them to move into their own homes. They said, "Since I have started working here a number of people have moved out into their own flats. They come to see us at our barbeques. It's great to see them doing well. It makes me feel good that we have done our jobs."

The provider recognised the importance of regularly monitoring the quality of the service. We saw records of regular health and safety, food hygiene, infection control, fire safety, incidents and accidents, finance, medicines, staff files and care file checks were being carried out at the home. We saw a report from an unannounced check carried out by the registered manager. The registered manager said these visits were carried out to make sure people were receiving safe and good quality care at all times. The last report recorded that there were no concerns identified during the visit. The registered manager told us the provider's director visited the home on a regular basis to supervise and offer them support. We saw a report from a monitoring visit carried out by the director in August 2018. The report recorded that during a brief tour of the premises there were no obstructions or trip hazards, staff were interacting with people well, there was a good sense of teamwork and there were no concerns.

The provider sought the views of people and their relatives and professionals through satisfaction surveys and resident's meetings. We saw completed satisfaction surveys from 2018. Comments from all of the people that had completed the surveys were very positive. For example, one person commented, "I like it here, staff are helpful. They always make time for people." A relative commented that the staff were helpful and polite and they had taken amazing care of their relative. A health care professional had recorded, "a very excellent care home." Another commented, "a very good care setting, recommended." People told us there were residents meetings where they could talk about the things they wanted to happen at the home. The minutes from the last residents meeting in July 2018, indicated that the meeting was well attended by people using the service. Issues discussed included the house rules regarding lending and borrowing

money, keeping the home tidy, activities and cooking sessions. One person told us, "The meetings are good, we can make plans for activities and talk about things like cooking and what we can eat."

The registered manager worked with external organisations to ensure people received good quality care. They told us they had regular contact with the local authority service commissioners and they welcomed their views on service delivery. A local authority commissioner told us that following a recent visit to the home the registered manager took on board their comments and acted on the recommendations they had made. They said they had no concerns about the home. We saw evidence during the inspection confirming that the registered manager and staff worked closely with the Community Mental Health Team and other health care professionals. A member of the Community Mental Health Team told us, "This is one of the best care homes I have worked with. It is extremely well managed. There is clear evidence that staff are promoting people's independence and helping them to build on their skills so that they can progress and move on from the home."