

KT's Care Angels Ltd

# KT's Care Angels West London

## 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

### About the service

KT's Care angels is a small sized domiciliary care service, currently providing support to 26 people.

Not everyone that used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests and the policies and systems in the service supported this practice.

People's safety was promoted because the service assessed, monitored and managed their safety well. Potential risks that people may face had been identified, assessed and were regularly reviewed. The assessments provided information about how to support people to ensure that any potential risks were minimised.

The service had enough staff to cater for the needs of people currently using the service. Pre-employment checks had been carried out for care staff. These checks helped to ensure only suitable applicants were offered work with the service.

People received their medicines safely. Some people needed assistance to either take their medicine, or were asked by care staff if they had taken their medicine to remind them to do so if they had not. This type of medicines support required was recorded on medicines administration records [MAR] to show medicine had been taken.

People were protected from the risks associated with poor infection control because the service used effective infection prevention and control measures. Personal protective equipment, for example face masks, gloves and hand sanitiser, was provided in suitable quantities to staff. Guidance for staff and training was provided and staff were assessed to ensure these measures were maintained.

The service completed an assessment of each person's needs and personal wishes about how they were cared for and care plans included guidance about meeting these needs.

There was a process in place to report, monitor and learn from accidents and incidents. Significant events had not taken place although the provider and registered manager told us if any events did occur these would be documented and reviewed in line with the service's policy and guidance.

There was an effective training system in place. People were supported by staff who had received relevant

induction training in evidence-based practice and a programme of refresher training was in place.

People's nutritional needs were met. Care staff did support some people to prepare meals although no-one currently required help to eat or drink. The service had taken steps to make sure people's nutrition and hydration needs were assessed and met.

People's health needs were met. Care staff were able to assist people to attend healthcare appointments if required. Other people were either independent in arranging their healthcare or received assistance from their family when needed.

Staff respected people's choices, including those relevant to protected characteristics, for example, due to disability, cultural or religious preferences.

Governance processes were effective and helped to assess, monitor and check the quality of the service provided to people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This is the first inspection of the service. This service was registered with us on 17 November 2021.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# KT's Care Angels West London

## **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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector and an Expert by Experience who made telephone calls to people using the service, or their relatives, to ask for their views. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses or flats.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. 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 provider would be in the office to support the inspection.

Inspection activity started on 1 November 2022 and ended on 12 December 2022. We visited the location's office on 24 November 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed other information we had received about the service since it was registered with the CQC. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and nominated individual. These people had legal responsibility for supervising the management of the service.

We looked at five people's planning and medicines records as well as staffing and recruitment information.

We received feedback from four people using the service and 4 relatives about how safe they, or their relatives, felt and how the service supported them in the care they needed. We also received feedback from 3 care staff about what it was like to work for the service and how well they thought the service trained and supported them. A local authority professional also contact us to provide their views about the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has 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 kept safe from avoidable harm because staff knew what the potential risks of harm were and acted to minimise any untoward event.
- A person using the service told us "I have care once a day and I definitely feel safe with her (care worker) she makes me feel at ease. She has never been late". Another person said "I can't see very well but I feel safe with the two regular carers I have who rotate over the 3 mornings I have them. They ask if I need help when walking and they know what I like to hold onto. I don't need help with medication."
- A relative told us "'My [relative] feels safe with continuity of regular carers who she knows by first names and they know her. My [relative] lives with me and I do her medication." We were also told "I'm sure my [relative] feels safe as they haven't complained and has the same carer unless the care worker is on holiday or ill. [relative] has dementia and I'm happy for their safety in the company of the carers. Care workers come twice a day Monday to Friday but my [relative] doesn't have personal care with them as [relative] lives with me."
- No concerns had arisen since the service began providing personal care. We looked at further information and the provider was able to show us evidence of records of complaints and incidents and nothing of concern about people's safety or wellbeing had been reported.
- Induction records showed that care staff had completed safeguarding training and had access to guidance about what to do if they were unclear about how to respond if a concern about potential abuse emerged.
- A member of care staff told us "The service is safe with supervisors who have listening ears to both clients and staff as well."

Assessing risk, safety monitoring and management

- The provider ensured that potential risks that people using the service faced were assessed and action was taken to minimise risk of harm.
- People using the service had person centred risk assessments. The risk assessments covered a range of safety and wellbeing needs, such as eating and drinking, assistance with medicines, moving and handling and environmental risks.
- People's risk assessments included guidance for staff on how to manage and minimise any risks identified.

Staffing and recruitment

- The provider's recruitment procedures ensured that staff members were suitable for the work they were undertaking. Disclosure and Barring Service (DBS) checks had been undertaken for all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer.

This information helps employers make safer recruitment decisions. References had been obtained from previous employers before staff started work.

- We looked at the recruitment records for five care staff currently working for the service. The records showed that the provider took all necessary steps to verify information provided by new recruits, for example, checking references and employment history. This was also the case if care staff were working in the UK from abroad under a government sponsored employment training scheme that the provider participated in.

#### Using medicines safely

- The provider ensured that anyone requiring help to take their medicines was provided with support from staff who received training and guidance to do this safely.
- The medicines policy was detailed and described what action the service would take if medicines support was required. The service had the necessary medicines administration records, and these were being completed for the people who required assistance with remembering to take their medicines or to actually take them.
- Signed consent to support people with medicines and details of the medicines that people were taking were included on care records.
- Care staff had received medicines training as a part of their induction programme and they were assessed to ensure that they understood how to safely provide support when assisting people to take their medicines. This included a check of care staff competency to provide safe assistance with medicines.
- Medicines records were audited monthly to ensure that these were being completed and if any anomalies were identified that these could be quickly addressed.

#### Preventing and controlling infection

- People were protected from the risk of infections. Staff received infection control training and guidance. Disposable personal protective clothing including gloves and face masks were available.
- The provider and registered manager told us that the service had been operating since November 2021 and had not so far encountered any difficulties caused by the pandemic.

#### Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. The registered manager and provider told us these were analysed each month to identify potential emerging themes for any improvements that may be needed. However, to date, there had been no serious incidents.
- The provider and registered manager both said that they maintained a daily awareness of what was happening at the service. This was supported by the management team for the service maintaining a daily awareness of the current views of people about their care and potential emerging concerns that people might have.



# 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.

This is the first inspection for this newly registered service. This key question has 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

- The registered manager ensured that detailed assessments of people's needs had been carried out before they started to receive care and support from the service.
- The assessments considered a range of areas such as people's physical care needs, their day to day life and activities as well their heritage, religion, family support and other support networks that each person had.

Staff support: induction, training, skills and experience

- The provider ensured that staff were inducted and trained to support people using the service and the care staff currently working for the service had either completed an induction or were in the process of doing so. The care staff induction included working towards the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction plan.
- A member of care staff told us "I feel I was well trained and when I am supervised, I am monitored well enough so that any mistakes I am making I am aware and corrected. The induction was good and I felt like I was joining a respectable care agency."
- Care staff could not pass their probationary period of employment unless they had achieved the Care Certificate.
- Another member of staff told us "KTs Care Angels has given me the platform to sharpen my skills on the care job with regular e-learning courses which assists me to carry out my function effectively and efficiently. This is also supported by engagements and feedback in the form of meetings and e-mail/phone communication from my supervisors to discuss happenings on the job/industry and how I'm faring."
- A programme of refresher training had been established and the provider had a system in place for monitoring when this would be necessary.
- A staff supervision programme was in place as well as a system for staff appraisal of performance which was an ongoing process.

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

- The provider ensured that people's nutrition, hydration and dietary needs were assessed and that where support was necessary this was provided. No one presently required assistance to eat or drink although some people did need help to prepare their meals and this was provided by staff.
- Information about people's eating and drinking needs and preferences was included in their care plans. No one using the service currently had any significant issues about nutrition or hydration and this was in any

case assessed as people started to use the service. Staff were required to report any changes to nutrition and fluid intake if these occurred.

- Care staff had undertaken food hygiene training.

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with other professionals to ensure that people's needs were identified and were then met.
- People's care plans included information about other health and social care professionals involved with their support and the range of services and professionals involved with each person's care.

Supporting people to live healthier lives, access healthcare services and support

- The provider and staff team supported some people, that did not have family to assist them, to access healthcare services and assist with raising any emerging healthcare concerns as these arose. Information about people's health and wellbeing was included in their care plans and risk assessments.
- People were registered with their own GPs and received support from other community health services when they needed this.
- If concerns arose about people's health, care staff were provided with guidance about what to do to ensure the appropriate action was taken.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- People's care needs assessments included information about their ability to make independent decisions. Care plans included guidance for staff about the decisions that people could make for themselves. Staff members received training about the MCA and had clear guidelines to follow to ensure that they worked in adherence to the act.
- People currently using the service, apart from one, had full capacity to make decisions for themselves. This information was included in their care plan.

# 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.

This is the first inspection for this newly registered service. This key question has 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 using the service were supported by staff who recognised their right to be treated with fairness and to have their diverse needs acknowledged and respected. All factors about them had been considered when planning and delivering care, including age, disability, cultural and religious beliefs.
- A person using the service told us "My regular carer is excellent, she really is good with my feet as I have gout. She always praises me and tells me I look good which is wonderful and lifts my morale." Another person said "I like to maintain some dignity and so the carer will wash my back and I do my front. They are respectful and always ask me if I need help. I'm happy with how they are with me".
- Relatives also praised the care workers for being caring, particularly regular care workers who had built up very good relationships with the people they supported and their families.
- Staff had received equality and diversity training. This training, we were told by the provider and registered manager, was to ensure staff understood the importance of treating people fairly, regardless of differences and to acknowledge people as individuals and complying with equalities legislation.

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

- There were systems and processes to support people to make decisions. People were encouraged to be involved as much as they could be in sharing their views and making decisions about their care.
- Staff supported people to express their views using their preferred method of communication. This was recorded in people's care records.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. People's care plans described how staff should support people in a way that respected their privacy and dignity and encouraged people to maintain their independence.
- Staff supported people to manage as many aspects of their care as they could. Many people the service supported maintained a high degree of independence, at times with family support.
- Privacy was upheld in the way people's information was handled and who this information could be shared with. Consent from people using the service to share information with external professionals was obtained.
- The provider recognised people's rights to privacy and confidentiality. Confidentiality policies complied with the General Data Protection Regulation (GDPR) law. People's care records were stored securely both in writing and mostly on a secure computer system. People could be assured that the provider was taking the necessary measures to comply with keeping information secure and confidential as they are required to by law.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has 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

- People received person centred care. People's care records contained meaningful information that identified their abilities and support needs. This ensured staff were knowledgeable about people's individual needs and preferences.
- A member of staff told us "Periodically staff are called to the office to find out how they are faring on the job and if there is the need for any support to be given staff to ensure quality care for the people using the service."
- There were arrangements to make sure staff were informed about any changes in people's needs. Care plans were maintained electronically and care staff could access and record onto care plans via a mobile app. Care plans were reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage.

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.

- The provider was aware of the importance of making information accessible to people. People's communication needs were described in their care plans so that staff knew how to best communicate with them.
- However, one person using the service told us that "I was told the care would be free for a year but I get invoices. I am visually impaired and can't read my post so have to get friends to read it." We make this comment so that the provider can address this matter with the person in question, who they do know, to ensure that this and any other questions this person has can be examined with them.

Improving care quality in response to complaints or concerns

- The complaints policy and information provided to people gave a clear description of how complaints, concerns or other feedback would be responded to. This explained that the service took complaints seriously and were committed to responding and resolving any concerns raised.
- People using the service told us ""My hospital bed at home was broken and the manager got that sorted for me. I have no complaints at all" and "I've only had to ask the office once about a carer who I didn't like and that was sorted out". Other people and relatives consistently told us about things the service had resolved when raised with them.

- This is a newly operating service and at the time of the inspection the provider had not received any complaints.

#### End of life care and support

- None of the people receiving care at the moment was on an end of life care pathway. The provider explained that they have just commenced an end of life training programme for care staff so that they can be equipped to provide this should that care be requested from people using the service.

# 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.

This is the first inspection for this newly registered service. This key question has 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

- There were systems to ensure people had choice and control over their care. The provider's senior staff visited people to check on the quality of care provided and to ask people about their needs and views about the staff supporting them.
- The provider and registered manager demonstrated through our conversations with them and written information we obtained that an open and inclusive approach to the running of the service was promoted. 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 leadership of the service complied with the duty of candour.
- The provider and registered manager had not been required to date to supply CQC with notifications of any untoward events as they reported that none had occurred. They were able to assure us that they knew the events that they were legally required to notify CQC about.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- The service had a clear management structure consisting of the provider, registered manager, care co-ordinator, a field care supervisor and two quality monitoring officers. The provider and registered manager were knowledgeable about regulatory requirements and issues relating to the quality of the service.
- There was a process for ongoing oversight and governance and these processes were suitable in maintaining oversight.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service sought verbal feedback from people and those important to them and used the feedback to inform service quality and development. People we spoke with could not recall having been asked to complete a satisfaction or other survey and some were not aware of the name of the registered manager. We include these comments for information for the service to look into further. However, with a small number of negative examples given, people and relatives thought that overall, the service was well run.
- Due to the service still being relatively new, we were told by the registered manager and nominated individual that written surveys had not yet been carried out for everyone although one had been received that showed a high degree of satisfaction with the service.
- The provider and registered manager were knowledgeable about the characteristics that are protected by the Equality Act 2010.

#### Working in partnership with others

- There was evidence the service maintained a good working relationship with people using the service and families. The registered manager demonstrated that they knew when to seek professional health and social care input and how to obtain it.
- A representative from a local authority that commissions with the service complimented the way in which the service had worked with them. They said "KT's Care Angels have been chosen to be involved in two projects with us which is testament to their professional service to the customer which is safe, effective and caring. We would also say they are well-led and responsive as getting changes to support goals is passed on very quickly with caring staff able to implement changes in a timely manner."
- The service worked in partnership with a local authority that currently commissioned all of the service provision.