

Guardian Health Care PVT LTD

# Angel Mount Care Home

## Inspection report

Princess Street  
Accrington  
Lancashire  
BB5 1SP

Date of inspection visit:  
12 April 2023  
13 April 2023

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23 May 2023

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Angel Mount Care Home is a residential care home providing personal and nursing care to up to 39 people across one floor. The service provides support to people with physical, mental health, and sensory needs and for people living with dementia. At the time of our inspection there were 10 people using the service.

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

Some disused areas of the home were accessible to people living in the service which could expose them to risk. This was addressed during the inspection, and we made a recommendation around environmental checks. People had risk assessments around their health needs in place. Staffing levels were safe, families and staff told us there were enough staff to meet peoples' needs. Safe recruitment practices were in place, and we made a recommendation around improving recruitment checks further. Recording around medicines was not always accurate. Medications was being stored safely. Infection prevention and control practices were robust. People and families told us they felt safe in the service and people could have regular visitors.

Staff were consistently receiving training in key areas and had good levels of compliance. We have made a recommendation to include training around learning disabilities. Staff supervisions were occurring regularly. Pre-admission assessments were being completed and care plans covered key areas. People had their diet and nutritional needs met. Mixed views were given from people around the enjoyment of their meals. Weight management systems were in place. Staff worked in partnership with other agencies to maintain people's health and well being.

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; the policies and systems in the service supported this practice.

Peoples were being treated with dignity and respect. Relatives told us staff were caring and staff were aware of peoples' individual need and backgrounds. People and their families were encouraged to express their views on their care.

Activities were occurring in the service. Records showed care was person centred, and key information was being captured. Peoples' communication needs were being care planned. No one in the service was at end of life at the time of the inspection. Training was provided around end of life care, should this be required. A complaints procedure was in place. People and families told us they felt able to complain.

Systems and processes were in place to oversee and monitor the service. Recent records were not accurate around medicine counts. We made a recommendation around the provider increasing oversight and audits. People were receiving good outcomes from their care. The views of people, families, staff and professionals were regularly sought. Staff and relatives' meetings were regularly occurring. Staff, families and visiting

professionals spoke positively around the management and service. Staff told us there was good morale in the home. The provider was aware of duty of candour and was making appropriate notifications.

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 service was registered with us on 04 July 2022 and this is the first inspection.

#### Why we inspected

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

#### Recommendations

We made recommendations around environmental checks, recruitment, training and increased oversight of processes and recording.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Angel Mount Care Home

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

Angel Mount Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Angel Mount Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 17 January 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

### During the inspection

We spoke with 3 people who used the service and 2 relatives. We also received written feedback from a relative and a visiting professional. We spoke with 9 staff, including, 3 care worker, a senior carer, a nurse, domestic staff, deputy manager, registered manager and quality manager.

We looked at 3 people's care records, associated documents, medicines records and medicines related documentation. We also looked at 3 staff files, training, and supervision records, as well as records relating to the operation and management of the service. We undertook a tour of the building, observed medicines administration and their storage, and completed observations in the communal areas.

# 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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Checks of the environment and equipment were occurring. Certificates were in place in line with health and safety recommendations.
- We observed some parts of the property needed securing to reduce the risk of injury to people who use the service. For example, disused bathrooms were not locked, some bedroom windows in vacant rooms were not secure, and the laundry was open. The registered manager took some immediate steps to address during the inspection.

We recommend the provider ensures daily checks of the environment is completed to ensure peoples safety is maintained.

- Fire drills were occurring in the service. A fire risk assessment was done prior to the service opening. Assurances were given from the registered manager that a reassessment has been booked.
- Individual risk assessments were being completed. Assessments were in place around areas of people's physical and mental health needs. One person's record had inconsistent information around whether they were able to use a call bell and the person told us they were unaware as to why they did not have access. The person was later supported to have access to a call bell.

### Using medicines safely

- Medications recording was not always robust. Some improvement was needed around record management and stock checking. For example, one person's medication had been incorrectly counted for 16 days. Another person's medication had not been counted correctly when new stock had been delivered. The service maintains a log of medication stock; however, this had not picked up these discrepancies. No harm was identified from the recording issues. We made a recommendation around improving oversight of records and procedures in the well led section of the report.
- Where people were prescribed 'as and when' medications, protocols were mostly in place. However, these required more information to help staff recognise when to administer them. For example, details were not included about any verbal or nonverbal cues people may display when in pain. One person did not have a protocol in place to provide staff with guidance about how and when to administer mood stabilising medication. Accurate records were not kept about why this person was administered this medication.
- Medication charts for the use of creams were in place however they would benefit from more directions for care staff around when to apply.
- Medications were stored securely and in line with guidance.

### Staffing and recruitment

- People were supported by enough staff. A dependency tool was used to help determine safe staffing levels and rotas showed the service was consistently staffed above this level. The service supports people with complex needs and just over half of the people present require 24 hour one to one support.
- People and families told us there was enough staff. Families said, "There is always enough staff when I come. They have recently taken on some more staff. But usually, I see familiar faces" and, "There are plenty of staff around, [relative] has plenty of staff to support them with their needs. It is the same on the weekend."
- Staff told us the service had enough staff both day and night. They said, "There is enough staff in the night" and, "Yes there is always staff going around the home. Both the lounges have staff available."
- Staff were recruited safely. Pre employment checks were being completed. This included obtaining references, interview notes and completing Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and families told us they felt safe in the service. One person said, "Yes I feel safe here." Families told us, "I feel [relative] is safe here, there is not many patients, and we have one to one care" and, "[Relative] is safe here, definitely. If I am not here, there is a member of staff with [relative]. I know they are safe."
- Systems were in place for recording safeguarding concerns. Staff were aware of how to report and escalate concerns.
- Accidents and incidents were being recorded. Staff were completing and accident and incident reports and documenting what action was taken following incidents.
- A lessons learnt folder was in place. The documented learning from a recent safeguarding and captured discussions with staff to help inform and develop practice.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One sluice was storing mops incorrectly and some unused toilets required cleaning, however this was immediately addressed during the inspection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- People were supported to have visitors in line with national guidance.



# 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.

Staff support: induction, training, skills and experience

- Staff were receiving regular training and supervision. A training matrix was in place and showed full compliance by staff in all training areas. Training covered areas which included safeguarding, moving and handling, infection control, fire safety, dementia awareness, first aid, and mediation. However, training relating to supporting people with a learning disability was not provided, this is a new mandatory training course under the Health and Care Act 2022.

We recommend the provider ensures learning disability training is provided to all staff in line with changes in legislation.

- Staff told us the training was of good quality and equipped them to do their job. They said, "it is a good home to learn more. This home is helping me build my knowledge" and, "The training is very good. It is 6 months programme from an external agency. The trainer will mark our learning. Moving and handling training is face to face." One staff had requested further training about medical conditions, and this was implemented.
- Staff received regular supervisions. A variety of supervision methods was provided. This included one to one supervision, as well as group supervisions. Group supervisions covered relevant areas of learning and looked to strengthen staff knowledge in topic areas.

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

- People's needs, and choices assessed. Pre-admission documents were being completed. These documented people's needs, social support and equipment on admission to the home.
- Care plans were in place for a range of people's care needs and were being regularly reviewed.
- People's consent was gained; forms were being completed and stored on care files.
- We received mixed feedback around routines. One person told us they had choice around their routines. They said, "I get up at 6 am because I want to have a shower, and I can go to bed when I want to." Another person felt they did not have choices and were restricted. They told us, "I do nothing at all, I don't get out of bed, I don't go into a chair." This was discussed with the registered manager who explained they were working with the service user to encourage them to access communal areas.

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

- People's diet and nutritional needs were being met. Systems were in place to record and monitor people's weights. Monthly checks were in place and a positive trend regarding weight gain was noted. Where one person had experienced weight loss, an action plan was in place and referrals to health professionals had

been made.

- Nutritional tools and care plans were being completed to identify people at risk.
- The kitchen appeared organised and clean. Menus were being prepared and planned in advance. The registered manager explained that they were exploring some meal options including pre-prepared nutritional meals. Fresh fruit and drinks were available for residents in communal areas of the home at hydration stations.
- The majority of feedback given from people and their families were positive about the meals. One person said, "I enjoy the meals, they have a really good super at night. I get coffee when I want it. They make you fresh drinks, you don't even have to ask. I like all the food." Families felt their loved ones were supported with their dietary intake, although one family member felt more variety may be beneficial. They said, "I sit with him for lunch most days. It goes well, lunch is the main meal. Tea it tends to be chips and pie, there could be a bit of variety." One person told us they did not enjoy their meals. This was discussed with the registered manager who explained they were working with the individual to identify meals they enjoy.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- Staff were working with other professionals to ensure people's health and care needs were met. Evidence was seen in care plans of referrals being made to professionals when people's needs changed.
- Families told us staff was working with a variety of professionals to ensure their relatives care was efficient. Families said, "A lot of speciality nurses have been brought in and the home have supported with this and got in touch with the health professionals" and, "Oh yes, they are contacting health professionals. The [local medical team] has been out to do a review of medications and this ongoing."
- The environment had some pictorial signage to support people to be orientated to the environment. People had access to the communal garden, however at the time of the inspection, the area was due to be tidied up for spring. Areas of the home had indoor gardens to offer stimulation for people with sensory needs.
- People had personalised rooms with belongings and photographs from home.

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- A DoLS tracker was in situ. The tracker indicated where people had conditions and when DoLS needed to be reapplied for. One person had a number of conditions attached. It was evident the staff were aware of the conditions and had been completing the actions. However, some improvement in record keeping was noted. For example, one condition related to more details being recorded around triggers in behavioural charts, however the sample of charts viewed did not contain the required level of detail.

- MCA was being considered and good practice was seen around the use of visual aids to support with decision making. The capacity assessments were generic in nature but needed to be more decision specific.

# 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; Respecting and promoting people's privacy, dignity and independence

- People were being treated with dignity and respect. Families told us, "[relative] is always well presented. They are caring for [relative] in line with their previous preferences. Their room is clean and presentable" and, "They definitely treat [relative] with respect and dignity. [relative] is washed and showered whenever I come round."
- Families told us staff were respecting people's privacy, one relative said, "Yes, we are able to speak in private. Staff knock and ask if they can enter if we are in [relative's] room." During the inspection, we observed staff knocking on doors before entering people's rooms.
- People and families told us staff were caring and supportive. One person said, "The carers look after me." Families told us, "The carers do genuinely care. [relative] feels that it is their home. The carers really try with complex people. The staff have infinite patience with the residents. I think they are very caring. It is a big thing that the carers are so patient." Another family said, "All the staff are excellent and are very friendly and kind."
- Staff appeared to know the people well. One family member showed us a poem which a care worker had made about their relative around the person's family, hobbies, work, and their achievements during their early life.

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

- People and families were being involved in decisions around care. Families told us "They are quick to let me know if there are any changes."
- Feedback on the support given was being sought from people. Relative meetings were taking place and families were contacted directly with updates when they were unable to attend the meetings.

# 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; End of life care and support

- Care plans and documents were personalised to peoples' needs. The provider used a Saga programme. This provided a visual display of key information such as social contacts, interests and likes and dislikes in peoples' bedrooms.
- Care plans contained information around peoples' preferences, routines and interests. Some care plans could be more personalised to ensure key aspects of peoples' preferences were documented. For example, the registered manager described how one person preferred a certain type of food and individual meals were prepared to meet this persons' preference. However, this information was not captured in the care plan.
- No one was end of life at the time of the inspection. Care plans were in place around end of life wishes. Training was being provided around end of life care, should this be required in the future.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of Accessible Information Standard requirements and was aware of different ways information could be provided.
- Communication care plans were in place and detailed peoples preferred communication methods.

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

- Activities were occurring in the service. We observed people and staff engaging in zumba sessions during the inspection, and they were all enjoying this activity together. An activities plan was on display upon entering the service.
- Equipment was in place to support people to engage in activities. The home had a large interactive board which they encouraged residents to use. There was also a pool table for people to use.
- Families told us activities were occurring, although one family felt there could be more. Families said, "There are music sessions. There is plenty for [relative] to do. There always seems to be enough activities" and, "there could be more activities. I see a lady come into sing, they get a foot massager out and the staff will get people up and dancing."

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

- The provider had systems and process in place to record and respond to complaints. The complaints log was capturing verbal complaints as well as formal written complaints and documenting what they have done in response to concerns.
- People and families told us they felt able to complain. One person said, "I've never needed to complain, if I had any problem would speak to my family." None of the families we spoke to had raised a complaint to 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance systems and audits were in place across the service and were being completed monthly. Some audits viewed were able to demonstrate some improvements. For example, infection control audits and management audits had demonstrated an improvement in scores across the service over the last few months.
- Medication audits and environmental checks were completed. However, these did not always identify concerns found during the inspection, such as concerns relating to medication stock and records and rooms being unsecured. The provider took immediate actions following the inspection and ensured the environment was safe, implemented increased auditing and revisited medicine competencies with staff.

We recommend the provider ensures closer oversight and auditing of records to ensure staff are following systems and processes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Positive feedback was given on the service and the culture in the home. Staff told us they enjoyed their role. One staff said, "Here it is very flexible, and the environment is very nice. We don't allow people to sit idle and we all enjoy spending time with residents too. The teamwork is really good. I think we have good teamwork because the owner encourages this" and, "All the staff are happy and energetic. I can speak to any of my colleagues."
- Staff felt the management was approachable and supportive. They told us, "The management are supportive. The manager listens if I need to raise anything. We have a handover every day and once a week meeting with staff. They will tell us if there are any problems. They focus on how to improve our care" and "The registered manager is superb. The manager is flexible, not stressful. we can work quite comfortable, and we can make suggestions."
- Families told us they felt the registered manager was approachable and they were listened to. They said, "Yes, I know the registered manager. They were supportive in the meeting It is a good home. It feels like it runs well" and, "It seems well run, it works well."
- People appeared to experience positive outcomes. Feedback was shared from a professional following a review of one person's care. They described the positive progress and improvement in quality of life seen, 'This [person] is now a completely different to the one that arrived with you a few months ago; they are mostly settled, has peace of mind, showing humour and able to have a meaningful conversation, which is

remarkable compared to the [person] that I first met."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others;

- Views were sought from staff, people, families and visiting professionals on the service, through questionnaires. Feedback provided was very positive and minimal feedback on change was offered.
- Staff were working with external professionals to support people, and referrals were made to external professionals where required. Positive feedback provided from a professional around the consistent care given, this included comments such as, 'with resilience and compassion you have allowed this [person] to remain in a home that [they] wants to remain in and built up a fabulous relationship.'
- Regular meetings between staff and families were in place.

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; Continuous learning and improving care

- The registered manager understood their roles and responsibilities under duty of candour. Notifications to CQC and the local authority were made as required, and policies were in place, outlining their role and expectations.
- Identified lessons from a recent safeguarding was seen. Education was offered to staff to prevent incidents reoccurring.