

Angel Support Living (UK) Limited

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

Angel Support Living (UK) Limited is a supported living service providing personal care to people with mental health needs and people with a learning disability. At the time of the inspection, the service consisted of several supported living settings located in and around London.

Not everyone who used the service received personal care. 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. At the time of the inspection, the registered manager reported 32 people were using the service, out of whom 4 people received personal care.

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

Right Support:

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

People were supported by staff to pursue their interests.

Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines in a safe way and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

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.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff also promoted equality and diversity in their

support for people.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff and people cooperated to assess risks people might face.

People's care and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life.

Right Culture:

People received good quality care and support because staff were trained and received appropriate support from their managers. Managers and staff created an open and inclusive culture.

Staff knew and understood people well and were responsive to their individual needs. People and those important to them, including advocates, were involved in planning their care.

Managers evaluated the quality of support provided to people, involving the person and those important to them. Managers sought support from other agencies to support people achieve good outcomes.

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 registered with us on 1 October 2020 and this is the first inspection.

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.

Angel Support Living (UK) Limited

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 1 inspector.

Service and service type

This service provides care and support to people living in 4 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used information gathered as part of monitoring activity that took place on 18/10/2022 to help plan the inspection and inform our judgements. 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 all this information to plan our inspection.

During the inspection

We visited 1 of the supported living settings where 3 of the people who received personal care lived. We observed interactions between people and staff and spoke with 4 people using the service.

We spoke with 4 staff members including care workers, a supported living setting manager and the registered manager.

We reviewed a range of records. This included care records for 3 people and multiple medicines records. We looked at 4 staff files in relation to recruitment and supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures, staff training records, audits, meeting minutes, complaints and staff rotas.

Following our visits to the service, we spoke with the relative of 1 person using 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 of 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

- There were systems in place to protect people from the risk of abuse. Staff and managers had relevant training, knew their responsibility to raise concerns and knew how to do so.
- Staff maintained appropriate records, for example, in relation to people's finances, to make sure there was transparency and accountability.
- People told us they felt safe using the service and with the support they received from staff. One person told us, "I do feel safe here."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service identified and assessed risks to people's health, care and welfare.
- For each person, staff identified any associated risks and implemented guidance, which they followed to ensure people received safe care and support. Risk assessments covered areas such as people's health conditions, going out, mobility, fire safety and neglect to oneself.
- Staff monitored people's needs closely and escalated any concerns promptly. For example, for 1 person whose mobility deteriorated, staff involved the relevant healthcare professional and arranged for the person to have the right equipment in place. This meant staff took appropriate actions to make sure the person received safe care when their needs changed.
- Staff recorded and reviewed accidents, incidents and near misses to learn from them and try to reduce the risk of them happening again. Lessons learned were communicated to the staff team through daily handovers and meetings.

Staffing and recruitment

- The service recruited and deployed staff safely.
- Managers carried out the required safer recruitment checks to ensure only suitable staff were employed. Staff files contained evidence of identity checks, employment references, DBS checks and interview questions relevant to roles. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Recruitment checks also included staff employment history checks. However, we found gaps in the employment history for some staff were not fully explored at the time they were recruited. We raised this with the registered manager who sought further clarification from the staff members in question and ensured us this would not be missed going forward.
- Managers worked out staffing levels in line with people's needs and hours of care commissioned by placing authorities. This ensured people received the right level of support. Feedback from people and

relatives indicated there were enough staff on shifts.

- Managers told us extra staff were brought in when needed, for example, to support people to attend their appointments and take part in certain activities. A member of staff confirmed this. The managers also told us they were in the process of reviewing their staffing levels as they were planning to expand the service.

Using medicines safely

- Staff made sure medicines were received, stored, administered and returned safely.
- Staff administered people's medicines on time and as prescribed. Staff were trained and assessed as competent to manage people's medicines.
- Each person had a 1-page medicine profile, which listed their medicines, their purpose and possible side effects, the way they preferred to take their medicines, any allergies and the contact details for the pharmacist. Medicines administration records were clear and completed appropriately by staff to confirm people had taken their medicines.
- Staff counted and recorded medicines stored in their original packages after each administration. This minimised the risk of errors. People who were prescribed 'when required' medicines, such as painkillers, had appropriate guidance in place which instructed staff when to administer these medicines.

Preventing and controlling infection

- Staff adhered to infection control measures to protect people from the risk of infection.
- Staff wore personal protective equipment as required and supported people to look after the cleanliness of their bedrooms/flats. We observed the premises we visited to be clean and well maintained.
- The service's infection control policy was up to date. Cleanliness was a topic which staff discussed regularly with people and in team meetings.

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

- People received a full assessment of their needs prior to starting using the service. The assessment covered all the essential aspects of the person's health, care and wellbeing.
- Staff involved the person as much as possible, any close relatives and healthcare professionals in the assessment. The information captured is then used to create a personalised care plan for each person.
- The service had systems in place to make sure staff delivered care in line with best practice. The registered manager knew where to find relevant guidance and support to provide appropriate care to people.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to perform their work.
- Newly recruited staff received a thorough induction comprising working under the supervision of experienced staff, learning about people and their needs, and completing mandatory training.
- Managers ensured staff received regular refresher training in a range of areas, including learning disability, autism, dementia awareness, nutrition and hydration, and health and safety. This meant staff had access to the latest guidance and recommendations, and had their knowledge, skills and competency regularly appraised.
- Managers supported staff through regular supervisions and appraisals. Staff told us they felt supported in their roles and 1 staff member said, "If I ever need support, I'm able to phone my manager and request."

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

- Staff supported people with their food shopping and eating and drinking needs as per their wishes. Where people had dietary requirements due to their health, culture or religion, this was clearly documented in their care plans and staff supported them accordingly.
- People were able to choose their meals. We observed 1 person requested fish and chips for their lunch and staff went to put the oven on to prepare this meal for the person. Staff also prepared Sunday roasts, ordered takeaways and organised cultural themed nights where people were able to suggest their favourite meals in advance, which staff prepared with them. A person told us they enjoyed these moments and anyone who was willing to contribute could join in.
- Where people struggled to follow a healthy eating regime, staff offered appropriate support and encouragement as much as possible. The registered manager told us the service supported people with food and drink if people had financial issues, and added, "No one can go hungry."
- It was a warm day on the day of inspection and we saw drinks were readily available in the communal lounge of the supported living setting.

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

- Staff monitored people's health and wellbeing, and supported them to access healthcare services when required.
- Staff recorded people's healthcare appointments and treatments. We reviewed these records which showed involvement from GPs, physiotherapists, district nurses, opticians and podiatrists. This indicated staff worked with other agencies and healthcare professionals to make sure people received effective care.

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. 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.

- Staff worked within the principles of the MCA. Where possible, they supported people to make their own decisions.
- Where staff felt a person lacked mental capacity to make a decision about their care or accommodation, they involved others including advocates, to ensure a mental capacity assessment was completed and a decision was made in the person's best interest.
- Staff offered people choices regarding their day-to-day activities, and people and relatives confirmed this. For example, 1 person told us they picked their own dress to wear on the day of our visit. A relative told us, "They always give [person] a choice."

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

- Staff treated people well and with compassion, while respecting their rights. One person told us, "I get on well with all of them, they are my friends." A relative described the staff as "brilliant", "friendly" and "helpful."
- Staff understood and respected people's equality and diversity needs. Care plans included people's preferences or requirements regarding their culture, religion and other individual needs.
- We observed a pleasant atmosphere in the supported living setting we visited, where staff engaged with people in a caring and friendly manner.

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

- Staff supported and encouraged people to express their views on their care and contribute by making decisions about their care.
- Managers held regular meetings with people to discuss various aspects of their care and the service, including food, activities and maintenance/repairs. People also had the possibility to discuss their care in 1-to-1 sessions with their keyworkers.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, preserved their dignity and promoted their independence.
- People told us staff were respectful. We observed staff protecting people's privacy when they closed the office door when discussing sensitive information. This ensured information was only shared on a need-to-know basis.
- Staff supported and encouraged people to maintain their independence as much as possible. A person used the example of 'making a cheese sandwich' to explain this to us; they said, "Staff won't make it for me, they'll help me make it."

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 care and support that was tailored to their individual needs.
- Being a supported living service, the managers understood the purpose of this model of care, and delivered care and support that maximised people's choice and independence. People had tenancy agreements in place and received support from staff to manage their accommodation if needed.
- Care for people was designed around their individual needs in conjunction with the environment they lived in and aspects of living an independent life. For example, people's care plans covered issues such as life skills and independence, education and employment, moving on and leisure/hobbies.
- Care plans were person-centred and were updated whenever a person's needs changed.

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.

- Staff communicated with people effectively and in ways they understood. Care plans contained clear information on people's communication abilities, including how they expressed their feelings.
- At the time of the inspection, people were able to communicate in English. However, the service was prepared to produce information in different formats, such as Easy Read (which is an accessible format), if needed. The registered manager showed us examples of documents in Easy Read, including a service guide, safeguarding information and a complaints procedure.

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 this was part of the support, staff supported people to take part in activities and remain socially engaged.
- People were protected from social isolation as they interacted among each other and with staff frequently in the communal areas. Staff also supported people to go out to places such as the local pub.

Improving care quality in response to complaints or concerns

- There was a system in place to manage complaints and improve care for people.
- People knew how to complain if they had any concerns. One person told us they would speak to the

registered manager if they were unhappy about something.

- We saw 1 recent complaint in the complaints log which showed how it was received, actioned and the outcome communicated to the complainant.

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

- Managers were approachable and created an open culture where staff respected people's rights. Staff worked with people in a way that promoted people's individuality.
- People and relatives spoke positively of the service they received. One person told us, "I love it here, staff are very helpful." A relative said, "[Registered manager] is very good. They're trying their best." The relative also commented on the good communication links established by the service; they said, "If there's anything, they will call."
- Staff felt supported and able to raise concerns with managers. A staff member told us, "We are like a little family."
- The nominated individual / director played an active role in the running of the service, for example, in carrying out assessments, and had built positive relationships with people and staff. The registered manager told us, "[Nominated individual / director] is very supportive. If I'm busy, he's always happy to assist."

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

- There was a clear management and staffing structure where each staff member was fully aware of their role and responsibilities.
- Managers completed regular audits on different aspects of the service, including people's care records, medicines, health and safety, and people's finances. Any issues found were discussed and addressed within the team. This process ensured continuous learning and improvement.
- There was appropriate manager oversight across the different supporting living settings. Each setting had a manager who reported to the registered manager.
- Managers understood the regulatory requirements, such as, their duty to notify CQC of certain events. Managers and staff worked as a team to manage risks within the service.

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

- The service sought feedback from people and those important to them and used the feedback to develop the service.
- We found there were regular engagement among managers, people using the service and those involved in their care. Staff supported and encouraged people to provide feedback on the service on a regular basis.
- Staff were able to share their views with managers through regular conversations and team meetings.

Working in partnership with others; 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 service worked with other organisations, including local authorities, healthcare professionals and community projects, to provide good integrated care and support to people. We saw evidence of managers seeking support from drug and alcohol services to better support people who had certain addictions.
- The registered manager was aware of their responsibility to be open and transparent when things go wrong. They told us, "If we've made a mistake, we acknowledge it and apologise."