

Angels Community Enterprises C.I.C.

Angels Community Enterprises CIC

Inspection report

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23 August 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Angels Enterprise Community services is a domiciliary care agency providing personal care to adults living in their own homes. At the time of the inspection, the service was supporting 1 person.

At the time of our inspection, the service was primarily offering a housekeeping and community support service for people living at home. The registered manager explained to us support offered with personal care had decreased since our last inspection and the service was not planning to expand this area.

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

There was a quality assurance policy in place the registered manager told us how they monitored the quality of care however, no records were kept of quality assurance checks completed; this had been identified at the last inspection. We have made a recommendation in relation to recording quality assurance checks. We received positive feedback about the registered manager being approachable and the quality of the care.

Risks to people's care were identified and risk assessments were in place to manage those risks. Staff and the registered manager were knowledgeable about identifying and reporting safeguarding concerns. No new staff had been recruited since our last inspection. Infection and prevention measures were in place to ensure people and staff were safe. The service did not support people with their medication.

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.

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

Rating at last inspection

The last rating for this service was good (published 11 January 2016).

Why we inspected

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

Recommendations

We made a recommendation in relation to quality assurance.

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was conducted by 1 inspector.

Service and service type

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

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 August 2023 and ended on 29 August 2023.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning team and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used all of this information to plan our inspection.

During the inspection

During the inspection, we received written feedback from 1 person using the service. We spoke with 2 staff members; this included the registered manager and a care worker. We looked at care records for 1 people using the service. We reviewed various policies and procedures and the quality assurance and monitoring systems of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures in place in relation to safeguarding and whistleblowing.
- In our conversations with the registered manager and staff, we were assured appropriate steps would be taken, when required, to protect people from abuse, neglect or harm and the relevant authorities contacted.

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

- One person using the service felt safe with the care provided.
- Risks to people's care were assessed and measures put in place to manage those risks.
- The registered manager told us there had been no accidents or incidents, but explained us how they would record and manage these. Staff were confident on what actions to take in case of an accident or incident, such as a medical emergency or a fall.

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

- We found the service was working within the principles of the MCA. The registered manager was aware of their responsibilities under the MCA and the documentation that would be required to be completed if they were supporting a person who lacked capacity in relation to specific decisions around their care and support.

Staffing and recruitment

- Recruitment continued to be managed safely. No new staff had been recruited since last inspection.
- The service was flexible to people's needs and any changes in regular call schedule were agreed between people and staff. No concerns were raised about staff not arriving on time or not staying the agreed time during care visits.

Preventing and controlling infection

- People were protected against the risk of infections. Staff had completed training in infection told us the

protective equipment they would use when providing care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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; Continuous learning and improving care

- There was a quality assurance policy in place and the registered manager was able to regularly monitor the quality of care delivered because they were also involved in providing care. However, no records were kept of quality assurance checks completed. This had also been identified at the last inspection.

We recommend the provider reviews their quality assurance processes and ensures these are always recorded.

- Feedback from staff and person using the service was positive about the management team being approachable and supportive.
- Registered providers of health and social care services are required by law to notify CQC of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty. The registered manager was aware of their responsibilities in this area.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Communication was held with staff regularly during delivery of care. Although no formal team meetings took place, staff told us there were weekly opportunities to discuss any issues and receive feedback.
- The registered manager told us they gained feedback from person who used the service during weekly delivery of care and any changes were completed when required. We asked one person who used the service if they felt they could express their views about the care delivered and they told us, "I know I can say anything at anytime."

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

- CQC sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and accountability when things go wrong. The registered manager was aware of their responsibilities in relation to this requirement.
- The provider was responsive and open with the inspection process; and demonstrated a willingness to

continuously learn and improve.

Working in partnership with others

- The service worked in partnership and collaboration with a number of key organisations such as local authorities' social workers, occupational therapists or 'Meals on Wheels'.