

Angel Hands Social Care Ltd

Angel Hands

Inspection report

80 Exford Road
London
SE12 9HA

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25 February 2021

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Ratings

Overall rating for this service	Good ●
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?	Good ●

Summary of findings

Overall summary

About the service

Angel Hands is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection the service was supporting six people.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

People's experience of using this service

Risks faced by people were assessed and documented and staff understood how to mitigate them. However, some risk assessments did not contain enough detail and people's medicines had not always been correctly recorded. Safer recruitment procedures had not always been followed.

People and their relatives spoke highly of the service and the care they were receiving. One person said, "They are lovely, absolutely lovely, the whole team." People told us they had continuity of care from caring, experienced staff who understood their needs.

People told us they felt safe and they were cared for by staff who were well-trained and understood how to protect them from abuse and report any concerns.

People and their relatives told us that if things went wrong they would be comfortable in contacting the office and felt confident they would be listened to. There were quality assurance systems in place and regular spot checks of staff.

Staff told us they enjoyed their work and felt very well-supported by the registered manager. They told us their working conditions were good and they had regular supervision and appraisal.

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:

This service was registered with us on 10 May 2017 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led.

Details are in our well-led findings below.

Good ●

Angel Hands

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it was a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 02 February 2021 and ended on 15 March 2021. We visited the office location on 25 February 2021.

What we did before the inspection

We reviewed the information the CQC held about the service. We sought feedback from local commissioners and professionals. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and two care workers. We spoke with two people using the service and one relative. We reviewed a range of records, including four people's care records and medicines records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed the provider's policies and procedures.

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. We have rated this key question 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.

Using medicines safely

- The service had systems in place to record the administration of medicines, but records we saw did not contain all of the information required. Medicines administration records (MAR) were in an old format which had not been updated in line with National Institute for Health and Clinical Excellence (NICE) guidelines for managing medicines for adults receiving social care in the community. During the inspection the registered manager undertook a review and introduced a new format in line with the guidelines.
- People were supported with their medicines by staff who had been trained in the safe administration of medicines. Their practice had been observed and assessed on completion of their induction, and their competency was routinely checked during spot checks and supervisions.
- People's MAR records were audited on a monthly basis. A suitable format was in use however these audits had failed to note some gaps in record keeping.
- The support people required with their medicines was assessed when services began and then regularly reviewed. People were encouraged to be as independent as possible.

Staffing and recruitment

- Safer employment checks had not always been fully completed before care staff began work. We saw that some staff did not have a complete employment history, including explanations of any gaps. References were not always sought or received from the staff member's last employer, and references had not always been verified appropriately. The registered manager told us she would review all the staff records and bring them in line with the regulations.
- Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. During staff supervision they signed to confirm that there had been no changes to their criminal record.
- People told us they had regular care workers who visited as expected, and made effective use of their allocated time. A relative told us, "They don't have much time, but they are getting things done and talking to [person]."

Assessing risk, safety monitoring and management

- The registered manager and care staff all had good knowledge of the risks faced by the people they visited. A relative told us, "I'm totally confident that [person] is safe."
- Risks to people's safety were assessed before the service started, and then regularly reviewed. However,

these often lacked detail and had minor errors or inconsistencies. There was no record of people's equipment supplier or their next maintenance due date. The registered manager told us she would review these assessments and before the end of the inspection sent us completed examples, which were more detailed and complete.

- Staff usually visited the same people regularly and so were able to routinely monitor their safety on a day to day basis. They told us they were confident in reporting any safety concerns to the registered manager and that they would be dealt with appropriately.

Systems and processes to safeguard people from the risk of abuse

- People were cared for by staff who understood how to protect them from abuse. Staff knew how to raise concerns with the registered manager and how to escalate safeguarding concerns to the local authority. They were confident that the registered manager would deal appropriately with any concerns.
- There were procedures in place to protect people from potential abuse and staff were following them. For example, when a person was being supported with their shopping, detailed records and receipts were kept for every transaction.

Preventing and controlling infection

- The service had infection control policies and procedures in place, and staff told us they had a plentiful supply of personal protective equipment (PPE). The service had a Covid-19 policy and procedures to protect staff and people. A staff member told us, "There has always been enough PPE. [Registered manager] made sure we had everything we need." A person told us, "They are washing their hands and using sanitiser, and have masks and gloves."
- People were supported by staff who had been trained in infection control. Staff correctly described for us when and how to use personal protective equipment (PPE) such as gloves and aprons, and confirmed there was a plentiful supply. People told us that staff were clean and tidy and disposed of waste appropriately. A relative said, "[Person's] place is cleaner since they started. I don't have to clean up after them."

Learning lessons when things go wrong

- There had been no incidents of note in the past year, however there were procedures in place to review incidents and learn lessons. The service had an open culture and staff told us they would happily report any incidents and near-misses with the registered manager.

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 of this newly registered service. We have rated this key question 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's needs and choices were assessed prior to receiving support or as soon as possible afterwards, and a care plan was drawn up. People confirmed their assessments had taken place at the start their services and were reviewed regularly or when there were changes in their circumstances.
- Assessment and care planning documents had been designed to be compliant with the regulations and guidance, but had not always been completed in detail. The registered manager took immediate action to rectify issues identified during the inspection.

Staff support: induction, training, skills and experience

- Staff we spoke with were experienced and confident, and told us they were supported in their role. They had regular supervision and appraisal with the registered manager and there were regular spot checks. They told us they felt very supported by the registered manager.
- People were supported by staff who had completed an induction programme in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised standard for skills and knowledge that all care staff should meet. Following their induction there was a shadowing and observation process to ensure their competency.

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

- People's needs and preferences around eating and drinking were assessed and documented. Staff were aware of people's needs, such as how to support people with diabetes. A relative told us, "They always ask what [person] wants to eat."

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

- The service worked with other organisations and services to promote people's health and wellbeing. Care plans and records showed effective liaison with other health and social care professionals and services. For example, we saw that when care workers called in to report concerns about people's health then timely contact was made with appropriate professionals.

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 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 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.

- At the time of our inspection, the service was not supporting anyone who lacked capacity to make day-to-day decisions relating to their care. There were systems in place to assess and record people's capacity when required.
- Staff understood and applied the principles of the MCA. They routinely sought consent from people and enabled people to make decisions about their day to day care, such as what to wear and what to eat.

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 of this newly registered service. We have rated this key question 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 told us that staff were kind and caring. They told us, "They really do look after [person]. They actually know [person]...I'm really, really pleased with their care and consideration" and "I'm lucky, they are such caring carers." Staff told us they enjoyed their work and spoke of the people they supported with warmth and kindness.
- People's diverse needs, including religion, culture and language, were assessed and included in their support plan appropriately. People's protected characteristics under the Equality Act were identified and any related needs were assessed. A relative told us, "One of the care workers is from the same country and speaks the same language, so [registered manager] made sure she was there when [person] was upset."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's privacy was protected during personal care. People confirmed that they thought care workers promoted their dignity.
- People's support plans promoted their independence at home. People told us they were encouraged to be as independent as possible.

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 of this newly registered service. We have rated this key question 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 confirmed that staff had an excellent understanding of their wishes and they were supported according to their preferences. Care plans we initially saw during the inspection did not always reflect this knowledge, but the registered manager undertook a review and sent us updated care plans, which were completed in greater detail and would enable new or covering members of staff to provide care more effectively.
- People we spoke with confirmed that they were involved in the development of their care plan and took part in regular reviews.

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.

- People's communication needs were assessed in line with the AIS and recorded in their support plans. At the time of our inspection, the service was not supporting anyone with any specific communication needs.

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

- Staff supported people to access the community and take part in activities where it was part of their agreed plan of care.
- The service would plan people's visits in accordance with their social needs, for example, by scheduling earlier visits on days where a person visited a day centre.

Improving care quality in response to complaints or concerns

- The service had not received any serious complaints in the past year. There were systems in place for dealing with complaints and concerns, and the procedure was available to people in the service user guide. People confirmed they knew how to raise concerns and were confident that the registered manager would deal with any concerns efficiently.

End of life care and support

- At the time of the inspection, the service was not supporting anyone at the end of their lives. People's end of life wishes and preferences would be noted if they shared them with the service during their assessment

or later reviews.

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 of this newly registered service. We have rated this key question 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

- People's outcomes were good. A relative told us, "[Person] tells me how happy they are now. [Person] wouldn't have been in such a state if [the care workers] had been looking after [person] before." One person said, "I think it's an excellent service."
- The registered manager was dedicated to developing a service with high standards and a culture that promoted the wellbeing of people and valued its staff. People and staff spoke highly of her. Remarks included, "[Registered manager] is a good person and this is a good company" and "She's a good person to work for."

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 was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.
- The registered manager understood her responsibilities around reporting to the CQC.

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

- There was a system of audits and quality checks in place. The registered manager was proactive in improving the quality of the service. People and staff confirmed that there were regular quality checks and supervisions.
- The registered manager and staff understood their roles and responsibilities. Staff had clear job descriptions. A person told us, "[Registered manager] has a really great staff."
- The registered manager was responsive to the issues raised during the inspection. Immediate action was taken and issues were resolved swiftly. There was an action plan in place for further improvement and development.

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

- Staff told us they enjoyed their work and they were well supported by the registered manager. They told us, "Any concerns, we call her, she's always there" and "She's very supportive." They told us they would recommend working for the service.

- People told us the service communicated well with them and that it was easy to reach the registered manager. A relative confirmed, "If there's any issues I can always get a hold of them." People confirmed that they were kept advised of any changes or issues with the service, such as the carers running late.