Angelic Healthcare Services Limited

Angelic Care

Inspection report

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Date of inspection visit:
05 July 2018
06 July 2018
09 July 2018

Date of publication:
20 July 2018

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

This inspection took place on 5 July 2018 and was announced. We gave the provider 48 hours' notice of this inspection to ensure that the registered manager would be available to support us with this process.

This inspection was the first inspection of the service since it was registered with the Care Quality Commission (CQC) on 6 July 2017.

Angelic Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults some of who are living with dementia. At the time of the inspection there were 10 people using the service.

Not everyone using Angelic Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us that they felt safe and well supported by the care staff of Angelic Care. Care staff knew of the different types of abuse and were able to tell us of the steps they would take to report abuse and to keep people safe and free from harm.

Risk assessments in place identified people's health and care associated risks and gave clear guidance to care staff on how to reduce or mitigate the risk in order to keep people safe. However, the provider needs to ensure that people's individualised risks are identified and assessed so that care staff have clear guidance to follow so that people are not placed at risk of harm.

Care plans detailed people's personal information with details of the support that they required. These were reviewed annually or sooner where identified needs had changed. However, care plans were not always person centred and did not always detail people's likes, dislikes and preferences to how they wished to receive their care. The provider addressed this immediately and following the inspection sent us updated care plans which reflected people's wishes.

The service currently did not provide people with medicine support. However, the provider had the appropriate policies and procedures in place to ensure medicines were administered to people safely and as prescribed if they needed to in the future.

The service followed robust procedures when recruiting care staff so that only those care staff assessed as

suitable to work with vulnerable adults were employed.

The service ensured that all accidents and incidents were reported and recorded with details of the incident and the actions taken as a result in order for the service to learn and improve.

Care staff received a comprehensive induction, training and support to carry out their role effectively. This included regular supervision and monitoring checks. Care staff were yet to receive an annual appraisal as none of them had fully completed a year of employment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Care staff demonstrated the ways in which they obtained consent from people. They understood the need to respect a person's choice and decisions.

People knew the registered manager and the care staff that supported them. People and relatives told us that they had developed caring and meaningful relationships with their regular allocated care staff based on mutual respect.

People were encouraged and supported to maintain their independence where possible.

People were supported to maintain good health and had access to a variety of healthcare services where required.

Peoples were supported with their nutrition and hydration needs where this was an assessed need.

People and relatives felt confident and able to raise any concerns or complaints about the care and support that their relative received directly with the registered manager. People and relatives also confirmed that any concerns or complaints they raised would be appropriately addressed.

The service regularly requested feedback from people who used the service through monitoring visits and satisfaction checks. The provider was yet to implement annual satisfaction surveys for relatives to complete.

The provider held regular staff meetings which enabled effective communication exchange and encouraged staff to discuss issues and areas for improvement.

The provider had a number of processes and systems in place to monitor the overall quality of care being delivered. The provider agreed to ensure that these are completed robustly to ensure that all issues and concerns are identified and addressed to support continuous improvement and learning.

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. Risk assessments in place identified people's risks associated with their care and support needs. Clear guidance was available on how to mitigate or reduce risk in order to keep people safe.

Care staff knew how to report concerns relating to people experiencing any form of suspected abuse.

The service was not currently supporting anyone with medicine administration. Policies were in place to support this to ensure people received their medicines safely and as prescribed.

Recruitment processes in place allowed the recruitment of care staff assessed as suitable to work with vulnerable adults.

Care staff had access to a variety of personal protective equipment to support safe practices in relation to infection control.

Is the service effective?

Good

The service was effective. The service completed an assessment of needs prior to accepting any package of care to ascertain that the service could effectively meet the needs of the person requiring care.

Care staff were supported through induction, regular training, supervision and monitoring checks to enable them to carry out their role effectively.

People received the appropriate support with their nutritional and hydration needs as well as support with accessing health care services where this was an identified and assessed need.

Care staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and how they supported people in line with these principles. Consent to care had been clearly documented where appropriate.

Is the service caring?

Good

The service was caring. People and relatives confirmed that they received care and support from care staff with whom they had developed caring relationships.

Care staff knew people well and how they wished to receive their care and support.

People and relatives confirmed that care staff always treated them with dignity and respect.

People were involved in how they received care and support and were supported by care staff to make day to day decisions.

Is the service responsive?

Good

The service was responsive. Care plans detailed people's care and support needs. However, the provider did not always obtain and record information around people's likes, dislikes and how they wished to receive their care. This was immediately addressed following the inspection.

People and relatives confirmed that they received care and support that was responsive to their needs.

The service had not received any formal complaints since they had begun providing care and support. People and relatives confirmed that they knew the provider and registered manager and felt confident to raise any concerns or issue with the assurance that these would be dealt with appropriately.

Is the service well-led?

Good

The service was well led. People and relatives knew the provider and registered manager well and told us that they were always approachable and available to speak with them.

The provider had a number of checks and audits in place to monitor the quality of care provision so that the service was able to learn and implement continuous improvement.

People and relatives were regularly asked for their feedback on the quality of care that they received. The provider monitored and analysed the feedback so that the necessary improvements could be made.

Care staff told us that they felt well supported by the management team. Regular supervisions, training and team meetings gave them the opportunity to share experiences, learn and give ideas and suggestions to improve care provision.

Angelic Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 July 2018 and was unannounced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 5 July 2018 and ended on 9 July 2018. We visited the office on 5 July 2018 to meet the provider and registered manager; and to review care records, policies and procedures. We made telephone calls to people and relatives on 6 July 2018 and spoke with care staff employed by the service on 9 July 2018.

The inspection was carried out by one adult social care inspector and one Expert by Experience. Experts by experience are people who have personal experience of using or caring for someone who uses this type of care service. Their involvement was phoning people using the service and their relatives to ask them their views of the service.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

During the inspection, we spoke with three people using the service, four relatives, two care staff, an independent consultant, the registered manager and the provider.

We reviewed the care records for five people receiving a service to see if they were up-to-date and reflective of the care which people received. We also looked at personnel records for five members of staff, including details of their recruitment, training and supervision. We reviewed further records relating to the

management of the service, including complaint and safeguarding records, to see how the service was run.

Good

Is the service safe?

Our findings

People and relatives told us that they felt safe with the support they received from Angelic Care staff. One person told us that they felt, "personally safe with carers" and that "their possessions are safe." Relatives told us, "My relative is vulnerable to falls. She feels very secure with her carers and has become quite reliant on them. They make sure she is safe" and "We've never had any problems."

The provider had policies in place which guided the service and its care staff on how to identify and report any concerns of abuse. Care staff knew the different types of abuse and the steps they would take to report any concerns of abuse to ensure people that they supported were protected from abuse. One care worker told us, "I would go the office and tell my manager." All staff told us and records confirmed that they had attended safeguarding training as part of their induction and that this was refreshed on an annual basis. The service had not received any safeguarding concerns since it had begun providing a regulated activity.

Care staff understood the meaning of the term 'whistleblowing' and to whom concerns must be reported, including external agencies such as the police, the CQC or the local authority.

Care plans contained risk assessments completed by the service which identified and assessed the level of risk associated with people's health, physical and social care needs. This included risks associated with falls, moving and handling, environment, medicines administration, trips and slips. Assessments then detailed guidance to care staff on how to support the person so as to reduce risk so that people were kept safe and free from harm. However, we noted that some care plans did not always contain sufficient information for care staff on how to reduce certain risks associated with health care conditions such as diabetes and asthma. During the inspection, the provider updated the care plan to include the information required and also showed us information leaflets for such health conditions which would additionally direct staff on the actions to take to manage the person's risk.

Staff files contained the relevant documents confirming people's identity as well as checks that had been completed to ensure that each staff member recruited had been assessed as suitable to work with vulnerable adults. This included criminal record checks, obtaining suitable references and a full employment history. Records had also been checked and verified by the registered manager to confirm their originality.

People and relatives confirmed that they always received care and support from carers that they knew and who were regularly allocated to support them with their care. One person told us, "Mostly I get a regular carer."

Rotas confirmed and care staff told us that they were always allowed sufficient travel time between care calls and that where they were running late they always informed the provider or registered manager who then called the affected people to let them know that their care worker was running late. The provider and registered manager confirmed that since they had begun delivering care and support there had not been any missed visits. People and relatives both stated that carers were always on time and that they always got

a phone call from the provider informing them of any changes or lateness. One person told us, "The carer comes on time and does everything they're meant to do."

Staff supported people with medicines administration where this was an identified and assessed need. At the time of this inspection, the service did not support anyone with medicine administration. However, the provider had policies and procedures in place to support people to receive their medicines safely and as prescribed. Care staff told us and records confirmed that they had received training and had been observed administering medicines as part of their training to assess their competency.

The service had no recorded accidents or incidents. However, we were shown processes that were in place to ensure that care staff understood the importance of reporting and recording any accidents or incidents involving people or care staff. Accident and incident recording forms were available as part of the care folder held in people's homes. The registered manager told us that if any accidents or incidents were recorded these would be discussed at staff meetings so that learning and improvements, where required, could be taken forward. Where care staff needed to be informed of significant incidents and subsequent learning the provider used instant messaging to ensure care staff received the information immediately.

All care staff had full access to personal protective equipment (PPE). Care staff were able to access the office to collect the equipment that they required such as gloves and aprons. Alternatively, the service arranged for delivery of PPE at each person's home where required or if care staff had been unable to collect.

Good

Is the service effective?

Our findings

People and relatives told us that they were confident in the skills of the care staff that supported them and their relative and believed care staff were appropriately trained and skilled. One person told us, "The carer provides very good service. They know their job. They are very well trained." Another person stated, "They are most definitely properly trained. The nurses are out of this world, very lovely. I would give them 10 out of 10. I can say hand on heart you can be extremely proud of the nurses."

Care staff were required to undertake induction training, training in mandatory topics and a period of shadowing more experienced care staff before being confirmed as competent to be able to work in the field independently. The induction training covered topics such as principles of care, role of the care worker, communicating effectively and recognising and responding to neglect and abuse. Mandatory training was provided in topics including safeguarding, moving and handling, first aid and the Mental Capacity Act 2005 (MCA). Shadowing of an experienced care staff was completed over a two to three-day period depending on how confident the newly employed care staff member was. Shadowing periods were signed off by the registered manager or the provider once the care staff had demonstrated competence and confidence to deliver effective care and support.

The provider and registered manager told us about plans in place for all newly recruited care staff to undertake and work towards completing the care certificate. This is a training course that covers the minimum expected standards in relation to the delivery of care and support. Care staff were positive about the training delivered by the provider and felt able to request further training in specific areas where required. One care staff told us, "Yes, I have received all the training I need. I can ask for training and I am very happy with the job."

Care staff told us that they were appropriately supported in their role and received regular supervision directly with the provider or the registered manager. Discussions within supervision included work practices, issues and concerns. Care staff felt that the provider and registered manager were always available when they needed them. One care staff told us, "[Name of registered manager] turns up and [name of provider] always pops in to check up on us. I can raise any concerns with them if I am not happy." The provider's supervisions policy stated that care staff were to receive four supervisions per year which included, one field supervision, one spot check, one office based supervision and an annual appraisal. Records that we looked at corroborated what care staff had told us about receiving regular supervision. There were no appraisals available for any of the care staff as none of them had completed one year of their employment.

The service carried out an assessment prior to commencing any package of care. The provider or the registered manager visited the person and made note of the person's needs and requirements so that a care plan could be compiled based on the identified needs. Based on the information obtained a care plan was devised which listed the care and support that the person required. The provider was very clear that they only accepted to support a person where they were confident that they were able to safely and effectively meet their needs.

The care plan included the times that staff should go to provide care, the tasks that needed to be completed and any concerns or risks that care staff needed to be aware of. Care plans were reviewed annually or sooner where changes were noted.

People were supported with their nutritional and hydration needs where this was an identified need. Care plans detailed the level of support required in this area. One person told us, "I get the meals that I want. What I ask for is what I get. They make suggestions because of my weight gain and they have started making me lighter meals." However, care plans did not always detail peoples likes, dislikes and preferences around meal and drink choices. We highlighted this to the provider who following the inspection sent us updated care plans where likes, dislikes and preferences had been listed.

Most people receiving care and support from the service were also supported with all additional health care needs by relatives or friends. The provider explained that supporting people with their health care needs was something that the service only did where there was an identified need, where care staff had noted specific observations in relation to people's health or in cases of emergencies. We saw records confirming referrals had been made to local commissioning teams where people's needs had changed and an increase or decrease in the level of support a person needed was required.

People and relatives did not express any concerns in relation to people's health care needs and told us that care staff were very observant and vigilant and where a problem area had been identified by care staff, appropriate action had been taken. One person described their carer as, "really professional" and when we asked what they meant by this they explained, "A really professional carer knows a lot more e.g. they might notice spots on my back and suggest a cream or seeing the doctor." Care staff also knew the actions to take where they had noted any concerns with a person's health or care needs which included calling the emergency services or reporting concerns to the office.

Care staff completed daily communication records which detailed the tasks completed by the care staff, how the person was feeling, what they ate and the time they entered and the time they left. This enabled information exchange between care staff team allocated to the person and especially where specific actions needed to be followed up.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team. There were no people using the service that were subject to a judicial DoLS. We checked whether the service was working within the principles of the MCA.

People had signed their care plans consenting to the care and support that they received. Where people had been assessed as lacking capacity to make decisions, the care plan documented a relative's involvement in the planning of the person's package of care. A capacity assessment had been completed detailing the areas where people were unable to make specific decisions and how the person was to be supported.

Care staff demonstrated a sound understanding of the principles of the MCA and were able to describe how people were to be supported in line with those principles. One care staff explained, "The MCA is about whether somebody is able to make decisions or not. Sometimes if a person can't make decisions they have someone like a power of attorney. I will always show them and give them choice." People also confirmed that care staff always obtained consent when they were supporting them. One person told us, "The carer

always ask permission."

Good

Is the service caring?

Our findings

People and relatives told us that they were very happy with the care that they received and that care staff were, "polite" and "kind." One person told us, "I am extremely pleased with the care." A second person stated, "The carers are pretty good compared to some I've had from a previous agency. They are polite." Relatives feedback included, "The carers have been very good. The carers really care" and "So far so bloody good!"

People and relatives confirmed that they had been involved in the planning of their care and support. One person told us that they were always involved and had input into periodic reviews of their care with the manager. Another person told us, "The manager and I discuss the care I get between us and work out what's possible and what's not." One relative explained, "When Angelic took over we went through the old care plan with [name of provider] and mutually agreed the care package."

People and relatives told us that care staff always respected their privacy and dignity when supporting them and their relative with personal care. One relative gave us an example of when how the care staff supported their relative to get to the bathroom safely where they had a stool to sit on in the shower. Whilst their relative was showering the care staff would wait outside the bathroom allowing their relative to maintain their independence and wash in private.

Care staff gave several examples of how they supported people and ensured that their privacy and dignity was respected at all times. One care staff told us, "We close the door and make sure that the windows are closed and curtains are drawn." Another care staff explained, "When the person is living with other people I make sure they are wearing a gown and I always make sure the door is closed when supporting with personal care."

Promoting people's independence was also an important part of the care and support that care staff delivered. Care staff explained that, "I will let them [people] do what they can for themselves and assist where they can't or are having difficulty" and "I will always have a chat with the person and wait for them to finish what they are doing."

The provider told us that their practices when supporting people with protected characteristics and implementing equality and diversity was, "underpinned by the Equalities Act." The provider had policies in place to support this. We asked people whether they felt in any way discriminated against by care staff due to such protected characteristics. One person told us, "The type of care you receive; it's very important to have someone with great understanding. The understanding care I receive makes me feel like a person, because I am disabled."

Care staff demonstrated an awareness of people's protected characteristics around religious or cultural beliefs or their sexuality and when asked how they supported people in view of these characteristics we were told, "It doesn't make a difference to me. We are all human. Most important is to look after the person and to do my best" and "We are humans. We are always sensitive to people's needs and requirements."

Good

Is the service responsive?

Our findings

People and relatives knew the provider and registered manager and were highly complementary of the service and the relationship that they had established with them. Comments from people included, "Absolutely! [Provider] is very understanding, very caring and very approachable. It's her care that makes me feel that I am alive and life is worth living" and "Sometimes the manager visits and she phones now and then to ask if we are happy. Of course we are – I would tell them if I was unhappy." One relative told us, "The manager says 'Call me whenever you want'. She always returns calls promptly. At the end of the month we fill in a comment sheet." Another relative stated, "From time to time the office call to find out how we are getting on; they ask if there are any problems."

Care staff also complimented the provider and the registered manager who they said were "supportive" and "approachable at any time." Care staff told us and records confirmed that they were supported in their role through a variety of ways which included supervisions, monitoring visits, unannounced checks and care staff meetings. The provider told us, "I have really good staff members. We make a difference to the elderly." We saw records of care staff meeting minutes where discussion topics included communication, cancellation of calls and timekeeping. The provider stated that they tried to organise meetings every two months so that care staff were able to sit together and share any concerns or practices in order to learn and improve. Care staff also confirmed that these were the topics that were discussed and that they felt enabled to give ideas and suggestion about improvements to working practices and that these were taken on board by the management.

Throughout the inspection we observed, and saw records that evidenced, the provider's high level of involvement in the management and delivery of care services. The provider was very passionate about the quality of care that people received and told us, "My vision is to make a difference. My staff know my vision as they know how passionate I am about care." Care staff we spoke with shared this vision and told us, "The company's vision is about providing good care" and "It's about looking after people. Giving them the best care to the best of my ability."

The provider alongside the registered manager implemented a number of checks and audits to monitor the quality of care that people received to ensure the service continuously learned and improved. Checks and audits included unannounced spot checks on care staff to monitor care practices, care plan and communication record audits. Where issues and concerns were identified, details of the actions taken were clearly documented and followed through to ensure immediate improvements. The provider also had systems in place which allowed them to keep an overview of when reviews, spot checks, supervision of care staff and training were due. The system alerted the provider and registered manager every week to areas that required action to ensure that these took place when due.

People and relatives confirmed that the provider and registered manager were always asking for their feedback through regular telephone calls and quality check visits. One person told us, I like the office; the best part of it is being asked for feedback." The provider explained that they had not sent people or relatives any satisfaction surveys as they planned for this to be an annual exercise. The service had only been

delivering care and support since March 2018 and so planned to send all stakeholders the survey to complete towards the end of the year. However, feedback received through telephone calls and quality visits were positive. The service had also received a number of compliments. One relative had written, "'The wonderful carer that looked after my father during this time couldn't have been more caring and loving to him and supportive to all of us. I would highly recommend Angelic Care to anyone who might need the kind of help you provided my relative.'

The registered manager told us that they worked in partnership with the local authority by attending provider meetings and training sessions where providers from the locality were invited to engage with the local authority and each other in order to learn and share experiences and practices. In addition to this the service also engaged with the local hospital discharge team and local authority commissioning teams to ensure people received the appropriate care and support that they required.

Good

Is the service well-led?

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