

Angela Hamlin Health Care Professionals

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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

About the service

Angela Hamlin Healthcare Professionals is a nursing agency providing personal and nursing care to people living in their own homes. At the time of our inspection, 17 people were using the service. The service is the only registered location for this private company.

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

People using the service received personalised care and support which they were involved in developing. They, and their relatives, spoke extremely positively about their experiences and felt well informed and empowered.

People's needs were well met, in particular the nurse-led service helped to make sure people's nutrition, healthcare and medicines needs were monitored and met. The provider worked closely with other professionals and this resulted in holistic individualised support.

The staff were well supported. They had opportunities to learn new skills and were valued. They felt motivated and proud to work for the provider.

The provider engaged with the local community and supported the relatives of people using the service by raising awareness of issues and helping them to understand about people's needs.

There were systems for dealing with accidents, incidents and complaints. The staff learnt from these and made improvements as a result of these.

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 information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The service was registered with CQC on 5 January 2022 and this was the first inspection.

Why we inspected

We undertook this inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

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 ●

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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

The inspection was conducted by 1 inspector. An Expert by Experience supported the inspection by making phone calls to people using the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary nursing care agency. It provides nursing and 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 short 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 looked at all the information we had about the provider. This included 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.

During the inspection

We spoke with 5 people who used the service, the relatives of 8 other people and 1 care worker. Five other care workers sent us written feedback.

We met the registered manager and the company director.

We looked at the care records for 4 people, 4 staff records and other records used for managing the service, such as meeting minutes, quality monitoring reports and records of accidents, incidents and complaints.

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 designed to protect people from the risk of abuse. The staff had training to understand how to recognise and report abuse. There had not been any safeguarding concerns since the service started operating.
- Some people were supported by staff with shopping. The provider had developed a system to help make sure people's money was handled in a safe way and any expenditure was recorded and checked.

Assessing risk, safety monitoring and management

- The provider assessed the risks to people's safety and wellbeing. The assessments were comprehensive and showed how risks would be minimised and managed. They were regularly reviewed and updated.
- The provider developed protective plans to help minimise risks due to people's confusion or agitation. For example, one person was resistant to accepting care. The provider ensured care was provided in a discreet way, empowering the person and allowing them to feel in control. This helped to minimise the risk of their discomfort and agitation.
- The agency provided nurse led support to review people's equipment and to make sure this was safe. Following a recent accident, the agency was able to offer advice and support for one person about the equipment they used. They helped to adjust this to make it safer and more comfortable for the person.
- Staff received training to understand how to safely move people and to reduce the risk of falls.

Staffing and recruitment

- There were enough suitable staff to meet people's needs and to keep them safe. The provider only accepted new care packages when they had staff available to meet people's needs. People told us they had good relationships with the staff, that they arrived on time, stayed for the agreed length of time and were not rushed. Staff confirmed this, telling us they had enough time for care visits and any travel between these.
- There were systems to help ensure staff were suitable to work at the service. These included recruitment checks on their knowledge, competencies and identity as well as a thorough induction and training.

Using medicines safely

- People received their medicines as prescribed and in a safe way. All staff were trained to understand about medicines management and their knowledge and competencies in this area were regularly tested.
- People told us they were well supported to take their medicines.
- The provider had assessed the risks for each person relating to medicines and developed clear plans to show how and when medicines should be administered. Staff recorded administration and these records were regularly checked by the management team.

- The agency employed a client liaison nurse who met with people to help assess their needs. The provider was able to give us examples of how the client liaison nurse had supported people to understand about the medicines they were taking and any problems with these. The agency worked closely with other professionals to help review people's medicines needs. At times they had recommended people request changes to medicines from the prescribers and this had improved the person's health and wellbeing.

Preventing and controlling infection

- The provider had systems to help prevent and control infection. Staff received training in this area and managers checked staff were following procedures.
- Staff were provided with enough personal protective equipment (PPE).
- People using the service told us staff followed good hand hygiene and wore PPE when needed.

Learning lessons when things go wrong

- There were systems for learning when things went wrong. The management team met each week to discuss the needs of each person and any identified risks or changes in their needs. They used these meetings to review and plan for people's care.
- The staff reported and recorded all accidents and incidents. Records of these showed appropriate action had been taken to address the problem. Managers reviewed these records and spoke with staff about accidents and incidents. They made changes to people's care when needed to help make sure people were safe. Learning from accidents and incidents was shared with staff.
- In a recent example, the agency was able to share their learning with staff and a person's family when they found the first aid supplies at the person's house were not best suited for treating wounds. They were able to provide more appropriate dressings which could be used in emergencies in the future.
- The management team worked closely with other professionals to review people's care when things went wrong. Recently, they had worked with external professionals to develop a proactive plan to help reduce a person's agitation and aggression. The staff followed this plan to help the person feel safer and to make sure their needs were met.

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's needs and choices were assessed before they started using the service and when their needs changed. The nurse managers carried out the assessments which included checks on their health and wellbeing as well as how they wished to be cared for. As a result of this they had been able to identify when people needed medical treatment or input from others. In a recent example, when they visited a person to carry out an initial assessment, they found the person's condition was worse than the family had realised. They were able to liaise with the person's GP to help them to get the care they needed urgently.
- In another example, the provider was able to alert the community mental health team about a person's needs and work with that team to develop an appropriate plan of care.
- The provider developed care plans for people based on the assessments of their needs. People using the service and their relatives told us they were involved in this process and were able to make choices and explain how they wanted to be cared for.

Staff support: induction, training, skills and experience

- People were cared for by well trained staff. The provider employed their own learning and development manager who planned and provided training. They worked closely with the nurse managers to identify training needs and to provide bespoke training which reflected the needs of people using the service. For example, they had provided training in urinalysis and hydration to all staff following concerns about people's wellbeing. As a result of this they had helped to reduce the risks to others.
- All staff completed an induction which included a range of training, shadowing experienced workers and assessments. Nursing staff were supported to maintain their professional development and skills.
- People using the service and their relatives told us staff were well trained. Some of their comments included, "They are well trained and very experienced", "They have common sense and make sure [person's] needs are met", "They do regular training and that is important" and "The real strength of the agency is the carer's training, they are patient and understanding."
- Staff told us they felt well supported. They said they had regular opportunities to speak with managers and were always able to seek advice and support. They took part in regular meetings and annual appraisals of their work. Staff felt there were good opportunities to develop their skills and learn through training.

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

- People who required support with mealtimes were given enough to eat and were provided with a balanced diet. People told us they were happy with this support. One relative explained how the staff knew how to cook meals from scratch using fresh ingredients, telling us, "They even make homemade soups and casseroles."

- The agency took steps to help make sure people stayed well hydrated. All staff undertook training to understand the importance of good hydration and how to identify signs of dehydration or infection. The staff were able to undertake checks to make sure people were not suffering from a urine infection and had the equipment to do so. The agency was quick to respond when there were signs of infection or dehydration, liaising with other professionals and taking proactive steps to lower the risks associated with these.
- People's care plans included information about their nutrition and hydration needs. The nurses provided information for staff about good nutrition and how to help make sure people had balanced diets. They also worked with people who used the service and their families to understand the importance of good nutrition. Following assessments of people's nutritional needs, the nurses helped develop bespoke nutritional plans and menus which helped people to gain weight and maintain better health.

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

- Staff worked with other professionals to help make sure people's healthcare needs were met. The agency provided nurses as well as care workers for people who needed this support. The client liaison nurses (members of the agency's management team) carried out assessments of everyone's needs. This helped them to identify the right support for people.
- Care staff were trained to understand about different healthcare needs and how to recognise symptoms which indicated someone was unwell. They raised concerns with the nurses working at the agency, who could review people's needs and take appropriate action.
- Care plans included information about people's healthcare needs.
- People using the service and their relatives told us they were happy with support in this area with some telling us how the nurses had made suggestions for improved healthcare and comfort to meet their needs. One relative explained how the care staff had demonstrated a 'very good knowledge' and took efficient and appropriate action when their relative had a fall.

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.

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.

- The provider was working within the principles of the MCA. They had consulted with people and asked them to consent to their care and treatment.
- When people lacked the mental capacity to make decisions, the provider had assessed this and worked with their representatives to make decisions in their best interests. The provider obtained information about people's legal representatives.
- The agency provided care in the least restrictive way, empowering people to make choices about their care.

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

- People were well treated and supported. They had good relationships with staff and enjoyed their company. Some of the comments from people using the service and their relatives included, "[Staff] have a good sense of humour, are loving and warm with empathy", "Everything is about me and my welfare", "They go above and beyond", "They are extremely sensible and attentive", "I would describe them as professional and kind, they always explain every step of what they are doing and ask if it is ok" and "They keep [person] at ease and always engage with [them]."
- People told us their individual cultural, religious and other needs were met. One person told us staff helped them access daily religious activities.
- The management team knew people's needs well and stepped in to provide support when this was required. In a recent example, one of the nurse managers provided live in care for a person in order for their family member to take a holiday abroad.

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

- People were able to make choices and be involved in decisions about their care. Some of their comments included, "I am involved in everything" and "They listen to what I want and help me make choices."
- People and their relatives had been involved in developing and reviewing their care plans. They explained their choices were reflected in these and changes they had requested had been respected.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. They told us the care staff and nurses always respected them, addressing them politely and making sure care was provided in private. Some of their comments included, "They always keep my dignity and are incredibly helpful and patient",
- People were supported to do things for themselves and be independent when they were able. One person explained how the care workers supported them to look after their garden which was important to them. People described how care workers encouraged people to be involved in their own personal care, meal preparation and helped people stay mobile and exercise.

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 personalised care which met their needs and reflected their preferences. The nurses worked closely with people to develop care plans based on their assessed needs. Through their work they had helped to improve people's nutrition, health and general wellbeing. People and their families confirmed this.
- People's care plans were regularly reviewed and updated. Following any changes in their conditions or needs, the agency reviewed their care. They worked with health and social care professionals to make sure people's needs were identified and met.
- Care plans included information about people's aspirations and what was important to them.
- There was clear guidance for staff on how to meet people's individual needs. People told us staff followed this. Staff kept a record of the care they had provided and these records were checked by managers as well as asking people using the service for feedback.

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.

- Information about people's communication needs was recorded in their care plans. There was a recognition that staff needed to understand and adapt their communication in response to people's dementia, mental health and confusion as well as sensory impairments and spoken languages.
- People were given a file of information about the service. This, along with copies of people's care plans, were available in different formats for people who needed this.

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

- People using the service were supported to take part in different social and leisure activities. Some people had support to go shopping, access community activities and to take part in activities at home, such as gardening and cooking.
- People told us the staff helped them to follow hobbies and showed a genuine interest in these to support them.

End of life care and support

- People were supported with end of life care when needed. The staff received training to understand about the importance of good end of life care for the person and their family. The nurses working for the agency were trained to administer specialist medicines if these were prescribed and needed to help with people's pain and discomfort.
- The staff worked closely with other professionals and families to make sure people received personalised care and support. The nurses undertook regular assessments of people's needs and could alert other medical professionals when people's conditions changed or deteriorated. They also provided clinical guidance for care staff who were sometimes required to provide care which was unfamiliar to them. The management team told us they provided on-call 24 hour support at the service, and this was utilised by care staff in this position. This meant that people who were dying and those caring for them could access the information they needed about safe, appropriate and best practice care.
- The provider recognised the loss of people using the service impacted on staff wellbeing as well and made provision to support staff through this time and afterwards. Following the death of one person, the care worker had written to the management team to say, "I cannot begin to tell you how grateful I am for your ongoing support." The staff also recognised the importance of their role supporting people and their families. One care worker wrote to the management team to say, "I feel blessed to have been able to offer a little comfort in a very difficult and sensitive situation."

Improving care quality in response to complaints or concerns

- There was a system for responding to complaints and concerns about the service. The management team asked for regular feedback and were able to address most issues without the person feeling they needed to make a complaint. When complaints had been made these had been dealt with appropriately.
- Records of complaints showed they had been investigated and action had been taken to improve the service and learn from these.

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

- There was a positive culture where people using the service, their families and staff felt included and empowered. The feedback we received was overwhelmingly positive with examples of how people's lives had been improved because of care from the agency. Everyone we spoke with told us they recommended the agency to others and staff said they would recommend it as a place to work as well as an agency to care for one of their relatives.
- Comments from people using the service and their relatives included, "You can depend on them, they behave professionally in everything they do", "They always take time, are polite and do anything. If there are any problems these are dealt with immediately", "They are reliable, flexible and consistently send high quality staff", "They treat their customers well, with respect and listen to them, their treatment of the elderly is outstanding" and "They pre-empt a lot of things and get to know the client. It is very much attention to detail, and they treat people as individuals."
- Comments from staff included, "We are treated professionally", "I wouldn't work for a company that didn't share my values and standards of care", "[They] strive to be a beacon of professionalism and excellence" and "It passes my gold standard and I would want them to care for my loved ones."
- The management team valued people using the service and staff. They helped people and staff to celebrate birthdays and special events. The nominated individual paid for a meal for one long serving member of staff and 10 of guests of their choosing to celebrate a special birthday and their hard work and dedication to their role.
- The support of the agency had helped to improve people's quality of life. Assessments and reviews were always carried out by one of the nursing managers. They used their clinical expertise to help identify people's needs and make suggestions for families as well as providing care. In one recent example, the nurse had identified a person was at nutritional risk. They were able to provide guidance and information to the person and their family about how they could gain weight through dietary changes. The family contacted the agency to explain how helpful this had been, and that the person had put on weight by following their advice. This had helped the person with their mobility and general health.
- The agency had also helped provide support for staff in need. For example, loaning money to staff who were struggling financially during times of need. They had also helped a staff member who had been involved in an accident and was not able to carry out their normal duties. The nominated individual offered the staff member a position working in the office and paid for medical treatment.
- The provider had arranged an award ceremony to celebrate staff and their contributions.

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

- The management team were appropriately experienced and qualified. Both the company director and registered manager were nurses and had experience in managerial roles. The company director had personal and professional experience of caring for people. They worked closely with the registered manager. Both they and the registered manager had an excellent knowledge of the individual needs of people being cared for, their families and the staff. During our inspection, people using the service and staff referred to members of the management team with familiarity and praised their support.
- Some of the comments from staff included, "[Managers] are wonderful and friendly, they listen and will always reply if I call", "I feel at home with the office staff", "They are so nice and friendly", "The way they train us is very good", "[Managers] encourage us" and "The registered manager is an excellent manager and leader."
- The management team included two client liaison nurses who assessed people's needs and created care plans. The team had a range of nursing expertise and different clinical skills. They were able to utilise these to support and train staff as well as assessing people's needs. There was also a learning and development manager. The team worked closely, holding weekly meetings to discuss people's needs so they could identify any risks, changes in people's needs and training requirements.
- Staff were well informed and had opportunities to discuss their roles and responsibilities with managers. There were clear procedures and a handbook setting out the agency's values, expectations and legal responsibilities for staff.

Working in partnership with others

- The staff worked in partnership with others to help ensure people received personalised care and support. They had worked with other professionals to help develop care plans and assess people's needs.
- The management team considered the agency's role was to provide support to families of people using the service and the wider community as well as people they were contracted to care for. For example, a local church had a defibrillator in their car park. The agency had provided free training on how to use this to people who lived locally.
- The agency was also in the process of arranging training for families and others to help them understand about certain health conditions and other aspects of caring for a loved one. For example, training about how to wash a person's hair when they were in bed, understanding dementia and coping with loss and bereavement.
- The management team were members of various national and international groups looking at best practice for nursing and home care. They undertook charity work raising money for local causes.
- The office staff had also responded to local emergencies and when called upon for help. For example, a neighbour fell in the street shortly before the inspection. The nurses working in the office provided first aid and waited with the person whilst the emergency services arrived. They followed this up by sending the person flowers and checking on their recovery. The person wrote to the agency to thank them and explained the nurses, "knew exactly what to do and did it with professional efficiency."

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

- The provider engaged with people and asked for their feedback. People completed surveys and had regular face to face meetings with members of the management team.
- The provider met people's diverse needs and celebrated cultural diversity within the staff team. They allowed staff time off to celebrate different religious festivals. The registered manager told us, "We wouldn't be us without our staff, which is why it is so important that we ensure everyone feels comfortable and supported to be who they are without judgement or discrimination."

- Care was planned in partnership with people. People felt fully engaged with the process and were supported to learn from the nurse managers who offered guidance and support about their health, medicines and general wellbeing. The care and support people had received at the end of their lives was extremely personalised and sensitive to their needs, wishes and feelings.
- Staff were empowered to learn new skills and develop themselves.

Continuous learning and improving care

- There were effective systems for monitoring and improving the quality of the service. The management team undertook a range of audits to make sure people were receiving good quality care. These included asking people using the service and others for their feedback, observing staff caring for people and auditing records of care and medicines.
- The provider had plans for developing the service. They had created a business plan which took account of the needs of people already using the service and community needs. Plans for improvement included offering further training opportunities to the community, to improve their digital systems, to develop a cook book aimed at meeting the nutritional needs of older people and to look at how they could attract staff over 55 years to work for them and feel supported.

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 provider understood their responsibilities under duty of candour. They had been open and honest with stakeholders when things went wrong, investigated and learnt from these incidents and apologised to those affected.