

Heal Angels Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Heal Angels Limited is a domiciliary care agency based in Harrow, north west London. During the day of our inspection three people received personal care from the agency.

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

People's needs were assessed which ensured that their individual needs were met. People told us they felt safe when the care workers provided them with care they needed. Risks to their individual safety had been assessed and care workers had a good knowledge on how to support people to remain safe. There were enough care workers to meet the people's needs. When things had gone wrong, lessons had been learnt to prevent the issues from re-occurring. The required checks had been made on new care workers to ensure they were of good character and safe to work within the service.

Care workers had received training and supervision to enable them to have the skills and knowledge to provide people with good quality care. Where people received assistance with eating, drinking and their healthcare needs this had been clearly documented in the care records. The service alerted other professionals and worked with them when needed to ensure people were safe and received the care they required. 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.

People and relatives told us care workers were kind, caring and treated them with dignity and respect. People's independence was encouraged. People were able to make decisions about their care and this was respected by the service.

The service promoted an open and person-centred culture. People, relatives and care workers told us that the manager was approachable and supportive. Systems were in place to ensure quality of care was monitored and the provider acted to make improvements when shortfalls had been identified.

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

Rating at last inspection (and update) This service was registered with us on 07 May 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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 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 ●

Heal Angels Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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 houses and flats.

Not everyone who used the service received personal care. Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The registered manager had resigned in May 2021, the registered provider is currently recruiting a new manager to be registered with the CQC.

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 would be in the office to support the inspection.

Inspection activity started on 21 July 2021 and ended on 26 July 2021. We visited the office location on 21 July 2021.

What we did before the inspection

We reviewed information we had received about the service since their registration. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with four members of staff including the director, care manager and two care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and policy and procedures. We spoke with three people who used the service and four relatives about their experience of the care provided.

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 for 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

- People who used the service were protected from abuse. Care workers had received training in safeguarding people from the risk of abuse and were able to demonstrate understanding of the various types of abuse and the processes to follow in case they had noticed or heard any abusive behaviours. One care worker told us, "I would always report any abuse to the care manager or police if I need to."
- People who used the service told us that they felt safe with staff and had no concerns. One person said, "I feel absolutely safe with my carer, I never had an issue."

Assessing risk, safety monitoring and management

- Risk in relation to people's care were assessed in detail and plans to manage such risks were in place.
- Risk assessments were comprehensive and provided clear guidance to care workers in how to minimise the risks.
- People who used the service had been involved in the development of the risk assessment. One person said, "The manager came around and we talked about my care."

Staffing and recruitment

- The service followed safe recruitment procedures. New prospective care workers were vetted and checked to ensure that they were safe to work with vulnerable people. Staff records viewed contained two references and an up-to-date criminal record checks.
- The service was introducing an electronic monitoring system which provided the office with real time information of care workers arriving, leaving and time spent with people who used the service. This would replace the current system of care workers having their timesheets signed by the person. However, people told us that they had no issues with time keeping. One person said, "There has never been a problem with my carer coming and staying the correct time with me."

Using medicines safely

- Peoples medicines had been managed safely.
- Currently only one person received support with their medicines. Care workers supporting people around their medicines had received medicines administration training and their competency had been assessed. People who used the service told us that they were happy with the support they received in taking their medicines.
- Medicines records viewed were comprehensive and no gaps were found. Care plans provided information and guidance on storage of medicines in people's homes.

Preventing and controlling infection

- All care workers had completed infection control training and followed good practice guidelines, including the use of personal protective equipment such as disposable gloves and aprons.
- Systems were in place to manage and control the prevention of infection being spread.
- Risks in relation to COVID-19 had been assessed and management plans were in place to ensure people and staff from more vulnerable groups were protected from COVID-19.

Learning lessons when things go wrong

- Accidents and incidents were clearly documented, and care workers told us, that they would report all accidents and incidents to the office.
- The manager and care manager reviewed and analysed all accidents and incidents to identify any trends or patterns and action was taken to reduce the risk of further re-occurrence.

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 were assessed prior to providing personal care to people. Assessments were detailed and formed part of people's care plans.
- People who used the service told us they were involved in the assessments. One person said, "I pay for my own care and was fully involved in my assessment."

Staff support: induction, training, skills and experience

- Care workers had access to training and received an induction when commencing employment with Heal Angels Limited. The induction included online and face to face training as well as shadowing more experienced care workers. One care worker said, "The training has been helpful and helped me to understand better what people need."
- People who used the service told us, that care workers knew what they were doing and that they were very good. One person said, "They [carers] do a great job, they know what they are doing."
- Staff records viewed showed that care workers had regular supervisions, which included face to face, virtual meetings and spot-checks.

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

- People were supported to eat and drink if this was required in their care plan.
- One person told us, "My carer helps me to cook, I tell her what I want, and she cooks it for me. They also have to do small shopping tasks, such as buying milk and bread. It's all going well."

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

- Care workers checked on people's well-being and told us what they would do if they had any concerns about people's health. People who used the service told us that they would arrange with their doctor independently if they required medical care.
- If required, care workers worked with healthcare professionals to ensure people had access to health services and had their health needs met.
- Where healthcare professionals provided guidance to care workers, this was followed.

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.

- Consent to care and treatment was sought and recorded in line with the principles of the MCA 2005.
- Care workers told us they always asked people for their consent before they provided care and support. They did this to promote people's rights to accept or refuse support. People we spoke with confirmed this.

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

- One person we spoke with told us they were treated well and with respect when being cared for. This person said, "The care is very good, I would score them 9 out of 10."
- Care workers we spoke with showed an understanding of people's needs, preferences and routines. Care workers explained to us the daily routine of some of the people they provided care to.
- People's protected characteristics such as age, ethnicity and disability were taken into consideration when supporting them. For example, one person said that they [carers] had a good understanding of why the person wouldn't eat pork because of their religious beliefs.
- People were matched with care workers according to their individual preferences and needs. For example, people chose to have female carers.

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

- People were supported to make decisions about their care and treatment. We saw evidence that regular reviews had taken place. These reviews were detailed and covered areas such as people's progress, relevant updates that impacted on their life as well as any changes in their needs.
- Care workers were aware of the importance of seeking consent from the people they supported. The provider had policies and systems in operation that supported this practice.
- The care manager said they encouraged people to provide feedback about their care by calling them over the phone and questionnaires.

Respecting and promoting people's privacy, dignity and independence

- People's dignity, privacy and independence was upheld. Care workers told us they encouraged people to be independent and where possible, let them do things for themselves. This was confirmed by one person who told us, "I am able to do most things for myself, but they [care workers] help to wash my back and hair."
- People's records were stored securely to ensure their confidentiality. The service had processes in place to ensure all records were managed in line with the Data Protection Act and The General Data Protection regulation. This is a legal framework that sets guidelines for the collection and processing of personal information.

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 who used the service received personalised person-centred care.
- Care plans viewed were detailed and comprehensive and provided clear information on how care was to be provided to people who used the service.
- People who used the service told us that they had been involved in developing their care plan. One person said, "The manager came, and we spoke about what help I needed."

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.

- All people who used the service spoke English. However, we saw in a care plan that, for example, if people had difficulty hearing, separate guidance was provided. For example, staff were asked not to wear masks but face shields instead. We spoke to this person who told us that care workers would follow these guidelines.

Improving care quality in response to complaints or concerns

- Complaints were dealt with and responded to in a timely manner.
- Since registering with the CQC the service had received one complaint, we saw that the service had responded to the complainant, investigated the complaint and provided an action plan on how to minimise the risk of similar complaints being made in the future.
- People who used the service were happy to raise concerns with the care manager. One person said, "I have no complaints but if I had I would raise them with [name]."

End of life care and support

- The service was currently not providing end of life care to any people. However, we saw in care plans that end of life wishes had been discussed with people who used the service and care workers had received end of life training.

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

- Care workers told us that the provider and care manager were responsive to concerns raised and easy to talk to. Care workers told us that the communication between the managers was very good and they were easy to contact. One care worker said, "I can call [name] anytime if I need some help or advice."
- Care workers explained to us how they promoted a person-centred approach to people's care and support. They said that they would discuss the care they provided with the person and would ask them if there was anything, they wanted them to do.
- Care workers said that Heal Angels was a good company to work for and that the morale between care workers was very good.

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

- There was an open culture within the service. People told us the care manager and staff were open and honest with them.
- People told us the care manager would contact them regularly and would discuss any concerns they had.
- We had received one notification for the service, this had been investigated comprehensively and the person as well the care workers involved were notified of the outcome of the investigation and action taken.

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

- The registered manager left in May 2021 and the registered provider is currently in the process of recruiting a new manager to be registered with the CQC.
- The service had effective quality assurance systems in place.
- Regular spot checks were carried out to monitor the quality of care and make improvement if required.
- The service had various effective quality assurance systems, these included care plan audits, staff records audits and medicines audits.

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

- The service had effective arrangements in place for gathering people's views of the service.
- Care workers were encouraged to contribute to the development of the service through meetings and supervision. Regular virtual team meetings were arranged throughout the pandemic enabling care workers

to feedback and seek support.

Continuous learning and improving care; Working in partnership with others

- During the COVID19 pandemic the provider had taken part in regular provider support calls arranged by the local authority. These calls provided the service with up-to-date information and guidance of how to respond to the COVID19 pandemic and ensure people who use the service and care workers were safe.
- The service received ongoing support from their franchise provider Heritage Healthcare with access to training, updating of policies and procedures and an allocated manager who undertook visits and supported the service to develop.