

Three Angel Healthcare Ltd

151 Chatteris Avenue

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

151 Chatteris Avenue is a domiciliary care agency that is registered to provide personal care to people with a range of needs including older people, people with dementia and people with mental health needs, a learning disability or a physical disability. At the time of our inspection the service was providing personal care to 17 people. 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.

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

People felt safe in the service. Risks to people were assessed and policies and procedures such as safeguarding, complaints and whistleblowing were in place. Staff involved people in their care by encouraging and supporting them to make their own decisions and by having policies and systems in place that supported the least restrictive way possible of providing care.

People's needs were assessed before they started using the service. Each person had a care plan which detailed their needs and gave staff guidance on how to provide safe care. Staff treated people with respect and ensured their privacy was maintained. People were supported to eat and drink, and to have access to health care.

There was a safe staff recruitment process in place. New staff received induction before they started work and were supported by the management through supervision and ongoing training. The service had enough staff which meant there was a consistency of care provided by the service.

There was safe management of medicines. Systems were in place for recording, reviewing and putting remedial action in place when incidents and accidents occurred. Staff worked with other health and social care agencies to ensure people received effective care.

People, relatives and professionals were satisfied with how the service was managed. They gave positive feedback about the registered manager. The registered manager audited various aspects of the service and sought feedback from stakeholders as part of the service's endeavour to make improvements. The provider had a plan to further develop the service.

Rating at last inspection

This service was registered with us on 19/03/2019 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had never been inspected before.

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

151 Chatteris Avenue

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 and an Expert by Experience. 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 care agency. It provides personal care to people living in their own houses and flats.

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

This inspection was announced. We gave the service 48 hours' 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 inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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 the registered manager and a care co-ordinator about how the service was managed. Both provided us with the information we requested as part of the inspection.

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

After the inspection

The Expert by Experience spoke by telephone with one person using the service and four relatives. We also spoke by telephone with five care staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and staff meeting minutes.

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 were protected from the risk of abuse. One person told us, "No problems at all, [I feel safe]" A relative said, "[The staff] are good, we are not worried [about being safe]."
- The service had a safeguarding and whistleblowing policy. Staff knew how to identify and report abuse to ensure people were protected from harm.

Assessing risk, safety monitoring and management

- Each person had a risk assessment which detailed possible risks and ways of mitigating them.
- The person's risk assessments included various areas including the risk of falls, their health conditions and their home environment. Staff were provided with guidance and advice to ensure they were able to manage the risks.
- The risk assessments were monitored and reviewed by staff to reflect people's changing needs.

Using medicines safely

- Staff administered medicines for some people and others had their own arrangements to manage their medicines. A relative told us, "[The person] has a medicine box and carers assist with medicines from there, they are very careful."
- Staff kept records of medicines they administered. We checked a sample of medicine administration record sheets and found they were in order.
- There was a monthly medicine's auditing system in place. This ensured that any gaps or errors in medicines records were identified and appropriate action taken. No gaps or errors were identified in the audits we checked.
- Staff who administered medicines had relevant training and had received a competency assessment to check their understanding of managing medicines.

Staffing and recruitment

- The service had enough staff to provide personal care. A person said, "I have no problems with [staffing levels]." Relatives' comments included, "We had no missed or late calls; only five to ten minutes late visits due to traffic on a few occasions." A member of staff said, "We have enough staff. Some people have one-to-one and others two-to-one staff." The registered manager confirmed that they had an ongoing programme of recruiting new staff.
- Staff files showed pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out before they started work at the service.

Learning lessons when things go wrong

- The service had a system to learn lessons following incidents. We noted incidents and accidents were recorded, reviewed and lessons learnt to ensure they did not recur.

Preventing and controlling infection

- People were confident they were protected from the risk of the spread of infections. One relative told us, "[Staff] are all hot on wearing their masks and things, and especially their hand washing, which they do multiple times during their visits."
- Staff had received training on the prevention and control of infections. This ensured they knew what to do to minimise the risk of infections to people.
- The service had enough personal protective equipment [PPE] for staff. This meant staff had access to PPE to minimise the risk of spreading infections.

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.

Staff support: induction, training, skills and experience

- Staff had received training and support to carry out their jobs effectively. A member of staff told us, "I had a lot of training and support here." Another member of staff said, "The manager is very supportive and helpful. She is very approachable."
- Staff completed an induction programme, mandatory training and refresher courses. Training records showed staff had received training in various areas such as moving and handling, equality and diversity, diabetes, medicine and food safety. This helped ensure that staff had the necessary training to perform their roles effectively.
- Systems were in place for staff supervision and appraisal to carry out their roles effectively. A member of staff said, "Yes, I get supervision from a team leader. I can discuss my work and anything I wanted to share [with my supervisor]."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service had systems in place to assess people's needs and choices. Senior members of staff completed assessments of needs.
- Pre-assessments enabled the service to identify people's needs and choices and to determine if the service was suitable for them.
- People's assessments of their needs and choices were reviewed regularly to ensure they received an appropriate service at all times.

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

- Where required, staff supported people to eat and drink to maintain a balanced diet.
- People's choices and preferences of diets were documented in their care plans, where appropriate.
- Staff received safe food handling training and were aware of people's dietary needs, likes, dislikes and preferences such as vegetarian and any support people needed.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health services to ensure they maintained good health. Records showed and staff confirmed that people were supported to attend medical appointments.
- Contact details of GPs were recorded in each person's care files. This made it easier for staff to contact health professionals when people needed medical help.
- Care plans contained information for staff on what to do when a specific medical condition was observed. For example, one person's care plan stated, "Liaise with GP when [when concerned about the person's

health condition]."

- A care professional informed us how a person's general wellbeing had improved since starting using the service.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked well with other social and health care agencies. A social care professional told us that the service communicated well with them. The registered manager stated that they had no problems working with other agencies.

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.

- Staff ensured people were involved in decisions about their care. They said they encouraged people to make their decisions and knew what they needed to do to where people could not make decisions to make sure decisions were taken in people's best interests.
- People and their representatives agreed with their care plans and signed to confirm they were happy to receive care and treatment. This meant the provider obtained people's consent to receive personal 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

- Staff were supportive and respectful to people. A relative said, "[Staff] are respectful and professional, they are easy to talk with."
- People were supported by staff they were happy with. Staff communicated well to ensure people they supported received continuity of care.
- Staff understood their responsibility to ensure people's rights were upheld and they were not discriminated against in any way. A member of staff said, "We know people are different and have different needs. We do not discriminate people because of differences such as sex, race, religion."

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

- People and relatives were involved in making decisions about their care.
- Records showed that where required people had support from advocates, solicitors and others to make decisions about their care.
- Relatives told us staff supported people to express their views and were respectful. One relative said, "[Staff] are smart, professional, supportive and we can talk to them about anything."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff described how they ensured people's privacy when providing personal care. One member of staff said, "I make sure people use towels to cover themselves." Another member of staff told us, "I close the door and wait [for the person] wait outside."
- Staff also understood that personal information should not be shared with others to maintain privacy.
- Care plans advised staff to ensure privacy. One person's care plan stated, "Staff to ensure [person's] dignity and privacy is maintained during the procedure."
- Staff supported people to be independent. A member of staff said, "I ask and encourage people if they can do certain tasks by themselves."

The registered manager told us that 'dignity checks' were carried out during spot checks visits. This allowed managers to observe and give feedback to staff on how they maintained privacy and supported people to make choices.

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 the care and support required to meet their needs. One person told us, "I am very happy with the service." A relative said, "I am impressed with the service."
- Care plans were personalised. Each person had a care plan which reflected their individual assessed needs.
- Staff reviewed care plans to ensure any changes in their needs were captured and responded to by the service. A relative told us, "We have a regular review of the care plan with the manager."

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 commented positively about how staff communicated with them. One relative told us, "The carer speaks our local dialect, which is so helpful for my [relative] who does not speak English, and they get on so well."
- Assessments of needs and care plans detailed people's communication needs. For example, one person's care plan stated, "Staff to speak slowly, clearly and in simple terms when communicating with [the person]. [The person] should be given ample time to understand and reply."

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

- Where required, staff supported people to avoid social isolation. Staff told us they supported people with activities including going for walks and accessing local social and leisure amenities.
- Care plans contained details of people's social, cultural and spiritual needs. This ensured that people's social, cultural and spiritual needs were documented so that they received appropriate support.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint and told us they would feel free to speak with staff. One person said, "If I have a complaint, I will contact the manager." A relative told us, "The manager deserves praise [not a complaint] for the way she deals with everything."
- There had been no complaints to the service since our last inspection.

End of life care and support

- The service did not provide end of life care at the time of this inspection. However, staff were able to demonstrate their ability to provide end of life care when needed. The registered manager said senior staff had received training in this area and same training would be offered to staff before they were asked to support people with end of life care needs. The registered manager described how good end of life care would be co-ordinated and provided to people by health and social care professionals and relatives.

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.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives told us they had good communication with staff. One relative said, "The manager is very good at communication." Another relative told us, "[Registered manager] is very open."
- People and their relatives were involved in their assessment of needs, care plans development and reviews. They were able to discuss their care needs and what they felt was suitable for them.
- The registered manager understood and acted on their duty of candour responsibility. They told us, "Straight away, whenever anything has happened, I shared it with families."
- The provider had arrangements to help protect people against discrimination. There was a policy which covered equality and diversity, which staff understood and adhered to.

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

- There was a clear management structure in place. The registered manager was supported by one full time and one part time care coordinator and an administrator. The provider was also available to help with the monitoring of care.
- Staff member of staff understood their roles and responsibilities to provide effective care.
- There were various audits to make sure the service was effective. For example, we saw evidence of audits completed for care plans, medicine administration record sheets, staff files and daily notes.
- The registered manager also used spot checks and telephone monitoring systems to ensure people were receiving safe and effective care.
- The service submitted relevant statutory notifications to CQC promptly. This ensured we could effectively monitor the service between our inspections. When needed, the management team provided information to us to help with our enquiries into matters.

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

- People and relatives we spoke with all knew the registered manager and how to contact them. They were all complimentary and a typical comment was, "The manager was very accessible for people to contact and very accommodating."
- Staff had attended equality and diversity training and knew people should not be discriminated against but treated with respect and dignity.

- Staff were positive about management. A member of staff told us, "[The registered manager] is very supportive and understanding. I can go to them to discuss anything."
- The registered manager collated feedback from people, relatives and staff monthly. These forms helped to make any changes needed to ensure good quality care.
- The service received compliments from people and relatives. Some of the compliments received included, "Thank you for all the help and support, you have made a difference in my life. The care you have given me is more than health care, it is a life changing effort and I cannot express my gratitude in words."

Continuous learning and improving care; working in partnership with others

- We noted that staff have embarked on training to gain higher qualifications in areas relevant to their roles.
- The registered manager attended provider's meetings, care networking meetings and care related roadshows including that organised by CQC. This helped them to be up to date with new policies, guidance and practice in care.
- The registered manager worked effectively with health and social care professionals. This helped people receive effective and timely care.
- The provider told us they had a plan to develop the service further. They said they would apply to CQC to register a specialist care provision.