

Lexwin Trading Ltd

Angels Place Health & Social Care

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

Angels Place Health & Social Care is a domiciliary care agency located within the Borough of Bromley. It provides personal care and support to adults, children and families living within their own homes. Not everyone using Angels Place Health & Social Care received a regulated activity. 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. At the time of our inspection the service was providing support to four children and their families.

People's experience of using this service

Relatives spoke positively about staff and the service they received. There were safeguarding adults and children's policies and procedures in place and staff had a clear understanding of them. Robust recruitment checks took place before staff started work and there were enough staff to meet people's needs. Risks to people were assessed to ensure their individual needs were safely met. Medicines were managed and administered safely. Procedures were in place to reduce the risk of infections and staff had enough personal protective equipment.

Assessments of people's needs, wishes and aspirations were conducted before they started using the service. People received support to maintain good health and were supported to maintain a healthy diet where this was part of their plan of care. 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. People were supported by staff who were kind and respectful. Staff understood people's diverse needs and supported them appropriately. People's communication needs were assessed and met. People knew how to make a complaint if they were unhappy with the service.

There were systems in place that enabled good oversight of the management of the service and to monitor the quality of care that people received. The service worked in partnership with health and social care professionals. The provider took people's views into account and used their feedback to help drive service improvements.

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

Rating at last inspection

This service was registered with us on 16 August 2017 and this is the first inspection.

Why we inspected

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

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 ●

Angels Place Health & Social Care

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Angels Place Health & Social Care is a domiciliary care agency. It provides personal care and support to people with varying needs living within their own homes. At the time of our inspection there was a registered manager in place. 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 to ensure the registered manager would be present and available to speak with.

What we did before the inspection

We checked the information we had about the service including notifications they had sent since registering with us. A notification is information about incidents or events that providers are required to inform us about. We asked the local authority commissioning and safeguarding teams for any information they had about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met and spoke with the registered manager and provider. Following the office visit we also spoke with two care staff by telephone and two families using the service to seek their feedback on the service provided. We reviewed a range of records including the care plans and care records of four people, and two staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records related to the management of the service.

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 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 in place to protect adults and children from the risk of abuse or harm.
- Relatives spoke positively about the care and support staff provided. One relative commented, "We are very pleased with the service. They [staff] are very caring and well trained, I feel [loved one] is safe."
- Policies and procedures to help keep people safe were in place and up to date. Staff had received training in safeguarding children and adults and were aware of their responsibilities to report and respond to concerns. Staff were aware of the provider's whistleblowing policy and how to report issues of poor practice.
- The registered manager knew how to report allegations of abuse to the local authority and the CQC where required. There were systems in place to oversee any learning from accidents, incidents and safeguarding.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of avoidable harm.
- Risks to people were identified, assessed and documented to ensure their safety, well-being and needs were met. Care plans included holistic assessments of risk to people's physical, mental and emotional health and well-being. Risk assessments provided staff with up to date information and guidance on how risks should be managed; for example, when supporting people to safely mobilise with the use of hoisting equipment.
- Risks were regularly reviewed to ensure individuals changing needs were safely managed and met. Staff we spoke with knew the people they supported well and understood their needs and risks. One member of staff told us, "I had a very good induction which allowed me to get to know the people I support really well. We have quality time with them and I never feel rushed."

Learning lessons when things go wrong

- There were systems in place to monitor and support learning from accidents, incidents and safeguarding.
- Staff identified risks to ensure people were safe and understood the importance of reporting and recording accidents and incidents.
- Staff took appropriate actions to address accidents and incidents including seeking support from health care professionals where required.
- Accidents and incidents were monitored on a regular basis to identify themes and trends as a way of preventing recurrence. Any lessons learnt were shared with the staff team to ensure any improvements required could be implemented.

Staffing and recruitment

- There were enough staff to meet people's needs and relatives told us staff visited when required. One relative commented, "They [staff] always come on time and do everything that we need them to do."
- There were systems in place to identify if staff were late or there were problems, this allowed for issues to be remedied. Systems included, spot checks, telephone monitoring and the use of an Electronic Call Monitoring system (ECM) which enables office staff to monitor care staff effectively ensuring people receive their care safely and when required.
- There were arrangements in place to deal with emergencies and which ensured management support and advice was available to staff when they needed it.
- Staff were safely recruited, and pre-employment checks were completed before new staff started work. Checks included employment history, identification, references, right to work in the United Kingdom and criminal records checks through the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Using medicines safely

- Medicines were safely managed.
- People were supported where required to safely manage and administer their medicines. Care plans detailed people's prescribed medicines and any known risks. Staff completed and checked medicines administration records (MARs) to ensure people received their medicines as prescribed.
- Staff had received up to date medicines training and their competency was assessed to ensure safe practice.

Preventing and controlling infection

- People were protected from the risk of infection.
- Personal protective equipment (PPE) such as facemasks, aprons and gloves were made available to staff. Staff had completed training on infection control and COVID-19.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene and their home environment where required.

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 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 before they started using the service. This ensured that the support requested met individual needs and wishes appropriately. One relative told us, "Communication is good and they [staff] always check to make sure we are happy with everything."
- Care plans demonstrated that people, their relatives and health and social care professionals where appropriate, contributed to the assessment process to ensure all needs, wishes and aspirations were considered and planned for.
- People's diverse needs were assessed and supported. Reviews were conducted on a regular basis to ensure the care received met individuals needs and desired outcomes.

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

- People's nutrition and hydration needs and preferences were met and supported by staff where this was part of their plan of care.
- Care plans documented individuals' nutritional needs, any support required, meal preparation and any known allergies or specialised dietary requirements.
- Staff received training on safe food handling and were aware of people's dietary needs, risks and preferences.

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

- People received support to access services when required to maintain good health and well-being.
- The registered manager told us the service worked in partnership with health and social care professionals to ensure people's physical and mental well-being. For example, GP's, local authorities and the local commissioning health groups.
- Staff monitored people's well-being and documented any issues or concerns taking appropriate actions where required. We saw that staff reported concerns about individuals' wellbeing promptly so they received the correct care and support in a timely manner.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to meet people's needs. Relatives told us staff were competent and well trained. One relative said, "They [staff] know what to do, they are very experienced."
- The provider supported staff through an induction programme, regular supervision and on-going training.
- Staff were knowledgeable about the people they supported and received appropriate training to meet

their needs. Training was provided in areas such as health and safety, moving and handling, equality and diversity and person centred care. One member of staff commented, "The training is very good and I feel well equipped to do my job well."

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were consulted and supported by staff to make choices and decisions for themselves. Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld. Staff received training on the MCA and understood the principles and application of these in practice.
- Care plans documented people's choices and decisions made 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 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

- Relatives told us their loved ones were supported by staff that treated them with kindness and respect. One relative said, "I am very pleased with them [staff]. They are very caring."
- Staff had built good relationships with people and understood the importance of working within the principles of the Equality Act 2010. This meant that they supported people in meeting their diverse needs in relation to age, race, disability, sexuality, sexual orientation and religion. For example, staff respected people's preference's for receiving support from male or female staff.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff that promoted their independence and treated them with dignity.
- Staff knew how to support, maintain and promote people's privacy and dignity and were aware of the importance of maintaining confidentiality. Staff were proud of their working relationships with people and provided examples where individuals' dignity and independence was promoted. For example, supporting people to access community services.

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

- People and their relatives where appropriate, were involved in making decisions and choices about their care and support. Relatives told us they were provided with information about the service and decisions made were supported and respected by staff.
- People's views and choices were sought and documented within their plan of care. These were reviewed on a regular basis to ensure individuals' needs and wishes were met and respected.

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 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; end of life care and support

- People's care and support was planned and delivered to meet their individual needs and wishes. One relative told us, "They [staff] do exactly what we need them to do. They know [relative] very well and how best to support [relative]."
- Care plans were person centred and documented individuals' physical, emotional and mental health needs and the things that are important to them. People's social, cultural and religious preferences were documented, respected and supported by staff where required. Staff were knowledgeable about people's diverse needs and understood differing needs, views and beliefs. Staff maintained care records on a regular basis to ensure people received responsive care and support as agreed and planned
- At the time of our inspection no one required end of life care and support. However, care plans allowed for the documentation of individuals' end of life care wishes if they so chose. The registered manager told us that where required, they would work in partnership with people and health and social care professionals to ensure people's end of life care needs and wishes were met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, assessed and documented in their plan of care to ensure staff had relevant information on how best to communicate and support them.
- Staff understood the importance of effective communication and the service produced information in different formats upon request that met people's needs. For example, easy to read or large print.

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 were supported where this was identified and assessed, to meet their social interests and needs.
- Care plans documented individuals' social needs, interests, hobbies, social networks and any support required from staff to enable them to support people to meet those needs.

Improving care quality in response to complaints or concerns.

- There were systems in place to manage and respond to complaints appropriately in line with the provider's policy.

- Relatives told us they were aware of the complaints procedure and how to make a complaint should they need to.
- Systems were in place to monitor and investigate formal complaints made ensuring the service responded to them appropriately.

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 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; how the provider understands and acts on the duty of candour responsibility

- People received personalised care from staff who had the knowledge, skills and experience to carry out their roles and responsibilities. The registered manager was aware of their responsibilities under the Duty of Candour and acted with openness and transparency throughout our inspection. The Duty of Candour is a legal obligation that care providers must be open and transparent with people when something goes wrong with their care and must inform the people affected by the incident, offer reasonable support, provide truthful information and a timely apology.
- The registered manager was actively involved in the day to day running of the service which promoted a well-led service.
- Staff told us they had good management support which enabled them to do their job well. One member of staff said, "The manager is very supportive. I feel cared for by the manager and provider, everyone is so lovely."
- Relatives spoke positively about the service and told us communication with the manager was good. One relative commented, "I have no complaints at all, they [manager] always talk to us and are always very accommodating to our needs."

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

- There were systems in place to ensure the service sought the views of people through accessible means. These included regular reviews of the care provided, spot checks, telephone monitoring and satisfaction surveys.
- The provider listened to the views of staff. Staff told us they had regular opportunities to feedback about the service and to share ideas and suggestions. One member of staff commented, "I really feel valued, they [management] genuinely listen to what we have to say and how we feel."

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

- The service had a registered manager in post. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating. The registered manager understood the importance of quality monitoring and continuous learning and improvement within the service.
- The quality and safety of the service was routinely monitored. Checks and audit systems were in place and monitored areas such as, care plans and records, safeguarding, medicines management, staff records and

training and accidents and incidents amongst others.

Working in partnership with others

- The service worked effectively with health and social care professionals to ensure people received good standards of care. Records showed that staff were in contact with health and social care professionals such as, GP's, district nurses and local authorities to meet people's needs appropriately.