

Angelcare Uk Ltd

# Angelcare Residential Living

## 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

Angelcare Residential Living is a care home, providing accommodation for up to 23 persons who require personal care. The service provides support to older people, people who may be living with dementia, people with physical disabilities, people with sensory impairments, and younger adults. At the time of our inspection there were 17 people using the service.

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

People were kept safe from risk and harm and staff had a good understanding of safeguarding processes. Risk assessments were robust and relevant. People's dependency assessments had been regularly carried out to ensure staffing levels were appropriate. Medicines were managed safely. Systems were in place to reduce the risk of the spread of infection. Accidents and incidents were reported and analysed in a timely manner.

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.

Staff were trained to deliver care specific to the needs of people. People said the food was good and there was choice available. The environment was well maintained and designed to meet the needs of people. People told us staff were polite and always asked before providing support. People and/or families were involved in decisions about their care needs.

Changes in peoples' needs were identified and communicated to health professionals in a timely manner. Peoples' communication needs were met. Visiting arrangements were in line with current Government guidance.

There were a range of activities available for people. The provider had a compliment and complaint system in place and people felt comfortable speaking to the registered manager. Where needed, changes were made to the service by the provider following consultation with people.

The provider was well organised, and the registered manager had a clear vision for the service. People we spoke with said they knew the managers by name and said they were approachable and friendly. The provider had clear audit processes in place to ensure good quality care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 8 April 2020 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### 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 ●

# Angelcare Residential Living

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors 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

Angelcare Residential Living is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Angelcare Residential Living is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be able to support the inspection.

### What we did before the inspection

Before our inspection, we looked at all the information we held about the service. We used the information the provider sent us in 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. We used all this information to plan our inspection.

### During the inspection

We spoke with the registered manager and three care staff. We spoke with five people and observed staff interacting with them. We spoke with two relatives. We reviewed three people's care records. We reviewed records and audits relating to the management of the home. We asked the registered manager to send us further documents after the inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# 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

- Systems were in place to protect people from the risk of abuse. This included safeguarding and whistleblowing policies, which were accessible to staff. These were also on display for people and relatives.
- Staff had received safeguarding training and could tell us what action they would take if they identified any form of abuse.
- People and their relatives said they felt the service was safe due to helpful and kind staff who came quickly if they used call buzzers. One person we spoke with said, "They never fall down on care standards."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified and actions were in place to reduce risks occurring.
- The registered manager regularly monitored the safety and quality of care provided to people through the use of audits.
- The provider ensured the building was safe by carrying out regular health and safety checks including fire safety.
- A maintenance programme was in place to make sure a safe environment was maintained.
- An electronic call monitoring system was in place that included personalised equipment options such as falls pendants. One person said, "I have a call bell and can get help at night. It's not a long wait. When I came, I couldn't walk but now I can with the use of a walker. They [staff] walk with me."

Staffing and recruitment

- Staff were recruited safely, and all relevant checks had been carried out prior to them commencing their employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. The registered manager kept staffing levels under review and adjusted them according to people's needs.
- One staff member said, "At the moment we are doing well, and admissions are increasing. The home has another member of staff joining and more interviews happening."

Using medicines safely

- People received their medicines as prescribed. People's medicine administration records were completed correctly. A check of people's medicines, including controlled drugs which are subject to more rigorous guidelines, were correct.

- Medicines were managed safely and effectively. However, we identified some 'as required' protocols could be improved to support staff to recognise when people needed these. This was actioned by the registered manager during the inspection and copies were seen by us.
- Staff received appropriate training in the management of medicines and competency assessments were completed by the registered manager.
- The audit system for medicines was effective in identifying any errors or discrepancies.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and action was taken by the provider to reduce reoccurrence.
- Analysis of incidents were carried out to ensure management had oversight of risks and could mitigate the impact of these in the future by improving procedures, training and communication. Any safeguarding investigation reports were shared with the local authority and CQC.



# 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 before they moved in to ensure the provider was able to meet their needs appropriately. A detailed care plan was then written for each person which guided staff in how to meet their needs.
- People who used the service were asked for important information about their likes, dislikes and life history so these could be included in care plans.
- People were aware of their care plans and said they had been involved in their development. Relatives were involved where this was appropriate.

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

- People's healthcare needs were met effectively. The provider supported people to maintain good health through regular appointments with doctors and opticians.
- Care records showed the provider worked with a range of professionals to support people's health needs.
- One person we spoke with said, "I go to dermatologist at the hospital for my legs. The district nurse visits me, and I get physiotherapy twice a week. The carers help me to do some suggested exercises and encourage me."

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff received relevant training including use of the Care Certificate during induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. New staff received an induction which included shadowing of more experience staff and introductions to people who used the service.
- Staff training and competencies were refreshed at regular intervals. Staff we spoke with said they received training to help support people living with specific conditions.

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

- People were supported to maintain a balanced and varied diet that met their nutritional needs.
- Where needed, people's weights were monitored to identify and act on any changes.
- Kitchen staff were knowledgeable about people's needs and preferences. People were asked what meals they would like to see on the menu.

- The provider offered vegetarian options as part of a programme of bespoke meal plans.

Adapting service, design, decoration to meet people's needs

- The building was designed appropriately, to enable people to have as much independence and personal freedom as possible.
- The provider had plans to make the environment more dementia friendly.

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

- Staff provided examples where people had improved their quality of life through increased levels of activity.
- Oral health care needs were met and recorded in care plans. Staff were trained in oral health care.
- One person said, "They [staff] do contact the doctor. One of the doctors is a lady and speaks to you on the phone to ask how you are getting on. We have a hairdresser and an optician who come here. A dentist can be arranged."

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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and relatives were consulted on the care people received where appropriate.
- Capacity assessments had been carried out when required and decisions had been made in people's best interest for those who lacked capacity.
- The registered manager had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to authorisations and when they were due to expire.

# 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 treated with kindness and they built positive relationships with staff. One person said, "Staff are very kind, helpful and listen to me all the time. They ask me if I have any problems."
- Staff consistently interacted with people in a person-centred way. For example, staff knew the different communication methods that were appropriate for each person and called them by their preferred name.
- People's religious, spiritual, and cultural choices were met and recorded in care plans. Religious services were held weekly for people who wished to attend.

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

- People's likes, dislikes and preferences for care and routines were documented in care plans, evidencing they had been consulted. One person said they felt, "Understood, listened to, and known as a person."
- People were supported to express their opinions and be involved in making choices about their care. We saw staff asking people what they wanted and offering choices.
- One person said, "I think they [staff] know me as a person. My family is welcome. Staff do talk to me. If I'm upset, they will listen and support me. I've been pretty impressed."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity whilst encouraging independence.
- One relative said, "I am involved in discussing what they [parents] need. They have a care plan. I'd give them [staff] 9/10 at least. They [parents] are happy."
- The provider ensured they maintained their responsibilities in line with the General Data Protection to maintain peoples' privacy. Regulations (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

# 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's care was planned in a personalised way. People had computerised care plans in place which provided staff with detailed information on individual needs. Care plans were subject to regular review by the provider.
- Staff had a good understanding of people's needs and told us they were kept informed of any changes to people's care and support through handovers at each shift change.
- People had choice around their daily living arrangements and this was respected by staff.

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.

- People had their communication needs assessed and these were recorded in their care plans. Care plans were regularly reviewed.
- The registered manager told us information could be provided in alternative formats such as other languages, large print, or spoken format, if required. One person we spoke with said they had been given a whiteboard to support with their communication.

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 to follow their interests and take part in social activities.
- People we spoke with said there was an excellent range of activities to join in that were of interest and entertaining. People cared for in bed had one to one support with activities.
- People living with dementia were supported to engage in activities that were meaningful to them and encouraged reminiscence.
- One person said, "There's loads (activities). Crosswords, themed activities, baking, personal history discussions. They [staff] celebrate birthdays. We had a Chinese New Year event. There are quizzes, and music people come in."

Improving care quality in response to complaints or concerns

- People and their relatives said they knew how to make a complaint. The complaints procedure was

displayed in the entrance and staff said they would support people to make their concerns known.

- Complaints were analysed to try to identify learning and improve the service.
- People we spoke with had no complaints. One person said, "I've had no complaints since being here. If I did, I would speak to the owner or the managers."

#### End of life care and support

- The provider explored with people their preferences and choices in relation to their end of life wishes.
- The registered manager informed us, should end of life support be needed, they would liaise with relevant health professionals to provide appropriate support at that time.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- The provider had 'end of life' support including an adjoining room for relatives to stay in.

# 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

- The registered manager and the provider were passionate, and committed to providing high quality, person-centred care.
- It was clear the registered manager knew people well and their individual needs. The atmosphere in the home was warm, friendly and welcoming.

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 registered manager understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.
- People and staff were encouraged to share their views and put forward ideas.
- Relatives felt confident in raising concerns and stated they were kept up to date when things went wrong.

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

- Managerial lines of accountability were clear. Staff understood their roles and responsibilities and said they felt well supported. The registered manager informed us of planned changes to recruitment and staffing structures as admissions increased.
- Effective quality assurance systems were in place to monitor and review performance and ensure risks were managed.
- There were computer driven systems in place to monitor all aspects of quality in the service. Staff responsible for ensuring people were safe received alerts on their mobile devices to ensure they knew what they needed to do.

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

- People were able to contribute and make suggestions to help the running of the home.
- People we spoke with said they knew the registered manager by name and had spoken with them. People said the registered manager listened and was approachable and friendly. One person said, "I can go to them and they will sort it out."
- The provider had received thank you cards and letters complimenting the care provided to people.

- The provider had worked closely with people and relatives to understand people's cultural beliefs and backgrounds.
- Staff told us regular meetings were helpful. One member of staff said, "Senior staff have separate meetings, and then we have seniors and carers meetings. It's the first Monday of every month. You find out what's going on and can air your views."

#### Continuous learning and improving care

- The staff team, unit manager, registered manager and provider carried out checks and audits. Audits were effective in identifying areas to develop and improve.
- The provider encouraged staff to continue their learning to meet the changing needs of people using the service. For example, staff received training in 'end of life' care and falls prevention.
- Throughout the inspection we found the management team keen to act on any feedback they were given.

#### Working in partnership with others

- The provider worked closely with other health and social care professionals to ensure people received consistent and timely care.
- There were strong links with the local community to support the provision of meaningful activities within the service.