

Professional Angels Ltd

# Professional Angels Limited

## Inspection report

4A Hurlingham Studios  
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London  
SW6 3PA

Date of inspection visit:  
03 February 2017

Date of publication:  
07 March 2017

### 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

We conducted an announced inspection of Professional Angels on 2 February 2017. We gave the provider 48 hours' notice to ensure the key people we needed to speak with were available. At our last comprehensive inspection on 4 January 2016 we found two breaches of regulation in relation to consent and staffing. Following receipt of an action plan from the provider we returned to complete a focused inspection on 31 May 2016 and found that improvements had been made.

The service provides care and support to people living in their own homes. There were six people using the service when we visited.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risk assessments and care plans contained detailed information for care staff. All records were reviewed within six months or sooner if people's needs changed.

Medicines were accurately recorded when care workers administered these. Staff had completed medicines administration training and were clear about their responsibilities. They demonstrated a good understanding of which medicines people were taking and why. Care records contained instructions for care staff.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard people they supported. Staff had received safeguarding adults training and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Staff demonstrated a good level of knowledge about their responsibilities under the Mental Capacity Act 2005. Care records contained details of people's capacity and whether the person had appointed a Lasting Power of Attorney to make decisions on their behalf. Consent forms were signed to indicate that people consented to their care.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way. Care records contained a good level of detail about people's needs and preferences.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role.

Care workers were provided with appropriate training to help them carry out their duties. Care workers received regular supervision and appraisals of their performance. There were enough staff employed to

meet people's needs and visits were appropriately arranged to ensure people's needs were met.

People were supported to maintain a balanced, nutritious diet where this formed part of their package of care. People's care plans contained sufficient information for staff about how to meet people's needs in relation to their health and nutrition.

The service was proactive in encouraging people to socialise and maintain their independence. Care records contained excellent details about people's hobbies and interests and staff encouraged them to continue participating in these and try new activities they thought they would enjoy.

People using the service and staff gave positive feedback about the registered manager and told us they provided feedback about the service. They knew how to make complaints and told us they felt listened to and there was a complaints policy and procedure in place.

The organisation had effective systems in place to monitor the quality of the service. Audits were conducted of medicines and numerous other aspects of the service were monitored. Information was reported to the CQC as required.

## 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. Risks to people who use the service were identified and appropriate action was taken to manage these and keep people safe. Records were reviewed and updated where required.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

We saw accurate records were kept of the support people received with their medicines.

Good ●

### Is the service effective?

The service was effective. The service was meeting the requirements of the Mental Capacity Act (MCA) 2005. Care records contained details of people's capacity and legal documentation was present where people had assigned a Power of Attorney. Care staff were aware of their responsibilities under the MCA.

Staff received an induction, training and regular supervisions and appraisals of their performance.

People were supported to eat a healthy diet and chose what they wanted to eat.

People were supported to maintain good health and were supported to access healthcare services and support when required.

Good ●

### Is the service caring?

The service was caring. People using the service and their relatives made positive comments about the care provided by

Good ●

staff.

The service was caring. People using the service and relatives made positive comments about the care provided by staff.

People using the service and relatives told us that care workers spoke with them and got to know them well. People using the service and relatives confirmed their privacy and dignity was respected and care workers gave us practical examples of how they did this.

People using the service and relatives told us care workers spoke to them and got to know them well. Senior staff matched people with care workers who had similar interests. Care workers considered people's emotional needs and dealt with these in a sensitive way.

### **Is the service responsive?**

**Good** ●

The service was responsive. People's needs were assessed before they began using the service and care was planned in response to these. Care records contained detailed information about people's preferences in relation to how they wanted their care to be delivered.

Care staff were proactive in encouraging people to maintain their independence and to access activities they enjoyed and new activities they thought they would enjoy. Care records were detailed about people's social interests and hobbies and how care staff should support people to access these.

People told us they knew who to complain to and felt they would be listened to.

### **Is the service well-led?**

**Good** ●

The service was well-led. People using the service and relatives told us senior staff were approachable.

Quality assurance systems were thorough and information was reported to the Care Quality Commission as required.

# Professional Angels Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 3 February 2017 and was conducted by one inspector. The inspection was announced. We gave the provider 48 hours' notice of our inspection as we wanted to be sure that someone would be available.

Prior to the inspection we reviewed the information we held about the service and we contacted a representative from the local authority safeguarding team.

We spoke with one person using the service and two relatives of people using the service. We spoke with three care workers after our visit over the telephone. During our visit we spoke with a senior member of staff as the registered manager was not available. We also looked at a sample of three people's care records, five staff records and records related to the management of the service.

## Is the service safe?

### Our findings

People told us they felt safe when using the service. They told us, "I do feel safe when [the care worker] is in my home."

We looked at people's support plans and risk assessments. The registered manager or another senior member of staff visited people in their homes and conducted risk assessments on the safety of the person's home environment as well as conducting a needs assessment around areas of support. This included the person's medical conditions, their personal care needs, whether they required domestic support and other areas related to the person's wellbeing. This information was then used to produce a care plan around the person's identified needs.

We looked at three people's care plans and risk assessments. These documents contained detailed and practical guidance for care workers in how to support people to manage risks. This included the contact details of relevant professionals that staff may be required to inform in the event of certain incidents. Risk assessments were updated at least every six months or sooner where the person's needs had changed.

Care workers demonstrated that they knew the risks to people well. Two care workers told us the biggest risk to people they were caring for was the risk of falling. One care worker told us "I always keep the wheelchair nearby unless [the person] gets a bit wobbly. I want to encourage [the person] to maintain their independence and to keep the mobility they have, but I have to be really careful at the same time."

Staff told us they received training in safeguarding adults as part of their initial induction and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. The provider had a safeguarding adult's policy and procedure in place. A member of the safeguarding team at the local authority confirmed they did not have any concerns about the safety of people using the service.

Staff received basic life support training as part of their initial induction and this covered what to do in the event of an accident, incident or medical emergency. Care workers understood the procedure to follow in the case of an incident occurring. They explained they would contact the emergency services or GP first if necessary after conducting an initial assessment of the situation and would then report the matter to the office and other parties afterwards.

Care workers were responsible for administering medicines to some people and filled in medicines administration record (MAR) charts. These were returned to the office every month and checked by the manager who audited these records and queried any discrepancies.

Care workers we spoke with told us they had received medicines administration training and records confirmed this. Care workers were clear about the medicines that people should be taking and provided appropriate support that met people's individual needs.

The person using the service and relatives told us they were seen by the same care workers and this ensured they could develop a relationship and get to know one another well. Comments included, "We have a regular carer and she's wonderful" and "I'm very lucky as I have the same carer. She really is very conscientious." The person and relatives told us and care workers confirmed they had enough time when attending to people and did not seem rushed when working.

We spoke with a senior staff member about how they assessed staffing levels. They explained that the initial needs assessment was used to consider the amount of support each person required. As a result senior staff determined how many care workers were required per person and for how long. Care workers also confirmed that they kept the office informed about whether they needed more time to conduct their work. They told us the timings of their visits could be extended if this was required.

We looked at the recruitment records for five staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms detailing their employment history.



## Is the service effective?

### Our findings

People's rights were protected as staff understood their responsibilities in relation to consent. 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.

We checked whether the service was working within the principles of the MCA, and found that the provider was meeting the requirements of the Act. People or their representatives signed specific consent forms which demonstrated that they consented to their care. Where people lacked the capacity to consent to their care, mental capacity assessments were conducted and decisions were made in accordance with legal guidelines. Where people had representatives to act on their behalf, the necessary documentation was in place to demonstrate that their representatives had the legal right to do so.

We spoke with care workers about their understanding of the issues surrounding consent and the MCA. Care workers explained what they would do if they suspected a person lacked the capacity to make a specific decision. They described possible signs that may indicate that a person lacked the capacity to make a specific decision and told us they would report this to their manager.

People told us they were encouraged to eat a healthy and balanced diet where this was part of the package of care they received. People's care records included information about their dietary requirements and sometimes contained very specific information about people's preferences which included preferred brands of foods that care workers were required to purchase. Care workers told us they prepared people's meals in accordance with the instructions they were given at each visit and they were aware of people's preferences.

Care records contained up to date information about people's health needs. Details about people's health needs were included in their care plan and separate, comprehensive information sheets were also included to provide care workers with further information. Care plans included contact details of assigned healthcare professionals as well as recent letters from them in relation to recent appointments. Where information about people's needs was lacking, senior staff were proactive in obtaining these.

Staff told us they felt well supported and received regular supervision of their competence to carry out their work. A senior member of staff told us supervisions were supposed to take place every three to four months, and we saw records to confirm this was taking place.

The senior staff member told us annual appraisals were supposed to be conducted of care workers performance once they had worked at the service for one year. Care workers told us and records confirmed these were taking place. Care workers told us they found these useful to their practise.

People told us staff had the appropriate skills and knowledge to meet their needs. Relatives said, "They're very good and we've been extremely impressed. They provide us with advice and have always done so in a professional way" and "They take their work very seriously and do an excellent job." Senior staff told us and care workers confirmed that they completed training as part of their induction as well as regular ongoing training. Records confirmed that staff had completed mandatory training in various topics as part of their induction prior to starting work. These topics included safeguarding adults, basic life support and manual handling.

## Is the service caring?

### Our findings

People and relatives gave excellent feedback about the care workers. One person told us their care worker, "Could really not be more ideal", and relatives told us, "They're absolutely wonderful. Really fantastic. I can't praise them enough" and "We are very fortunate". A person told us they were treated with kindness and compassion by the care workers who supported them and said that positive relationships had developed.

Our discussions with a senior staff member and care workers showed they had a good knowledge and understanding of the people they were supporting. Care workers told us they usually worked with the same people so they had got to know each other well. They were matched with people depending on their shared interests and this helped ensure they got on well. Care workers gave details about the personal preferences of people they were supporting as well as details of their personal histories. They were well acquainted with people's habits and daily routines and the relatives we spoke with confirmed this.

Care staff were mindful of people's emotional needs and moods and were aware of how to respond to these when necessary. One care worker gave us specific details about what activities put one person in a good mood and how they best responded to one person when they felt low. Care records also contained a good level of detail about how care workers should communicate with people and respond to their emotional needs. For example, there were reminders to care staff to be understanding about people's ability to maintain a conversation and how they could assist with this. There were also reminders to care workers to provide people with companionship and to have meaningful conversations with them.

The person we spoke with confirmed that their privacy was respected. They told us "[The care worker] respects me and he/she respects my home." Care workers explained how they promoted people's privacy and dignity and gave many practical examples of how they did this. One care worker commented "I always knock before I go into a room and get permission first and I always reassure the client before giving care".

Care records gave some details about people's cultural and religious requirements, and the senior staff member confirmed that these were identified when people first started using the service and where relevant, records included this. When we spoke with care workers they had a good level of knowledge about people's culture and religions and how this influenced and contributed to the support they provided.

## Is the service responsive?

### Our findings

People's care was planned in a way that took account of their individual needs and preferences. Care plans provided detailed information about how a person's needs and preferences should be met. This included information about people's life histories, people important to them and how care staff should interact with family members. For example one care record included details about the person's partner as well as reminders to care staff to see how the partner was coping in their care of the person to determine whether they could assist them.

Care records contained detailed information about people's involvement in activities where the service was providing long term care for most of the day. As part of the initial needs assessment, the registered manager or other senior staff spoke with people and their relatives about activities they were already involved in so they could continue to encourage these. Senior staff told us they worked with family members to keep people active by encouraging them to participate in activities they enjoyed. Care records detailed people's current hobbies or favourite restaurants and encouraged care workers to assist people to access these. They also contained suggestions to care workers about new activities they could encourage people to participate in, based on what their current interests were. For example one care record encouraged the care worker to research recent concerts or events that were taking place to determine whether the person was interested in attending.

People using the service and relatives we spoke with confirmed they had been involved in the assessment process and had regular discussions with staff about their needs. Relatives also confirmed care staff kept daily records of the care provided and these were available for them to see. These were returned to the office and reviewed by the registered manager on a monthly basis and we saw detailed daily records for the month of December which demonstrated what care had been provided to people. We saw evidence that people's care records were reviewed within 12 months to reflect any changes in people's needs.

The person using the service and relatives we spoke with told us they were involved in decisions about the care provided and staff supported them when required. One relative told us the person's "needs have changed significantly and they [the service] have responded well".

Care workers told us they offered people choices as a means of promoting their independence. One care worker told us "I always give options." We saw many written examples within care records of suggestions to care workers in how they could involve people in the care being provided in order to promote their independence. For example in one care record we saw details of how the person could assist with their own personal care as well as feeding themselves. The note urged the care worker to encourage the person to do as much for themselves as possible.

People's needs were assessed before they began using the service and care was planned in response to these. Assessments included physical health, dietary requirements and mobilising.

The service had a complaints policy which outlined how formal complaints were to be dealt with. People

who used the service and their relatives confirmed they knew who to complain to where needed. Senior staff told us how they handled complaints and we saw records to demonstrate this. The service received very few complaints, but we saw evidence that these were managed in line with the policy to people's satisfaction.

## Is the service well-led?

### Our findings

The provider reported concerns to the Care Quality Commission (CQC) as required.

The provider had adequate systems in place to monitor the quality of the care and support people received. We saw evidence of audits on medicines administration as well as ongoing monitoring in other areas.

We saw accident and incident records. There was a clear process for reporting and managing these. The senior staff member told us they reviewed accidents and incidents to monitor for trends or identify further action required and we saw evidence of this. There was evidence of further actions taken as a result of accidents and incidents in the form of further discussions with care workers to remind them of risks and actions that needed to be taken to mitigate risks.

We saw evidence that feedback was obtained from people using the service, their relatives and staff. Feedback was sought during monitoring review visits which took place approximately once a year or sooner where concerns were identified. The senior staff member told us that if issues were identified, these would be dealt with individually. We saw recorded details of this monitoring within the care records we viewed and found feedback to be positive. Care workers also filled in 'weekly feedback forms' in which they detailed any changes relating to the people they had cared for and these forms were reviewed by the registered manager. The senior staff member told us that she took action where required to ensure that people's needs were met.

Care workers confirmed they maintained a good relationship with their manager and felt comfortable raising concerns with her. One care worker said, "She is a very nice person. I feel confident approaching her. If there are any issues, I know she will deal with it" and another said, "She takes care of all the employees, she is always available" and "She's very good. A very lovely lady." Care workers told us the registered manager worked hard to promote their wellbeing. Team meetings took place on a monthly basis and care workers told us they found these useful and felt comfortable speaking in them.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with detailed explanations about what their roles involved and what they were expected to achieve as a result. We saw copies of people's job descriptions and saw that the explanations provided reflected these.