

# CJAJ Angels Supporting Living Limited

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# Living Limited

## 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:

CJAJ Angels Supporting Living Limited is a domiciliary care agency. It provides personal care to older people, including people living with dementia, and people with sensory needs and physical disabilities living in their own homes. Not everyone using the service received the regulated activity of personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection eight people were receiving personal care as part of their care package.

People's experience of using this service:

People received safe care from regular staff, who understood their needs and what was important to them. The registered manager also provided care and led the staff by example. They had high standards and staff shared the registered managers vision and values for the service. This ensured people received care that was individual and consistently of a high standard. Robust staff recruitment checks were completed before staff commenced. Staff wore an identification badge and uniform to confirm who they were.

Staff shadowed the registered manager in the delivery of care, this gave people the opportunity to meet staff before they provided care independently. Staff received ongoing training and support from the registered manager. People told us staff arrived on time and stayed for the duration of the call, if staff were running late they were informed of this. People had not experienced any missed or calls later than the timeframe staff were expected.

People were very complimentary of the staff who supported them, they felt staff were unrushed and provided care in a way that met their individual needs, routines and preferences. Relatives gave examples of how staff went above and beyond what was expected. People were fully involved in decisions about how they received their care. This was by formal review meetings and in discussions with the registered manager and staff.

People's diverse needs had been assessed and staff had guidance on how to meet people's needs and achieve positive outcomes. People had been provided with a service user guide that provided them with information of what they could expect from the service, including advocacy information and how to make a complaint. Staff treated people with respect, dignity and encouraged independence. The registered manager provided social opportunities and support with activities important to people.

Where people required support with their prescribed medicines and with eating and drinking, their needs had been assessed and staff had guidance on the support required. Written guidance for staff was not consistently detailed in places. However, we found staff were very knowledgeable about people's needs. This was therefore a recording issue that was discussed with the registered manager who gave assurances they would address this.

The registered manager had policies and procedures that reflected current legislation and this supported staff in providing effective 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.

The registered manager had developed positive links with external professionals and strived to continually develop the service, based on best practice guidance. People who used the service, relatives and staff received opportunities to be involved in the development of the service by receiving opportunities to share their views and experience. Feedback from people, relatives and an external professional was very positive and complimentary about the care provided.

**Rating at last inspection:**

This is the provider's first rated inspection since registration.

**Why we inspected:**

This is a scheduled inspection based on the provider's registration date.

**Follow up:**

We will continue to monitor intelligence we receive about the service until we return to visit at the next scheduled inspection. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe

Details are in our Safe findings below.

Good 

### **Is the service effective?**

The service was effective

Details are in our Effective findings below.

Good 

### **Is the service caring?**

The service was caring

Details are in our Caring findings below.

Good 

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

The service was responsive

Details are in our Responsive findings below.

Good 

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

The service was well-led

Details are in our Well-Led findings below.

Good 

# CJAJ Angels Supporting Living Limited

## **Detailed findings**

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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:

CJAJ Angels Supporting Living Limited is a domiciliary care service and provides personal care to people living in the community.

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:

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Telephone calls to people who used the service, relatives and external professionals were completed on 30 January. We visited the office location on 31 January 2019.

What we did:

Before the inspection we asked the provider to send us their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the

service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about.

At the provider's office we spoke with the registered manager who was also the registered provider and two care staff. We reviewed the care records for three people who used the service. We also looked at a range of other records relating to the running of the service such as policies and procedures, complaints, staff files and the staff training plan. We also spoke with the registered manager about the action they took to check on quality and safety.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected as far as possible, from abuse and avoidable harm because staff followed the provider's safeguarding policies and procedures. Staff were knowledgeable about their responsibilities to respond to any safeguarding concerns. The registered manager had implemented the multi-agency safeguarding procedures when safeguarding concerns had been identified.
- Staff wore an identification badge and uniform to confirm who they were, this protected people from unauthorised staff.
- People told us they felt safe with the staff that supported them. A person said, "Yes, I have no concerns with how the staff help me, they make me feel safe." A relative said, "I know [relation] is in safe hands, it's a relief for me to know they are being cared for safely."

Assessing risk, safety monitoring and management

- Risk assessments associated with people's needs had not consistently been completed. For example, a risk assessment had not been completed for a person with diabetes or risks with their skin. However, staff demonstrated they understood these risks and the action required to mitigate these, and what they needed to do if they had any concerns. We therefore concluded this was a recording issue and people were cared for safely. The registered manager assured us they would review people's needs with immediate effect, to ensure risk assessments were completed for all known risks.
- Risks associated with the environment had been assessed and staff had guidance of how to protect the person and themselves. This also included if people were at risk of falls, staff had guidance of the action required to reduce these risks, such as ensuring there were no trip hazards.
- People told us they had no restrictions in how they received their care and felt involved and in control of how risks were managed. A relative told us how the registered manager had worked with them to manage risks for their relation. A contingency plan had been developed to ensure any foreseen events had been planned for and the person remained safe.

Staffing and recruitment

- There were sufficient staff employed to meet people's needs and staff experience, skill mix and competency was considered. The registered manager was also a part of the care team and provided direct care. They told us how they matched staff with people, considering their experience and skills. The registered manager told us they only allocated staff when they felt confident they could provide safe and effective care.
- People told us staff generally arrived on time and stayed for the duration of the call. However, examples were given on how staff stayed longer than expected, to ensure people's health, safety and well-being. People told us if staff were running late, they received a call to inform them. A relative said, "The staff really go out their way to help, they will often stay longer than they should do. The manager will even return to

check [relation] is okay without any extra charge."

- Due to the service being small the registered manager had daily contact with staff and equally regular contact with people who used the service, including relatives where appropriate. This enabled them to have oversight of the care provided and they were able to quickly respond to any concerns.
- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service. Staff had received training in health and safety and their understanding and competency was discussed in one to one supervision meetings and in spot checks. This is where the registered manager completed an unannounced visit to observe staff's practice to ensure people received safe care.

#### Using medicines safely

- People received safe support to manage their prescribed medicines where this was required. Staff had guidance of the support people required such as dosage and time of administration and what the medicines were for. People told us about the support they received from staff and were positive their medicines were managed safely. An external professional was very complimentary of how staff had supported a person to manage their medicines. Comments included, "With staff support it has resulted in a really good outcome for the person."
- Staff confirmed they had completed medicines management refresher training and competency assessments. The provider's medicines policy and procedure provided staff with additional support and guidance.
- The registered manager completed checks of people's care records to confirm people had received support with their medicines as required. Independence was promoted at all times and reflected in the level of support staff provided.

#### Preventing and controlling infection

- People were protected as far as possible from the risks associated with cross contamination. Staff had received training on infection control and told us how they managed risks associated with cross contamination. This included the use of disposable gloves and aprons. In addition, the provider had a policy and procedure that provided staff with guidance on infection control. People confirmed staff wore aprons and gloves as described to us.

#### Learning lessons when things go wrong

- The registered manager had processes in place that ensured lessons were learned when any accidents or incidents had occurred. Staff recorded any incidents and the registered manager reviewed these to consider if action was required to reduce the likelihood of reoccurrence. Incidents recorded were in relation to falls people had experienced whilst at home, but had not occurred when staff were providing care. The registered manager gave examples of action taken to support people to reduce further falls. This included liaising with external healthcare professionals such as occupational therapists and hospital discharge teams, to ensure a safe discharge following a hospital admission.

# 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.

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

- The provider's policies and procedures reflected best practice guidance and current legislation, this supported staff to provide effective care. Recognised assessment tools were also used to assess people's needs. Staff confirmed they had access to policies and procedures and told us the registered manager gave clear direction and guidance.
- Assessment of people's needs, included the protected characteristics under the Equality Act 2010 and these were considered in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This helped to ensure people did not experience any discrimination. Staff told us this information supported their understanding of what was important to people. An example was given how a person's faith was important to them, and staff supported this person with their prayers. The registered manager told us how they had ensured staff understood the specific religion and were comfortable with the process of delivering the prayer.

Staff support: induction, training, skills and experience

- People received effective care because staff received an induction, ongoing training and regular opportunities to discuss their work with the registered manager. The induction included staff shadowing the registered manager. Staff were positive about the induction, training and support they received. A staff member said, "We shadow the registered manager before we provide care independently, this means each person is introduced to staff beforehand, it's better this way, people are already familiar with staff." People confirmed this. A relative said, "New staff shadowing the manager means it's not a stranger that is visiting and this is really important to [relation]."
- Training records showed staff had completed training that the registered manager had identified was required, such as moving and handling and equality and diversity. We noted staff had not completed basic first aid awareness and the registered manager agreed to provide this for staff. The registered manager completed spot checks to observe staff practice and competency. This assured the registered manager training completed by staff was understood and best practice guidance was adhered to.
- Staff were very positive about the opportunities they had to discuss their work with the registered manager. A staff member said, "The manager is amazing and encourages you to progress. I love my job."
- People told us they found staff to be competent and how they understood their needs and what was important to them. A person said, "I feel the staff are very good, I know they have regular training, they know how to support me." A relative said, "Staff are very competent and knowledgeable."

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

- People's needs associated with any dietary needs had been assessed and staff had guidance of the support required. Consideration included any specific needs and preferences with religious and cultural

needs.

- Staff told us how they checked food use by dates and left people with drinks and snacks when leaving. People confirmed what we were told.
- People were positive about the assistance they received with food shopping and meal preparation. A relative said, "The staff who supports [relation] is really good, they do the shopping and cooking, basically everything, but they fully involve [relation] in choices."

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

- The registered manager gave examples of multi-agency working in meeting people's needs. This included following any recommendations made by external healthcare professionals in a person's ongoing care. Information was also shared with external agencies such as ambulance staff and hospital admission and discharge teams, to assist people to receive effective care and treatment.

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

- Care plans provided staff with guidance about the support required with a person's health conditions. Staff told us how they monitored people's health needs and reported any concerns, with the person's permission, to relatives and or health professionals. Staff gave examples of calling paramedics when people required urgent medical assistance and how they stayed with the person to provide reassurance. People were positive about the support they received from staff in managing their health needs. A relative said, "Staff even visited [relation] whilst they were in hospital and liaised with the hospital staff before they were discharged." Another relative said, "If there are any concerns about [relations] health, staff respond and take action, the communication is excellent."

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

- Where people had mental capacity to consent to their care, written consent had been sought to confirm people had consented to the care they received. Staff also told us how they gained people's consent before day to day care was provided and showed a good understanding of the importance of involving people in all aspects of their care. The registered manager told us how they sought confirmation if a person had a lasting power of attorney (LPA). This allows another person to give consent.
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. The registered manager and staff were aware of the principles of the MCA and had considered people's mental capacity to consent to 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were cared for by staff who were compassionate, caring and understood their needs and preferences. A relative said, "The manager is excellent, so caring, very accommodating and goes above and beyond." Another relative said, "The staff really care and go out of their way to help, they will stay longer than they should and will return and check on [relation] if there are any concerns." An external professional told how a person had achieved good outcomes due to the consistency and approach of staff. They told us staff treated the person as an equal and involved them in their care.
- Staff were very positive about their work and showed a good understanding of people's needs, routines and preferences. A staff member said, "I love my job and believe we give a good service, the manager goes above and beyond in meeting people's needs and it's good to be a part of." A newer staff member told us how they were experienced in providing care at home, and how they found working for the service to be better than any other they had worked for. They said, "Because the service is small, people really receive care that is personal to their needs. It's a really good service, it's lovely, a breath of fresh air to work for."

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

- People received regular opportunities to discuss the care they received, this enabled any required changes to be discussed and made. A relative said, "There are regular opportunities to review the care package and talk about what's working well and if they are any changes needed." Another relative said, "After discussion with the manager we found it fitted exactly what we were looking for, we have regular contact with the manager and review the care package monthly to see how it's going – it's an excellent service."
- People had been provided with information about independent advocacy services, this is information on services that help represent people's views.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was upheld by staff who were sensitive and caring in their approach. A relative said, "Nothing is too much trouble, the staff are patient and discreet, sensitive in how they provide care." Another relative told us how staff promoted independence and gave an example of how staff encouraged a person to go shopping with them, but how they did this task if the person was feeling unwell.
- Through discussion with staff they showed a good understanding of the importance of respecting people's privacy, dignity and independence. A staff member said, "We encourage people to do as much as they can for themselves, we always ask what support a person wants and provide support sensitivity such as being mindful of people's modesty when providing personal care."
- People's confidentiality and privacy was protected. Records were stored securely. The registered manager told us they had the processes in place that ensured all records were managed in line the General Data Protection Regulation. This 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.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Following an assessment of people's needs, care plans were developed and agreed with the person, in how they received their care. Care plans provided staff with guidance of people's needs, routines and what was important to them in how they received their care. Whilst we found some inconsistencies in the level of detail recorded, staff showed they had a good understanding of people's needs. People also confirmed staff were responsive to their individual needs, routines and preferences. A relative said, "Staff do a marvellous job, they know [relation] so well, I have absolute faith in their care." The registered manager assured us they would review written guidance to ensure all required information was clearly recorded.
  - The registered manager completed a 'This Is Me' document with people, this recorded important information about a person's social history. This assisted staff to develop a good understanding of what was important to people and helped them to form positive relationships with people. Through discussion with staff they showed an understanding of people's diverse needs. The registered manager said, "It's important to listen, respect and be open minded about people's lifestyle choices."
  - People were supported by regular care staff and people told us this was important to them. A relative said, "Having the same staff is lovely and makes such a difference and reduces the confusion for [relation] who has dementia."
  - The registered manager told us how they provided social opportunities for people and their relatives. This was to prevent support people from becoming socially isolated and an opportunity for relatives to meet others. This included a Macmillan coffee morning. Any person that was unable to attend was still involved, staff visited them with cakes and decorations so they could take part.
- Other examples of supporting people with social activities or activities important to them included, a person who was supported to walk to their local shop to purchase the daily paper.
- The Accessible Information Standard was being met. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. Staff had guidance about people's communication and sensory needs. The registered manager told us they would provide information in alternative formats such as large print or alternative languages if required.

Improving care quality in response to complaints or concerns

- People had access to the complaint procedure. The registered manager told us they had not received any complaints about the service, but we saw they had a detailed complaint policy and procedure to respond to any complaint received. People confirmed they had not had cause to make a complaint, but felt assured the registered manager would respond positively to any concerns raised.

End of life care and support

- At the time of our inspection, no person was receiving end of life care. The registered manager was aware of the importance of developing end of life care plans with people, when they were requiring end of life care.

# 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.

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

- People were supported effectively to achieve positive outcomes. The registered manager had a strong commitment in providing people with care that was consistently of a high standard and responsive to people's individual needs. This was confirmed by people who used the service who consistently described the service as "Excellent."
- There was an open and transparent culture at the service. Staff spoke highly of the registered manager and told us they felt involved and valued in the development of the service. Staff also told us the registered manager was supportive and approachable. A relative told us, "We met with the manager, they talked to us about their philosophy, how they aimed to enhance the quality of life for people. They have been true to their word and have made a huge difference to [relation's life]."
- The registered manager had a good understanding of their role and ensured the CQC were notified of all reportable incidents.

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

- A registered manager was in post.
- The staff team told us the registered manager was very clear with them about their roles, responsibilities and the standards and expectations required of them. We found staff held the same vision and values for the service as the registered manager.
- The registered manager used staff meetings and one to one meetings with staff to share information and keep them involved in how the service developed. They encouraged staff to share ideas and staff told us they felt involved and valued. The registered manager had daily contact with the staff and they told us this was supportive.
- The registered manager used a range of audits and checks to review the service and these were found to be up to date and effective.

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

- The registered manager used quality assurance processes, to engage with people, staff and external professionals. For example, satisfaction surveys were used to invite people to feedback their experience about the service every six months. Results from the last survey in 2018 were found to be positive with no action required.
- The registered manager told us how they considered and identified what staff were best matched to

support people who used the service.

#### Continuous learning and improving care

- The registered manager had a positive approach to continually develop the service and showed a commitment in wanting to provide care that was person centred and delivered good outcomes for people. The registered manager had high standards and sought ways to further develop their knowledge in best practice guidance and legislative requirements.
- Systems and processes were in place that enabled the registered manager to consider lessons learnt. They were open and transparent and because they also provided care, they were a role model for staff because they led by example.
- The registered manager had plans to improve the consistency in care plan information.

#### Working in partnership with others

- The registered manager had developed positive links with external health and social care professionals. Relatives told us they valued the care provided and this enabled their relative to remain living in the community.