

Angels By Classic (Healthcare At Home) Limited

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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

This inspection took place on 21 and 28 July 2016. The service received 24 hours' notice of our inspection. The service provides personal care and support to people in their own homes. At the time of our inspection the service was supporting 250 people.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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.

People and relatives told us they felt safe. Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. Staff demonstrated an understanding of types of abuse to look out for and how to raise safeguarding concerns.

Care plans were person centred and reflected what was important to the person. Care needs were regularly reviewed and care plans updated to reflect the changing needs of people who used the service. They provided detailed information for care staff to enable them to provide care and support as the person wanted it.

There were sufficient trained staff to meet the service commitments. People were supported by staff who arrived on time and treated them with dignity and respect.

People using the service and their relatives knew what to do if they were unhappy with the service they received. They knew who to speak with if they had a concern and were confident that any concerns would be dealt with properly.

People were asked for their opinions of the service on a regular basis. This was through visits to people's homes and through the use of surveys. Information from these surveys and visits were used to improve the service.

The management team monitored the service being provided on an on-going basis to ensure that the care and support that people received, was the best that it could be.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People received support from regular staff who knew their needs and managed their identified risks.

There were sufficient staff to meet people's needs. Pre-employment checks of new employees were carried out.

People were supported to receive their medicines safely.

Is the service effective?

Good 

The service was effective.

People were supported by staff who knew how to meet their needs.

Staff received the support and training they needed to provide effective care for people.

People received support from staff who respected people's rights to make their own decisions, where possible.

People were supported to maintain good health.

Is the service caring?

Good 

The service was caring.

People valued the relationships they had with care workers and were extremely positive about the care they received.

People felt care workers always treated them with kindness and respect.

People felt listened to and involved in their care.

Is the service responsive?

Good 

The service was responsive.

Changes in people's needs were recognised and appropriate action taken in a timely manner.

People had opportunities to provide feedback to the service to promote improvement.

People knew how to make a complaint and felt confident to do so.

Is the service well-led?

Good ●

The service was well-led.

Staff were proud to work for the service and were committed to providing a high quality service.

There were quality assurance processes in place that supported improvement.

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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 21 and 28 July 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of caring for older people.

Before the inspection we looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

During our inspection we visited the offices of Angels by Classic where we looked at the care records of five people, training and recruitment records of staff members and records relating to the management of the service. We visited three people in their own home accompanied by the registered manager. We spoke with six people receiving care and support from the service and eight family members on the telephone. We also spoke with the registered manager and five members of care staff.

Is the service safe?

Our findings

All of the people we spoke with expressed confidence in the ability of the provider to deliver care safely. One person said, "Absolutely safe. They always greet me nicely. We chat about things. It's nice, like having one of the family." A relative said, "I have been so impressed by the support and empathy they show my [relative]. I do feel he's safe. I feel confident that there's someone there, we feel secure with them."

The registered manager was aware of their responsibilities to identify and report potential abuse under the local safeguarding procedures. All the staff we spoke with had a clear understanding of their responsibility to report any potential abuse and who they could report it to. We noted that safeguarding records did not demonstrate that all staff had up to date training. We discussed this with the registered manager who confirmed that staff training would be updated.

Risk assessments were carried out before a person began using the service. An environmental risk assessment was carried which included risks relating to people's pets and heating system. Risk assessments specific to the individual were also carried out. For example, where people had specific conditions which needed to be managed. This meant that both personal and environmental factors were considered and incorporated into risk management.

Staff said they always read people's care plans and looked at the daily notes so they were aware of what support the person needed and how they had been supported. Staff also told us that any changes to people's care and support were communicated to them effectively. People confirmed that staff read their care plans before providing care and support. Staff had a good understanding of identified risks, and how to reduce them.

All of the people we spoke with, relatives and staff felt staffing levels were appropriate. People and relatives confirmed carers arrived at the agreed time and had never missed a call. A relative said, "No, never missed a call. They might be stuck with someone who's poorly but they ring us and let us know. They're very flexible with us too. If they finish early, they will stop and chat with [relative] which is good for her, but they always do what they should."

People told us that they received care and support from a regular team of carers which made them feel safe, in particular, knowing who would be coming into their home. The registered manager explained how they managed the rota to ensure that people received care from a consistent group of care staff but moved care staff around from time to time to ensure that, when the usual care staff were not available, people were still familiar with the person who would be providing their care and support.

We reviewed a range of staff records and saw that all staff underwent appropriate pre-employment checks before starting work. This included a disclosure and barring service check and checking references. This meant the service had a robust approach in place to check prospective members of staff, reducing the risk of an unsuitable person being employed to work with people.

We asked people about their experiences when the service supported them to take their medicines. One person said, "They give me my tablets and always make sure that I've taken them." A relative said, "They have a book where they record everything. They sit and talk to her about the medication, what it's for and so on." We reviewed procedures for the administration of medicines and sampled recent Medication Administration Reports (MARs). There were no errors in the records we reviewed. Staff training records did not demonstrate that staff had received medicines refresher training. We discussed this with the registered manager who confirmed after the inspection that staff have received appropriate training. This meant people were protected against the risk of unsafe administration of medicines.

Is the service effective?

Our findings

People and their relatives consistently told us they had confidence in the ability of those providing care. One person, said "Oh yes, I feel they are competent, certainly." A relative said, "They tell us that they're doing their regular moving and handling training which is good. The carers we have are amazing."

Staff received initial training in core areas such as safeguarding, infection control, health and safety, confidentiality and the Mental Capacity Act 2005. The registered manager described to us the 13 week induction programme designed to ensure new care staff had the skills required to provide effective care and support.

Care staff told us that they were encouraged them to take further qualifications in the care sector. Records we saw confirmed that staff were pursuing further relevant qualifications.

Care staff were positive about the support they received from the service. One member of staff said, "I get all the support I need. They deal with issues when they arise." All confirmed they received regular support from management staff, and each other, and that they received regular supervisions. Staff supervision meetings between a member of staff and their manager reviewed progress, addressed any concerns and looked at future training needs. Staff also had annual appraisals. Regular team meetings were held in local areas. This meant the manager had processes in place to formally support staff on a regular basis, and staff had regular opportunities to raise any concerns or suggestions.

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.

People told us staff always checked that they were happy to be helped. One person said, "It's a routine which is easy to follow but they talk to me about what's going on. If I needed more help they'd listen." One relative said, "I would say yes they do involve her, for example, they will ask 'is it OK if we give you a bath tomorrow?'. Another relative said "[Relative] is fully involved in [relative] care. They'll always ask if everything is OK."

Staff we spoke with told us they were aware of a person's right to accept or refuse care. They had an understanding of the MCA, and had received training about this. Staff told us they always ensured that people consented to their care. Staff were aware of who needed support with decision making and who should be included in any best interest decisions for people. The registered manager had an understanding of the MCA and was aware of their responsibility to ensure decisions were made within this legislation.

People were satisfied with the support they received with their nutrition. One person said, "Generally speaking it's satisfactory. The carer cooks fresh vegetables for me. Most days I have fresh vegetables. I have too much quite often. I sometimes don't drink enough but they prompt me." A relative said, "They record what she's eaten. They're very good with the care plan."

There was information included in people's care plans so that the food they received was to their preference. Where appropriate details of people's dietary needs and eating and drinking needs were recorded in their care plan. This included the foods people liked or disliked and if they needed any support with eating and drinking.

People told us that the service was responsive to any health concerns and that they had no concerns talking about their health needs with members of care staff. One person said, "The carer has said to me that I should contact the doctor and they have activated the district nurse on a couple of occasions." A relative said, "If they have any suspicions that something is not right they write it in the book as they know I read it every day. If it's more serious they ring me. They have phoned the paramedics in the past and they waited with [relative] until everyone had arrived."

Is the service caring?

Our findings

People told us they felt respected, listened to and supported appropriately. One person said, "I can only speak for myself but I can honestly say that they're good." Another person said, "I'd recommend them because of the service I've had and because of the people. They're very nice people." A relative said, "We're more than happy. We always know who's coming, we've had the same group of carers for ten years and they're reliable. We feel very privileged to have them."

Care staff told us that because they saw the same people regularly this enabled them to build up a relationship with them and get to know their needs. Care staff gave examples of how getting to know people had enabled them to provide support centred on them. For example, one member of care staff described how a person liked to walk around the garden. However, care staff were aware of professional boundaries and responsibilities. This showed us care workers knew people well and showed understanding and compassion.

A relative described to us a situation where a family member had called unexpectedly to see a relative and the person had felt uncomfortable and threatened. The member of care staff stayed with the person until the relative they were familiar with arrived. This demonstrated practical action to relieve a person's distress.

Staff supported people to make their own decisions about their daily lives. One person said, "They ask what I need. I choose my clothes for them." A relative said, "They will ask [relative] what they want. They know [relative] so they know what she likes."

People told us they knew about their care records and had been involved in meetings to create the record where their wishes were listened to and taken into account. One relative said, "The manager contacts me and we sit down and update everything. We sit with [relative] and as much as [relative] can be, [relative] is involved. She tried to participate as much as she can." We visited people with the registered manager when they were reviewing people's care and support and saw that they were listened to and involved in making decisions about their care and support.

Staff supported people to be as independent as possible. One person said, "Yes, they encourage me. When I first had them I couldn't stand. I learned to walk with two sticks. Now I can go upstairs to my bedroom. They encourage me." A relative said, "They support [relative] with their mobility."

People said that staff always respected their privacy and dignity. One person said, "It doesn't embarrass me and it doesn't embarrass them I'm sure. It just has to be done." Another person said, "Oh yes, they wash my back and they let me do the bits I want. They chat to me all the while."

Is the service responsive?

Our findings

People told us care workers and management knew them well and were responsive to their needs. One relative said, "If things need to change we are fully involved. They come to the house to do a review, go through the care plan and agree any changes. [Relative] is always involved in the discussions." Relatives told us staff and management knew people well and provided personalised support. Care staff told us that the management team were responsive to changes in people's needs and responded promptly if they were contacted for support. Care plans were regularly updated and contained detailed personalised information regarding people's support needs.

People were assessed prior to using the service and these assessments were used to write people's care records. Care records were detailed and contained information relating to people's social, personal and health care needs. For example, how to care for specific medical conditions. The registered manager showed us how they had recently begun to monitor the daily records written by care staff which enabled them to see any small changes in the care provided by staff and monitor if people's needs had changed and a review needed to be brought forward.

People received care that was centred on them and gave them choice and control. One person said, "They know what my interests are." A relative said, "They understand. For example, [relative] does not like going into the shower so they do a strip wash and they do it as [relative] would want it."

People and relatives gave us examples of where people's care needs had changed and the service had responded or where they simply needed to change a visit time and the service accommodated them. One person said, "I know I can phone the office and ask them anything. They always get back to me." Another person told us that if there was a special occasion and they wanted the time they received their care changed the service was "Flexible." A relative told us how the service had covered their relatives care at short notice.

The service carried out a yearly review of people's care to ensure it was meeting their needs. If people's need change sooner this was brought forward. People also received a six monthly quality assurance questionnaire to check they were satisfied with the service and that it was meeting their needs. One person said, "Yes one of the supervisors came and did the questionnaire with us at home." Another person said, "Yes I completed it but there was nothing I wanted to change."

The people we spoke with said they felt comfortable to raise any concerns, and knew who to speak to. One person said, "If I was worried about anything I would ring the office. I am sure they would listen." Another said, "The first thing I would do would be to contact the office." People were aware of the complaints procedure a copy of which was in the care folder in people's homes.

Is the service well-led?

Our findings

People who used the service and their relatives told us they liked the management team and felt the service was well managed. People we visited with the registered manager obviously knew them and were able to speak openly to them. One person told us, "I do think it is well led. When I phone they listen. If I've ever left a message, they always ring me back." Another person said, "I speak to the manager quite a lot. She's very approachable and they seem very aware of what's going on."

The registered provider completed regular checks to ensure the quality of care. However, we found that staff training records were not up to date and it appeared that some staff training needed updating. We discussed this with the registered manager and the issue was immediately addressed with some training planned for the following day.

We saw people were asked to share their views about their experience of the service and the quality of their care through satisfaction questionnaires and during their annual review of care. We saw examples of where action had been taken to improve people's experience following this feedback.

All staff we spoke with clearly articulated their understanding of person-centred care and empowering independence, in line with the induction provided and the ethos of the organisation as set out in the Statement of Purpose. All staff we spoke with were motivated to provide high quality care and to achieve positive outcomes for the people they cared for. One member of care staff said, "I have worked for a number of agencies and no one comes close to Angels. I am proud to work for this company."

Staff told us, and records confirmed that they had regular staff meetings. These were held at locations which were accessible to them. They told us that these forums were open discussions and they could bring up any issues which concerned them and these would be addressed. We were given examples of how practices and equipment had changed in response to staff suggestions. Staff said they were supported by the management team. They could report concerns and they would be resolved quickly.

The registered manager regularly provided care and support to people. They told us that this enabled them to keep in touch with the culture in the service and receive feedback from people in a less formal setting. Discussion with the registered manager showed that they understood their responsibilities with regard to providing good quality care. They told us that they were well supported by the provider to provide a good service. The provider was not able to be present during the inspection but had written to us and supported the registered manager when we had a query they could not resolve.