

Angels By Classic (Healthcare At Home) Limited

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Inspection report

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Date of inspection visit:
18 October 2018
01 November 2018

Date of publication:
13 December 2018

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

Angels By Classic (Healthcare At Home) Limited is a domiciliary care service which provides personal care and live in care to people in their own homes. It provides a service to older adults, people living with dementia, mental health impairments, physical disabilities, sensory impairment and younger adults. It provides personal care to people living in their own houses and flats. Not everyone using the service receives the regulated activity; 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 this announced inspection of 18 October 2018, there were 104 people who used the service.

At our last inspection on 21 and 28 July, we rated the service overall good. The key questions safe effective, caring, responsive and well-led were all rated good.

At this inspection 18 October 2018, we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service continued to provide people with a safe service. Care workers understood their roles and responsibilities in keeping people safe. Risks to people continued to be assessed and managed well, including from abuse and in their daily lives. Care workers had been recruited safely with enough care workers to cover people's planned visits. Where people required support with their medicines, this was done safely. There were infection control procedures and equipment in place to guide care workers in how to minimise the risks of cross infection.

The service continued to provide people with an effective service. Care workers were trained and supported to meet people's needs. 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. Where required, people were supported with their dietary needs, to maintain good health and access healthcare services where needed. The service worked with other organisations in people's care to provide a consistent service.

The service continued to provide people with a caring service. Care workers had developed good relationships with people, treating them with kindness and compassion. They consistently protected people's privacy and dignity and promoted their independence.

The service continued to provide people with a responsive service. People received care that was assessed, planned and delivered to meet their individual needs. People's care records were accurate and reflected the care and support provided. Where required there were systems in place to care for people at the end of their

lives. The service listened to people's experiences, concerns and complaints and acted where needed.

The service continued to provide a well-led service. A system of audits ensured the provider had oversight of the quality and safety of the service and shortfalls were identified and addressed. There was a culture of listening to people and positively learning from events so similar incidents were not repeated. As a result, the quality of the service continued to develop.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Angels By Classic (Healthcare At Home) 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.

Inspection activity started on 18 October 2018 when we visited the office premises and ended 1 November 2018 when we gave feedback to the registered manager.

This was an announced, comprehensive inspection carried out by one inspector and an expert by experience. They assisted us with telephone interviews of people who used the service and relatives where appropriate. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The provider was given 48 hours' notice because we wanted to be certain the registered manager and key staff would be available on the day of our inspection visit. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out their experience of the service.

As part of our inspection planning, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had been unable to submit the PIR within the timescale due to a technical issue but they provided us with a hardcopy and electronic version as part of this inspection. We also reviewed information we held about the service including feedback sent to us from

other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

During the inspection we spoke with the director of the company, the accountant, the registered manager and five care workers. We received electronic feedback from three care workers, three relatives and three community professionals.

We reviewed the care records of ten people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

On 29 October 2018 with their permission, we visited three people who used the service and a relative in their own homes. On 30 October 2018 and 1 November 2018, we carried out telephone interviews and spoke to seven people who used the service and five relatives.

Is the service safe?

Our findings

At our last inspection of 21 and 28 July 2016, the key question safe was rated as good. At this inspection the rating for safe continued to be good.

People told us that they felt safe and secure with their care workers. One person said, "I have regular [care workers], they are lovely very trustworthy. I feel well protected in their company." Another person told us, "I like the fact that the carers check that all the doors and windows are locked before they leave my home."

The service continued to have systems in place designed to minimise the risks to people in relation to avoidable harm and abuse. Care workers were provided with training in safeguarding people from the risk of abuse and they understood their roles and responsibilities including how to report concerns. Where concerns had been received the service had raised safeguarding referrals appropriately. Safeguarding issues had been used to improve the service, for example, additional training to care workers when learning needs had been identified or following the provider's disciplinary procedures.

Risks to people's safety continued to be well managed. Care workers were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling and risks that may arise in the environment of people's homes. People, who were vulnerable because of specific medical conditions, had clear plans in place guiding care workers as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Care workers told us and records seen confirmed that the risk assessments were accurate and reflected people's needs.

There were sufficient numbers of care workers to meet the needs of people. The registered manager explained how they did not take on care packages unless they were assured they had the sufficient number of care workers to provide the care required. They told us that the senior management also delivered care to people which helped them to maintain relationships with people and to check care workers were competent. The service continued to maintain robust recruitment procedures to check prospective care workers were suitable to work in the service and of good character.

People told us that the care workers visited within the timescales agreed at the start of the care provision and at ongoing reviews. Wherever possible people were provided with regular care workers to support continuity of care. Records seen showed that there had been no recent visits that had been over 15 minutes late or been missed. One person said, "Always on time, stay the time they should and get everything done." Another person told us the care workers were, "Always on time; no complaints." A relative commented, "[Family member] is always contacted if a delay in care occurs due to unforeseen circumstances. Rarely happens; very reliable; I would thoroughly recommend this company."

There were suitable arrangements for the management of medicines. One person said, "I feel really comfortable with the carers I see. They organise my medication on time and carefully." A relative

commented, "[Family member] gets their medication as regular as clockwork."

Medicines administration records (MAR) were appropriately completed which identified that people were supported with their medicines as prescribed. People were provided with their medicines in a timely manner. Where people had medicines to be administered 'as required' protocols were in place to guide care workers on when to offer these.

Care workers were provided with medicines training and had their competency checked regularly by the management team. MAR records were audited to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and further support for care workers where required.

Care workers received training in infection control and food hygiene and understood their responsibilities relating to these areas. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment, such as disposable gloves and aprons. Care workers confirmed that these were readily available to them in the office and they could collect them when needed.

The management team had made changes to ensure lessons were learnt where shortfalls were identified and to reduce further risk. This had included further training and support to care workers where errors for example with medicines had been identified.

Is the service effective?

Our findings

At our last inspection of 21 and 28 July 2016, the key question safe was rated as good. At this inspection the rating for safe continued to be good.

People continued to be supported by staff who had received the appropriate training for their role. A person who used the service said, "My carers are very skilled." Another person said, "They (care workers) seem very efficient, the care I receive meets my present needs." A relative shared with us, "I think [family member] is looked after really safely. The carers are well trained for their jobs."

Care workers said they felt well equipped for their role through ongoing training and support. This included the provider's mandatory training such as moving and handling, first aid and safeguarding. Additional training to meet people's specific needs was also provided this included: fluid and nutrition awareness, diabetes and epilepsy. Refresher training was provided to maintain best practice.

Care workers continued to be encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate if they were new to the health and social care industry or completing nationally recognised accreditation courses and or qualifications if they were interested. The care certificate is an agreed set of standards recognising the knowledge, skills and behaviours expected of specific roles within health and social care. These measures demonstrated that the provider's training systems reflected best practice and supported staff with their continued learning and development.

Care workers confirmed that there was a programme of supervision which meant they met formally with a line manager regularly. One care worker said, "Throughout the year we have supervision and discuss how things are going, any training requests. There are spot checks by management to check your practice. The communication is good. If you have a problem you can contact the manager, a senior whoever you need. There is always someone to help. On call (out of hours service) works well if you have a question. They ring you back straight away."

People's care needs continued to be assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This considered their physical, mental and social needs and were regularly reviewed and updated. The service worked with other professionals involved in people's care to ensure that their individual needs were consistently met. Feedback from community professionals confirmed that appropriate referrals were made by the service and guidance was acted on.

Where required the service continued to support people to maintain a healthy diet. One person told us how they were being supported to eat and drink well. They said, "The carers prepare my meals and clear up afterwards. The carers ask what I want and they sort it. They make sure I have got a drink nearby before they leave."

People continued to be supported to maintain good health and had access to health professionals where

required. One person told us, "If I am feeling under the weather the carers will ring the doctor and get them to come and see me." Records demonstrated that the care workers were proactive in obtaining advice or support from health professionals such as a doctor when they had concerns about a person's wellbeing and acting on the advice given.

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.

We checked whether the service was working within the principles of the MCA. The registered manager advised that where people lacked capacity their relatives provided support with decision making where appropriate. The registered manager understood how to access additional support for best interest meetings if these were needed.

People told us they were asked for their consent before care workers delivered care to them, for example, with personal care or assisting them with their medicines. One person said, "All of the staff are really good with me. They listen carefully to what I want them to do and they get on with it." People's care records continued to identify their capacity to make decisions. People had signed their care records to show that they consented to the care and support they were being provided with.

Is the service caring?

Our findings

At our last inspection of 21 and 28 July 2016, the key question safe was rated as good. At this inspection the rating for safe continued to be good.

People had developed positive and caring relationships with the care workers who supported them. This was reflected in the complimentary feedback we received. People told us that their care workers treated them with compassion and kindness. One person said, "All the carers treat me really well. They have done a great deal for me. They chat with me the whole time they get me washed and dressed." A second person said, "All the carers are very good company. I really look forward to them coming."

Relatives were equally positive about the approach of the care workers. One relative commented, "[Family member] thinks the carers are all very friendly, kind people. [Family member] is on first name terms with all of them. [The care workers] always ask what [family member] wants to eat and drink. They go about their tasks unrushed and are very thorough." Another relative told us, "[Family member] enjoys the social contact she has with her carers; they keep her in touch with the world. She looks forward to them coming and gets on really well with [registered manager]. The carers are very good, have a nice way about them." A third relative said, "The carers have helped my [family member] and I to maintain our independence in our home. We are so grateful for this because neither of us could face being separated or having to go into a care home. The carers look out for my welfare and certainly look after my [family member] brilliantly." A fourth relative commented, "The carers are like part of the family. They know straight away if [family member] is having a good or bad day. I don't need to tell them anything they recognise it. They are very caring people with brilliant personalities. We couldn't manage without them. They do everything and more."

Care workers knew about people's individual needs and preferences and spoke about people in a caring and affectionate way. They understood why it was important to respect people's dignity, privacy and choices.

People and relatives shared with us how they had been included in developing their ongoing care arrangements through regular reviews and this was reflected in their records. People's care records continued to identify their specific needs and how they were met in line with their individual choices and preferences. Information in the records provided guidance to care workers on the areas of care that people could attend to independently and how this should be promoted and respected.

People told us that the support provided by the care workers helped them to be as independent as possible. One person described how they were encouraged to be mobile and felt reassured by the presence of the care workers. They said, "I can now walk properly with a walking frame thanks to their help." Another person commented, "When I walk with my frame they [carers] are with me. I do it myself but they are close by." A third person said, "My carers support me and they are encouraging me to be as independent as possible. Together we are making good progress. My carers are lovely." A fourth person told us, "The carers are chatty and friendly. They organise my clothes in such a way that I can manage to get dressed with very little help. But they are on hand if I need support." A relative shared with us, "The carers introduced [mobility

equipment] to help [family member] to the bathroom but after a week or so that wasn't required. [Family member] is now able to walk slowly to the bathroom. One carer stands in front and another carer behind to ensure [family member] does not fall. [Family member] is getting more confident."

People's right to privacy and dignity was respected and promoted. One person said, "The carers let me wash as much of myself as I can, they help with the rest. They help me to the commode and then walk away to give me a bit of privacy." Another person commented, "As I am in a wheelchair the carers always leave me with what I need to hand, with doors and curtains closed as required."

Is the service responsive?

Our findings

At our last inspection of 21 and 28 July 2016, the key question safe was rated as good. At this inspection the rating for safe continued to be good.

People were complimentary about the care and support provided that was responsive to their needs. One person said, "My carers are quick to act if I need extra help." Another person said, "The agency is very accommodating and adaptable. I have at times had to increase and decrease the number of visits depending on my health; never been a problem to make any changes." A third person commented about their main carer, "They help me to cope and make sure that I get all the support I need. They check that I have eaten properly and that I have taken all my medication. All the carers do everything that I want of them; they have kept me sane."

Relatives were equally positive in their feedback. One shared with us, "The carers do not take short cuts. They use the full time with my [family member] and sometimes spend longer if this is required. They are very friendly people and generous with their time. They never rush my [family member]. They never leave without checking that we are all okay." Another relative commented, "My [family member's] dementia has got worse. At first two carers used a hoist to transfer them into a wheelchair. This was done very professionally and with great care."

The service continued to ensure that people's care records identified how the service assessed, planned and delivered person centred care. People had an up to date version of their care plan in their homes. People's care records were detailed, kept under regular review and a version held securely in the office. People's care records covered all aspects of an individual's health, personal care needs, risks to their health and safety, and personal preferences. There were clear instructions for care workers for when a person needed assistance and when to encourage their independence. There were also prompts throughout for the care workers to promote and respect people's dignity.

There had been several compliments received about the service within the last 12 months. Themes included 'caring staff approach' and supporting families during difficult times.

People and relatives told us that they knew how to make a complaint and that details about how they could raise complaints had been provided. One person said, "There is information in my blue care folder." Everyone we spoke with told us that they had not needed to complain as any comments or concerns they made were acted on straight away. They said they were confident that if they made a complaint it would be dealt with properly."

No one at the time of our visit was receiving palliative care. However, care records showed that the service had sought the wishes and preferences of people including if they wanted to be resuscitated and these were kept under review. Care workers were able to tell us how they would ensure that a person had a comfortable and pain free death. The registered manager advised us they were planning further training and support to staff on advance care planning (ACP). ACP is used to describe the decisions between people, their families

and those looking after them about their future wishes and priorities for care.

Is the service well-led?

Our findings

At our last inspection of 21 and 28 July 2016, the key question safe was rated as good. At this inspection the rating for safe continued to be good.

People continued to be complimentary about the approach of the care workers and the registered manager. One person said, "My carers treat me with genuine concern. They are really good at their jobs; they are natural carers. I live downstairs now and [registered manager] was very helpful, they said that my safety was their major concern. [Registered manager] helped me rearrange my rooms so that carers can support me properly. [Registered manager] is a pleasant person." Another person commented, "I get on with all my carers and [registered manager] in the office."

Relatives shared equally positive experiences. One relative told us, "I think this agency employ people that have suitable personalities for this type of work. They seem to be really caring people you can trust and get on with." Another relative commented, "Our family is very satisfied with the care that [family member] receives. The carers and the manager are very professional and keep us informed of any welfare concerns." A third relative said, "It is a great relief that [family member] is in such good hands."

The registered manager was proactive and acted when errors or improvements were identified. They were able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved. They promoted an open culture where care workers told us they felt respected, listened to and encouraged to professionally develop. One care worker said, "I have always felt I get more than adequate support from my care manager and know I can speak to them about anything at any time."

Care workers were provided with the opportunity to comment on the service, including in meetings. The minutes of meetings showed that care workers suggestions, for example, how they supported people, were valued and listened to. The minutes showed that support workers were reminded of their roles and responsibilities and kept updated with any changes in the care industry."

Where comments from people were received the service took swift action to address them. This included requests to change their care worker, times of their care visits, amendments to planned healthcare appointments and activities relating to their wellbeing. The registered manager advised us that as part of ongoing development of the service they planned to implement formal systems to effectively and consistently capture the way people's feedback including comments and concerns were acted on and used to improve the service.

Systems were in place which showed that the service continued to develop. The registered manager continued to carry out a regular programme of audits to assess the quality of the service and identify issues. These included audits on health and safety, incidents and accidents and care records. We saw that audits and checks supported the management team in identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon, and action plans were in place. The registered manager shared with us their action plan for the service. This reflected the priorities and

continual progress of the service. This included active recruitment, staff training, enhancing people's documentation to include information on advance care planning, developing the medication audits and existing feedback systems to take account of informal comments and concerns.

The registered manager worked with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care. Feedback from professionals cited effective working relationships with the service. One community professional commented, "I found the service to be well run and reliable. I appreciate the good communication and the rapport that it has been possible to establish with the Angels By Classic staff." They added, "I enjoy working with Angels By Classic staff as they are always so receptive to considering creative care planning and are prepared to be proactive in assisting [people] to receive support services that are person centred."