

Caring Angels Home Care Limited

Caring Angels Home Care - Head Office

Inspection report

Suite 4, Heritage House
51 Racecourse Crescent
Shrewsbury
Shropshire
SY2 5BW

Tel: 01743588484

Website: www.caringangelsshrewsbury.co.uk

Date of inspection visit:
16 March 2017

Date of publication:
03 May 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

The inspection was carried out on 16 March 2017 and was announced.

Caring Angels Home Care Limited is a domiciliary care agency that provides personal care and support to people in their own homes. At the time of our visit, the agency was providing a service to 25 people. The frequency and duration of visits across the service varied dependent on people's needs.

There was a registered manager in post who was present during the inspection. 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 who used the service felt safe when supported by staff in their homes and when they went out with them. Staff had received training and were knowledgeable about the different types of abuse. They were able to recognise the signs of abuse and knew how to report any concerns, should they witness or become aware of abuse taking place.

Risks associated with people's needs and environments were routinely assessed and kept under review. Staff were aware of the risks and how to minimise these without restricting people's choice and independence.

People received support from regular care staff who provided consistent support. Safer recruitment checks were made to ensure that staff were suitable and safe to work with people in their own homes. The registered manager kept staffing levels under review and only took on new care packages when they had capacity to do so. People were supported by staff who were reliable and punctual.

People received support to take their medicines as prescribed. Only staff who had received training on the safe management of medicines were able to administer them. Staff monitored people's health and helped them access healthcare support where necessary.

People were confident that staff had the skills and knowledge to meet their individual needs. Staff were positive about the training opportunities offered to them and with the quality of training provided. Staff felt valued and well supported.

Staff sought people's consent and provided information to them in a way they understood to enable them to make decisions for themselves.

People's nutritional needs were assessed and staff were aware of their dietary needs. People were satisfied with the support they received to eat and drink enough.

People and their relatives were very complimentary about the support they received. People found staff to be patient, kind and caring. They were given choice and felt listened to. Staff treated people with dignity and respect and encouraged them to remain as independent as possible.

Staff had formed positive working relationships with people and their relatives. People received personalised care that took account of their wishes and preferences for service delivery.

People were encouraged to voice their opinions on the quality of care received. The provider had a clear complaints process.

People and their relatives felt the service was very well run and would recommend it to others.

There was a positive working culture where staff and management worked together to meet people's needs and the aims of the service. The registered manager had a range of checks in place to monitor the quality of the service and used the information to make improvements.

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 a punctual and reliable service from regular care staff.

Staff knew how to recognise signs of abuse and how to report their concerns.

Risks associated with people's needs and environments were assessed and staff took action to minimise the risks.

People were supported to take their medicine as prescribed to maintain good health.

Is the service effective?

Good ●

The service was effective.

People were confident staff had the knowledge and skills to meet their needs.

Staff were positive about the training opportunities offered and the support they received to fulfil their roles.

Staff sought people's consent and supported them to make their own decisions.

Staff monitored people's health and helped them access healthcare services as necessary.

Is the service caring?

Good ●

The service was caring.

People found staff to be patient, kind and caring.

Staff had formed positive working relationships with people and their relatives.

People were given choice and felt listened to.

People were treated with dignity and respect and encouraged to remain as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that took account of their wishes and preferences.

People were supported by staff who knew them well and were responsive to changes in their needs or circumstances.

People had not had cause to complain but felt able to raise concerns should the need arise.

Is the service well-led?

Good ●

The service was well-led.

People felt that the service was well run and had a positive impact on their wellbeing.

There was a positive working culture in the service where staff and management worked together to meet people's needs.

The registered manager monitored the quality of the service and used their findings to make improvements.

Caring Angels Home Care - Head Office

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 checked 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.

This inspection took place on 16 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was conducted by one inspector.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with seven people who used the service and two relatives. We spoke with six staff which included the registered and deputy managers and four care staff. We viewed three records which related to assessment of needs and risks. We also viewed other records which related to the management of the service such as complaints, quality assurance processes and three recruitment records.

Is the service safe?

Our findings

People who used the service told us that they felt safe when supported by staff in their home and when they went out with them. One person told us, "I feel as safe as I could be. I used to have another agency and they weren't as good as this one." Another person said, "They (staff) are very considerate and I feel very safe when they bath me." A relative told us, "We've got lots of confidence in them (staff). They know what they are doing and how to handle [family member] safely."

People were supported by staff who had received training on how to keep them safe from abuse. Staff we spoke with were able to tell us about the different types of abuse. They observed for potential signs of abuse such as changes in people's mood and unexplained injuries.. They told us the registered manager encouraged them to report and document any concerns. One staff member told us, "If I see something wrong I report it. I know [registered manager] would take immediate steps." Another staff member said, "We're the eyes; we've got to be proactive. We've got to report concerns." There had not been safeguarding concerns involving people who used the service however, both staff and the registered manager knew how to report their concerns to outside agencies should the need arise.

Risks associated with people's health, wellbeing and their environments were routinely assessed, monitored and reviewed. Two people told us they felt safe when staff used equipment to move them around their homes. Another person said care staff made sure they were wearing their community alarm and checked the food in their fridge was in date. Staff we spoke with were aware of people's different needs and the support and equipment they needed to use to minimise any risks. Staff had a clear understanding of their responsibilities to keep people safe. One staff member told us they kept people safe by checking that their equipment was in good working order, serviced and used correctly. Where people had a hoist they would ensure the slings remained in good condition and fit for purpose. They went on to tell us if they noticed changes in people's mobility, they would contact the management team to request the input of an occupational therapist. Another staff member explained that if a person had the capacity to make their own decisions and wanted to do something they felt left them at risk, they would explain the dangers so they could make an informed choice.

The registered manager actively encouraged staff to report any accident or incidents. Staff told us they would check the person for injuries, make them comfortable and seek medical advice if necessary. They subsequently reported the concerns to the management team. The registered manager showed us that they kept an incident log which they monitored for any trends. Where an incident had occurred we saw that the circumstances had been investigated and measures put in place to prevent reoccurrence.

People found staff were reliable and arrived on time. If there were traffic problems staff would let them know they were going to be late. One person said, "One morning they (registered manager) thought the care staff were going to be late so they arranged for another staff member to attend." Another person told us, "I'm very happy. They are always on time. I don't know how they do it. I like the fact that they don't send lots of different carers and I know who is coming." Staff felt there were enough staff and that they had sufficient time to meet people's needs in a person centred way. They regularly supported the same people and knew

their routines. The registered and deputy manager told us they covered care calls as and when necessary. This was confirmed by people we spoke with.

Staff told us they were unable to commence working with people in their own homes until their Disclosure and Barring Service (DBS) checks had been completed. The DBS enables employers to make safer recruitment procedures. The provider also sought references from previous employers. They had recently updated their application forms to capture more detail about potential new staff's education and employment history. These processes made sure potential new staff were suitable to work with people in their own homes.

People were satisfied with the support staff provided to take their medicines or apply their prescribed creams. One person told us, "They (staff) know exactly what they give me. They know them better than me." They went on to explain that they had their medicines delivered and if there was anything wrong the care staff would sort it for them. Another person explained that staff applied their prescribed creams for them. They said, "They (staff) write it all in the book." A relative told us, "They (staff) put creams on for [family member]. They fill in the charts and if the creams change they write it in the report and change the charts." Only staff who had received training on the safe management of medicines were able to administer them. Staff told us that management assessed their competency to handle people's medicines safely during 'spot checks' on their practice. Staff demonstrated they were aware of the action they should take in the event of a medicine error.

Is the service effective?

Our findings

People and the relatives we spoke with were confident that staff had the knowledge and skills to meet their needs. One person told us, "I feel I have the best (staff). They are absolutely spot on." Another person said, "They (staff) are very efficient all of them."

Staff were positive about the training opportunities they were offered and with the quality of the training provided. One staff member told us, "The training opportunities are fantastic. I've done so much since being here." They went on to say that they found all the training beneficial. Another staff member told us they were encouraged to develop their skills through training and refresher courses. They had found the stroke awareness particularly beneficial as it raised their awareness of the signs and symptoms of strokes. Staff also told us that each of their staff meetings included training. We saw that the staff meeting agenda and minutes recorded the topics covered. The registered manager was keen to develop staff knowledge and accessed local training facilities and online resources to achieve this. They kept an account of staff learning and dates refresher training was required.

Staff told us they had regular one-to-one meetings with management and felt well supported. They were able to discuss both work-related issues and personal matters. One staff member told us, "I've got a team backing me up. It's so nice to know I can just pick up the phone for support." Staff received a structured induction. They spent time in the office going through procedures and undertaking any training they required. They also shadowed (worked alongside) experienced staff until they got to know people and their needs. One staff member explained that they spent a full week and an extra day shadowing other staff, as they had not felt confident. They said, "I could have had an extra week if I wanted it." The registered manager told us that each staff member completed an induction before they supported people alone. If new staff had not had experience in care, they enlisted them on the Care Certificate. The Care Certificate is a nationally recognised training programme which trains staff about the standards of care required of them.

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 make 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. People told us that staff always asked their permission before they supported them and asked them what they wanted them to do. Staff we spoke with had a clear understanding of people's rights. One staff member told us "Everyone has rights; everyone has a choice. We can't force people to do things." Another staff member said, "I always talk to them (people) and explain things. I've learnt to rephrase things to include them and ensure they have understood. We have a duty of care to protect people's rights." All the staff we spoke with told us they documented and informed the office staff when a person declined support. The registered manager demonstrated that they would take appropriate action to protect people's rights if they did not have the mental capacity to make certain decisions for themselves.

Not everyone we spoke with required assistance with their meals. However, those that did were happy with

the support they received. One person told us, "They (staff) can do anything they are very good. If I want fish and chips, they will make it for me or I give them money and they will go and fetch it for me. They make sure drinks are available for me." Another person said, "They (staff) prepare my lunch and sandwich for tea and put my breakfast out for the next morning." Staff told us that they were made aware of people's dietary needs. Where there were concerns about what people ate and drank staff put charts in place to monitor their intake. They told us they always gave people choice and made sure they had a drink before they left them. A staff member explained that one person disliked ready-made meals so they helped them make up meals, labelled and froze them.

Staff supported people to maintain good health. One person told us, "I had pleurisy at Christmas and staff were very, very good. I've nothing but praise for them. They were very attentive when I was poorly." A relative said, "They (staff) notice everything and are on to things straight away. If there are problems with [family member's] catheter they will get me to contact the district nurse." Staff told us they knew people well and were able to recognise subtle changes in their health. For example, one staff member explained that one person was prone to urine infections and they were able to identify early triggers and arrange necessary treatment. Another staff member told us if there were concerns about people's health, they spoke with the person or their relative and gave them the opportunity to arrange a GP visit if necessary. Where staff contacted the GP they said they kept their relatives informed.

Is the service caring?

Our findings

People and their relatives were very positive about the care and support they received. One person told us, "They (staff) are very good, friendly and down- to- earth. You're made to feel at ease. [Staff member's name] is a very caring person." Another person said, "I'm surprised that they (staff) are so kind. I've heard about other carers who don't have the qualities that these do." A third person said, "I think they are wonderful – every one of them (staff). They are very kind and considerate."

People were supported by regular care staff who they had formed positive relationships with. One person told us, "They (staff) have interests and they tell me about them." They went on to say "We get in fits of laughter." Another person said, "We always have a bit of banter. It's no good if you don't have a bit of banter." Staff spoke fondly of people and showed a genuine interest in their wellbeing. One staff member told us, "Sometimes you may be the only person they see in that day. You go to work and leave your own worries behind." They went to explain they always greeted people with a smile and positive attitude to their work. They felt this enhanced people's wellbeing. Another staff member said, "I know mine (people) inside out and can tell if something is worrying them." They went on to tell us they provided reassurance where necessary and reported any concerns to the office staff.

People told us they were actively involved in decisions about their care and felt listened to by staff and management. One person said, "They (staff) always ask what you want them to do." Another person said, "They will do what I want. I've no cause to be discontented." Staff we spoke with recognised everyone as individuals and recognised that their needs and wishes could change. They told us they always offered people choice and respected their wishes. One staff member told us, "It's about doing it their way which is lovely. Doing it the way people want things done and not being restrained by time." Another staff member said, "I encourage people to express their views and feelings and provide reassurance where needed." Where staff had difficulty communicating with people they told us they adapted their approach to enable people to be involved. For example, one staff member explained if a person had hearing difficulties they would encourage them to wear their hearing aids if appropriate. They made sure they faced them as they were speaking with them and talked in clear tone without shouting.

People found that staff were respectful and mindful of their dignity. One person told us staff had the towels ready to cover them when they got out of the bath and made sure the water was not too hot. They said, "You really feel pampered when [staff member's name] has bathed you." Another person said, "They (staff) are very respectful as I am to them." A relative told us, "They're (staff) respectful always. They are nice and tidy and put things away." One staff member said, "You've got to respect them (people) and their dignity. We are in their homes." Another staff member told us, "Dignity is about ensuring privacy, doing what they (people) want and giving them choice." Staff told us they protected people's privacy by not talking about other people in front of them and by ensuring they put their report books away after they used them.

Staff focussed on promoting people's independence. One person told us, "They (staff) leave me to do stuff as much as I can." Another person said, "They (staff) do the things I can't. They fill in the gaps." A staff member told us, "The whole idea is to promote and encourage people to do things from themselves and not

take away their liberties." Another staff member explained that one person liked to walk without their frame. They said, "It's their independence and their choice."

Is the service responsive?

Our findings

People and their relatives felt the service they received was responsive to their needs. They were supported by regular staff who knew them and their needs well. One person told us, "It's better for me and the agency to have someone who knows me and the ropes." Another person said, "Sometimes I don't feel so well. I think they (staff) take note of when I'm not feeling so well and help as necessary." A relative told us, "They're (staff) very good. They seem to be better than me. They are very patient and know how to deal with [family member]."

People found staff and management flexible in their approach. If they wanted to make any changes to the time of their calls or their support, they either spoke to the care staff or contacted the office staff. One person told us if there was football on the television, the care staff would wait until it had finished before supporting them to get ready for bed. Another person told us they had been able to attend a family party because the registered manager had volunteered to drive them.

People had their needs assessed before they started to use the service to ensure that the agency was able to meet their needs and expectations. One person told us, "A staff member came and spent a couple of hours and went through what they could do for me." They went on to say they received the care they needed when they wanted it. A relative said, "In the beginning they came out and saw what we wanted and needed." People confirmed they received the care and support they required when they needed it. One person said, "I have [staff member's name]; they are wonderful. They will ask if I want any changes to my routine." They went on to tell us that staff were observant and would notice if they were running low on things and put them on their shopping list. A further person told us, "They (staff) always ask is there anything else they can do?"

The registered manager recognised the importance of accurately assessing people's needs and establishing people's preferences for care delivery. They told us they also tried to get as much background information as possible such as people's interests and hobbies. This enabled them establish which staff were more compatible to provide their support. One staff member explained they took time to speak with people about what help they wanted and how they preferred this to be provided. Where appropriate they also involved people's relatives to ensure they took everything into consideration. Staff also acknowledged they were working in people's own homes and recognised the need to respect people and their belongings. One staff member said, "You have to treat their home as they want you to. If they want certain things left in a certain way you leave them that way." Staff told us the management team provided them with information about people's needs before they supported them and they were told about any changes as they occurred. They were aware of their responsibility to report any changes they identified. For example, one staff member told us they had recently noticed that one person they supported had become more vulnerable and had reported this to the office. Over time staff told us they built up a bond with people and got to know them better. One staff member said, "I think we get to know their (people's) little ways."

People were encouraged to voice any concerns they may have through annual feedback surveys and their care plan reviews. One person told us, "They've (staff) told me if I have any problems to give them a call."

Another person said, "I've no complaints. If I was concerned I would ring the office." The registered manager told us they had not received any complaints but showed us they had a clear complaints process in place. They told us this formed part of the provider's information pack that was given to people when they started to receive support.

Is the service well-led?

Our findings

People and their relatives we spoke with were very satisfied with the service they received and would recommend the service to others because of this. One person told us, "They (staff) make your life worthwhile. I can't believe I'm so lucky. We hit on a good one (agency) straight away." Another person said, "I am very pleased with them (agency) and have recommended them to one or two of my friends who have them and are very happy."

People and their relatives knew the registered manager well and found them very approachable. One person said, "[Registered manager's name] is wonderful - such a sweet person. There is something very special about them. They are the right person in the right place." Another person told us, "[Registered manager's name] comes up quite often. They even brought me soup the other day. It was homemade - very good too." A relative told us, "[Registered manager's name] is really nice you can talk to them like talking to a friend." Another relative said, "They (registered manager) come regularly. They are hands-on. If I've got any problems, they are good at listening."

The registered manager was also the owner of the agency. They told us the aim of the service was to provide the best care so that people could stay in their own homes. There was an open and inclusive culture at the service where staff and management worked together to meet people's needs and to achieve the aims of the service. Regular staff meetings were held where staff were encouraged and felt comfortable to put their views forward. Staff explained that the registered manager not only listened, but took action to address any concerns they had raised. One staff member said, "I'm so glad I made the choice to come and work here. I love my role in this company. They don't just say they will do something; they will implement it."

Staff we spoke with felt well supported and valued. One staff member told us, "I'm very happy working here. It's a good team. We all sing from the same song sheet." Another staff member said, "I can honestly say their [registered manager's] door is always open and if we are short-staffed they come out to support us." They went on to tell us if they had got a personal problem they had got their personal mobile number so that they could call them for support. Another staff member told us the registered manager was supportive when errors were made and provided extra support and guidance through one-to-one meetings.

The registered manager led by example. They had a hands-on approach where they frequently made care calls themselves. This enabled them to identify any changes in people's needs and to gain feedback from people on the quality of the care they received. In addition to this, they actively sought feedback from people and their relatives through annual questionnaires, care plan reviews and during 'spot checks' of staff practice. We saw that the registered manager analysed the responses of questionnaires and developed an action plan to address any concerns raised. They used their quarterly newsletter to circulate their findings to people who used the service.

People were reassured that staff were supported to develop their practice and maintain good levels of care. One person told us, "One carer comes around to do a report on the other. They don't mind being watched as they are doing what they should. I think it is a good thing." Another person told us, "They're (staff) all very

well trained and the seniors keep an eye on them.[Staff member's name] is more confident now." Staff confirmed the management team regularly completed 'spot checks' on their care practices. They found the feedback constructive and helpful. One staff member told us, "Nothing is done to make you feel belittled." We saw that spot checks included observation of staff approach, the use of equipment and infection control. The registered manager also completed a range of checks to ensure good standards of care were maintained. For example, we saw that they checked medicine administration records (MAR). As a result, they had further developed the MAR sheet to promote more accurate recording.

The registered manager told us they were keen to maintain community links. They held a coffee morning each September for the MacMillan charity. They also raised money for 'hearing dogs' and collected used stamps for Marie Curie.

The registered manager had submitted statutory notifications to the Care Quality Commission. They are legally obliged to send us notifications of incidents, events and changes at the service without delay. This allows us to monitor any trends within the service.