

Home Help Angels Limited

Camberley

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

The inspection took place on 22 June 2017 and was announced.

Home Help Angels Limited Camberley provides a range of services to people in their own homes, including domestic help, shopping, support attending appointments and personal care. The service provided personal care to 25 people at the time of our inspection.

There was 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.

Staff provided people's care in a safe way. They understood any risks involved in people's care and managed these well. People could rely on the agency's staff and said their care workers had never missed a visit. They told us staff almost always arrived on time and that they were informed if staff were running late.

The provider carried out checks to ensure they employed only suitable staff. Staff attended safeguarding training and understood their responsibilities in terms of recognising and reporting abuse.

The provider had developed a contingency plan, which prioritised the delivery of care to people most at risk in the event of an emergency. Where people received support with their medicines, this aspect of their care was managed safely.

People received their care from regular staff who knew their needs well. Staff had access to the training and support they needed. All staff had an induction when they started work, which they told us had prepared them well for their roles. Staff attended regular refresher training and one-to-one supervision.

People's care was provided in accordance with the Mental Capacity Act 2005. Staff had received training on the principles of the Act and how it applied in their work. People were asked to record their consent to their care. The Director said they would seek the advice of the local authority in arranging a mental capacity assessment if a person lacked the capacity to make decisions about their care.

People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required. Staff understood people's healthcare needs and supported them to maintain good health.

Staff were kind and caring. People had developed positive relationships with their care workers and enjoyed their company. Relatives said staff treated their family members with respect and maintained their dignity when providing care. Staff supported people to maintain their independence wherever possible.

People received a service that was responsive to their individual needs. People were encouraged to be involved in developing their care plans to ensure they reflected their needs and preferences. People knew how to complain if they were dissatisfied. People told us they had not needed to complain but were confident that any concerns they raised would be addressed.

The service was managed effectively, which meant people received well planned care. People told us that communication from the agency's office was good. They said the Director and registered manager responded well to requests for changes. People and their relatives were encouraged to give their views about their care and their feedback was used as an opportunity to improve the service.

Staff told us they received good support from the Director and registered manager. They said the Director and registered manager were approachable and promoted an open culture in which they felt able to seek advice and raise any concerns they had.

The provider had established effective systems to monitor the quality of the service, which included spot checks on staff providing people's care. A member of the management team visited people's homes to check their care workers arrived on time, provided people's care safely and in line with their care plan, promoted their independence and treated them with dignity and respect.

The records we checked in the agency's office were accurate, up to date and stored appropriately. People's care and medication administration records were checked by team leaders each month to ensure that the quality of recording by staff was appropriate. Care and medication administration records were returned to the office for auditing by the Director and registered manager.

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.

Staff understood any risks involved in people's care and managed these well.

Staff were reliable and had never missed a visit.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency,

People were protected by the provider's recruitment procedures.

Staff attended training in safeguarding and were aware of their responsibilities should they suspect abuse was taking place.

People's medicines were managed and administered safely.

Is the service effective?

Good 

The service was effective.

People received their care from regular staff who understood their needs.

Staff had access to the induction, training and support they needed.

People's care was provided in accordance with the Mental Capacity Act 2005.

People's nutritional needs were assessed and recorded in their care plans.

People were supported to maintain good health.

Is the service caring?

Good 

The service was caring.

Staff were kind and caring and had developed positive

relationships with the people they supported.

Staff understood people's needs and how they liked things to be done.

Staff were enthusiastic about their work and motivated to do whatever they could to provide the support people needed.

Staff supported people in a way that maintained their dignity.

Staff supported people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People were involved in the development of their care plans.

Any changes in people's needs were communicated effectively to staff.

Staff had enough time at each visit to provide the care people needed.

Staff knew how to respond in an emergency.

People knew how to complain and felt comfortable raising concerns.

Is the service well-led?

Good ●

The service was well-led.

The management team worked together effectively to ensure that people received well planned care.

People were encouraged to give their views about the service and these were listened to.

Staff received good support from the Director and registered manager.

There were effective systems of quality monitoring, which included spot checks on staff providing people's care.

Records relating to people's care were accurate, up to date and stored appropriately.

Camberley

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 was 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 22 June 2017. The provider was given 48 hours' notice of our visit because we wanted to ensure the registered manager and Director were available to support the inspection process. One inspector undertook the inspection.

Before the inspection we sent questionnaires to 22 people who used the service and received 12 responses. We reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection the provider completed a Provider Information Return (PIR). The PIR 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.

During our inspection we visited the agency's office and spoke with the registered manager, Director and six care staff. We checked care records for three people, including their assessments, care plans and risk assessments. We looked at four staff files and records of staff training and supervision. We also checked records related to the management of the service, including satisfaction surveys, complaints, quality monitoring checks and audits.

Following our visit to the agency's office, we spoke with six people who used the service and four of their relatives by telephone to hear their views about the care and support provided.

The last inspection of this service took place on 3 October 2013 when we identified no concerns.

Is the service safe?

Our findings

People told us they felt safe when staff provided their care. They said staff understood how their care should be provided and any risks involved in their care. One person told us, "I feel very safe with them." Relatives were confident their family members were safe when receiving their care, which they said was reassuring to them. One relative told us, "It's a weight off my mind, knowing they are going in to see her." Feedback from people who returned questionnaires indicated people felt safe. 100% of respondents said they felt "safe from abuse and or harm from my care and support workers."

People told us that they could rely on their care workers when they needed them. They said their care workers had never missed a visit and almost always arrived on time. One person told us, "Their timekeeping is very good." Another person said, "They always arrive on time unless they are held up at their previous call." People told us the agency contacted them to let them know if a care worker was delayed. One person said, "If they're running late, they give me a ring to let me know so I don't get all anxious." Another person told us, "If there's ever a problem, they ring me. If they're running late, they give me a call to let me know." Feedback from people who returned questionnaires confirmed staff attended their visits on time. 100% of respondents stated "My care workers arrive on time" and "My care workers stay for the agreed length of time."

The Director explained that staff were told to inform the office if they were delayed by 15 minutes or more, which enabled a member of office staff to call the person and let them know their care worker would be late. The Director told us people were encouraged to call the office if their care worker had not arrived 15 minutes beyond the scheduled visit time, partly to ensure their care visit was covered but also to enable office staff to check that the care worker was safe. Staff said they had travel time built into their rota, which enabled them to make their calls on time unless they were delayed at their previous visit. One member of staff told us, "I get plenty of time in between." Staff confirmed they had been told to contact the office if they were running late to enable the provider to advise people of the delay.

People told us that care workers took appropriate steps to keep their property secure. The agency ensured that information about how to access people's homes was kept safe and only available to those who needed to know. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel. The provider had identified those people most at risk, such as those living alone, and put plans in place to prioritise the delivery of their care in the event of an emergency.

Staff received training in safeguarding and recognising the signs of abuse. The provider told us they had reminded staff of their responsibilities to report any concerns they had about abuse or people's safety. The provider had obtained the local multi-agency safeguarding procedures and staff had been given information about how to raise concerns outside the agency if necessary.

Staff were able describe the signs of abuse they would look out for and the action they would take if they suspected abuse was taking place. They said they had confidence in the provider to take appropriate action but were aware of how they could report concerns outside the agency if necessary.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe. Risk assessments considered any equipment used in the delivery of care and the environment in which the care was to be provided. Guidelines had been produced for staff about how to minimise any risks involved in the delivery of people's care. Where an incident or accident had occurred, there was a clear record of how the event had occurred and what action could be taken to prevent a recurrence.

The provider carried out appropriate checks to ensure they employed only suitable people. Prospective staff were required to submit an application form detailing qualifications achieved, training attended and an employment history, along with the names of two referees, and to attend a face-to-face interview. We found the provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Some people's care involved support to take their medicines. Staff responsible for administering medicines had been trained in this area and their competency had been assessed. Staff attended regular refresher training in the safe management of medicines and their competency was checked periodically at spot checks made by the registered manager, Director or a team leader. People whose care involved support with medicines had a medicines administration record in their home, which was completed by staff each time they administered their medicines. Medicines administration records were checked regularly to ensure they were being completed accurately and that people were receiving their medicines safely. Team leaders checked medicines administration records when they visited people in their homes to carry out monthly monitoring visits. Medicines administration records were then returned to the office, where they were audited by the registered manager or Director.

Is the service effective?

Our findings

People received their care from regular staff who knew their needs well. People told us that they were always told which care worker was visiting them, including if their regular care worker was away. One person said, "We have regular carers; It's always someone I know." Another person told us, "They let us know if it's a different carer coming but we don't mind because they are all lovely." Relatives told us their family members received consistent care and support from staff who were familiar to them. One relative said, "The consistency is very good, which is important." Feedback from people who returned questionnaires confirmed they were happy with the consistency of care they received. 100% of respondents stated "I receive care and support from familiar, consistent care workers."

Staff told us the registered manager planned the rota to ensure they visited the same people on a regular basis. They said this had benefits for themselves and the people they cared for. One member of staff told us, "It means you get to know them really well, you get to know how they like things done." Another member of staff said, "People like to know who's coming and it means they don't have to explain how they want things done over and over again."

People were cared for by staff who had the training and support they needed to do their jobs. All staff attended an induction when they joined the agency, which included shadowing an experienced colleague. Staff told us the induction process was thorough and had prepared them well for their roles. They said the Director and registered manager had ensured they were competent and confident before they provided people's care. One member of staff told us, "The induction was very good. I shadowed until I was confident enough to go out on my own." Another member of staff said, "I was given all the training I needed before I went out. I did a lot of shadowing. I was out with [registered manager] and [Director] until I felt confident enough to go out on my own." A third member of staff told us, "The induction was very thorough. I was shadowing for quite some weeks."

Staff told us they had access to the training they needed to provide people's care. They said they attended all elements of core training in their induction, including health and safety, first aid, moving and handling, safeguarding, infection control, food hygiene and the safe management of medicines. Staff competency in moving and handling and the administration of medicines was assessed by the director or registered manager before they were authorised to perform these tasks. Staff completed regular refresher training in these core areas, which they said helped maintain their skills and knowledge. Staff described these refresher sessions as "very helpful" and "very useful."

Staff also had access to any additional training they needed to meet the specific needs of the people they cared for. For example staff had received training on catheter management from a community nurse to meet one person's needs. Another person used a stoma following an operation and care staff had attended a training session on the use of this device with the nurse caring for the person in hospital.

Staff had opportunities for professional development. Staff told us the Director and registered manager encouraged them to work towards relevant professional qualifications. One member of staff said, "I got

offered to do a NVQ, which I snapped up." The Director told us that all new staff would be expected to complete the Care Certificate if they had not done so before they joined the agency. The Care Certificate is a set of nationally agreed standards that health and social care workers should demonstrate in their daily working lives.

Staff told us they had regular one-to-one supervision with the Director or registered manager. They said these sessions provided valuable opportunities to discuss their professional development and support needs. One member of staff said of supervision, "It's very useful; I say what's on my mind, although I can 'phone and speak to them anytime." Another member of staff told us, "I can talk about anything I need support with."

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.

People's care was provided in accordance with the MCA. Staff had received training on the principles of the Act and how these principles applied in their work. People were asked to record their agreement to their care plan and confirm their consent to the care being provided. The Director told us that if a person lacked the capacity to make an informed decision about their care, they would seek the advice of the local authority in arranging a mental capacity assessment. The Director said if a mental capacity assessment identified that a person did lack capacity, the local authority would convene a meeting involving all relevant people, such as relatives and healthcare professionals, to ensure any decisions were made in the person's best interests.

People who received support with meal preparation were happy with this aspect of their care. They told us staff prepared meals they enjoyed and knew their preferences about the food they ate. People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place which outlined the support they required.

Staff understood people's healthcare needs and supported them to maintain good health. People told us staff had supported them to make and attend appointments related to their health. Staff told us they had been told to raise their concerns with the office if they noticed a change in a person's needs or suspected they were unwell when they visited. They said the Director or registered manager responded promptly if they raised concerns with them. The Director said care workers were often able to identify small changes as they knew the people they cared for so well. This was confirmed by the relatives we spoke with, one of whom told us, "They are very good at noticing any changes because they know him so well."

Is the service caring?

Our findings

People were supported by kind and compassionate staff. People told us the care workers who visited them were caring and helpful. They said their care workers treated them with respect and maintained their dignity when providing care. One person told us, "We couldn't be happier. They're a lovely lot." Another person said, "We're very happy with them. They are wonderful to us."

Feedback from people who returned questionnaires confirmed they were happy with the care they received. 100% of respondents stated "I am happy with the care and support I receive from this service", "My care and support workers always treat me with respect and dignity" and "My care and support workers are caring and kind."

People told us they had developed positive relationships with their care workers and looked forward to their visits. One person said of their care workers, "We get on very well. They are like friends to me." Relatives told us their family members got on well with their care workers and enjoyed their company. Some relatives said care workers had been supportive to them in addition to caring for their family members. One relative told us, "They look after both of us very well."

Staff spoke enthusiastically about their work and were committed to providing high quality care that met people's individual needs. Staff told us the Director and registered manager encouraged them to do whatever they could to provide the support people needed. One member of staff said of the Director and registered manager, "They encourage us to go the extra mile." Staff told us the Director and registered manager demonstrated a caring approach in their own work. They said the Director and registered manager valued them for the work they did and recognised when they had gone beyond expectations in supporting people. One member of staff told us, "They are very appreciative and grateful. We get appreciation emails and we have 'Carer of the Month'. They make you feel good about what you do."

We heard examples of how staff had supported people in aspects of their lives that were not included in their package of care. One member of staff had supported a person to manage a situation that caused them anxiety. The person's utility bill had increased threefold and they were anxious they would not be able to make the new payments. With the person's agreement, the member of staff contacted the utilities provider and established that the bill had risen because the person's meter had not been read for some time. The member of staff arranged for a meter reading to take place and for the person to register for a tariff that would better meet their needs. These actions reduced the person's regular bills to a manageable level and reduced their anxiety about making the payments. Another member of staff had spent a good deal of their own time taking a person's pets to the vet when they were unable to do so themselves. The Director and registered manager had taken several people for lunch to celebrate their birthdays, especially if they lived alone or did not have family nearby to celebrate with them.

People told us their care workers encouraged them to be independent and feedback from questionnaires confirmed people were happy with the support they received to maintain their independence. 100% of respondents stated "The support and care I receive helps me to be as independent as I can be." People's

care plans identified which aspects of their care they could manage by themselves or with support and staff confirmed they aimed to promote people's independence when they supported them. One member of staff told us, "We encourage them to do things for themselves where they can."

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. People were issued with a statement of terms and conditions when they began to use the service which set out their rights and the service to which they were entitled. The provider issued each person with a privacy statement when they began to use the service. The privacy statement explained what information the agency held about each person, how this information would be used and who else would have access to it. The provider had a confidentiality statement, which set out how people's confidential and private information would be managed. Staff were briefed on the statement and the importance of managing confidential information appropriately during their induction.

Is the service responsive?

Our findings

People received a service that was responsive to their individual needs. People said their care workers had enough time at each visit to provide the care they needed. They told us that if their needs changed, their care plan was amended and their visit time extended. Feedback from questionnaires confirmed that people's individual needs were met. 100% of respondents stated "I am involved in decision-making about my care and support needs", "My care and support workers stay for the agreed length of time" and "My care workers complete all of the tasks that they should do during each visit."

The Director or registered manager assessed people's needs before they began to use the service to ensure the agency could provide the care they needed. Assessments identified any needs people had in relation to health, mobility, communication, nutrition and hydration, medicines and personal care. Assessments also recorded what people wanted to achieve from the service and their preferences about their care.

Each person had an individual care plan drawn up from their initial assessment. Once the care plan had been drafted, it was shown to people to check the contents reflected their wishes and preferences. Care plans provided detailed guidance for staff about people's needs and the way they preferred things to be done. People told us their care workers understood their needs and followed their care plans. They said their care workers knew their preferences about their care and support. One person told us, "They do exactly what they're supposed to do." Another person said, "They know how I like things to be done." A relative told us they were confident that staff followed their family member's care plan as they observed the care they provided at each visit. People's care plans were reviewed regularly to ensure they continued to reflect their needs.

Staff told us they were always given enough information about people's needs before they began to provide their care. One member of staff said, "We get a detailed email about their needs and preferences and we know the care plan will be there. And we know if we have any questions, we can call [Director or registered manager] and they will advise us." Another member of staff told us, "We always get a briefing and the care plans and risk assessments are very thorough, they tell you everything you need to know." Staff said the Director or registered manager informed them straightaway of any changes to people's care plans. One member of staff told us, "[Registered manager] and [Director] are very good, they email us any changes straightaway; the communication is very good here." Another member of staff said, "We get informed about any changes straightaway." Staff told us they always checked people's care plans and medication administration records for any changes before providing care at each visit.

Staff told us they had enough time at each visit to provide the care people needed. They said they had been told to report any changes in people's needs or found that they regularly needed more time than was allocated to provide a person's care. Staff told us that the Director and registered manager took action if there was insufficient time at a visit to provide the support people needed in an unhurried way. One member of staff said, "If I feel anyone needs more care or they need more time, I would always report it to the office." The member of staff told us they had recently highlighted that one person they supported needed more time to shower and get dressed in the morning. They said the Director was negotiating the provision of

additional hours to ensure the person received the care and support they needed.

Staff knew how to respond in an emergency. One care worker described how they had responded recently when a person they cared for became unwell. The care worker told us they had immediately contacted the office and had received good support to manage the situation. The care worker also contacted emergency services and stayed with the person until an ambulance arrived. The office covered the care worker's remaining calls that day. The care worker told us they were committed to ensuring the person was safe before they left them, especially as they were aware the person would be alone after their visit. The care worker said, "We wanted to make sure he was okay before we left. We wouldn't have felt happy about leaving him knowing he might not see anyone until his next call."

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. People who used the service and their relatives told us the provider had made them aware of the agency's complaints procedure. They said they had never needed to complain but would feel comfortable doing so if necessary. People told us they were confident any complaints would be investigated and dealt with appropriately by the provider. The provider said they had received no complaints about the service. No complaints about the agency had been made to the CQC.

Is the service well-led?

Our findings

People and their relatives told us the service was well organised and managed. They said the communication from the office was clear and effective. People told us they received all the information they needed about their care and could always contact someone at the office if they needed to. One person said, "Their communication is very good." A relative told us, "We can call any time if we need anything; they're always at the end of the 'phone."

People were regularly asked for their views about their care and their opinions were listened to. People told us they were encouraged to give feedback about their care through face-to-face visits, telephone checks and surveys. They said the Director and registered manager visited them to hear their views and had always acted to make changes they requested. One person told us, "Director and registered manager] visit occasionally and they 'phone us up. If there have ever been any hiccups, they've straightened things out straightaway." Another person said, "They 'phone me up and someone comes round and does a survey every so often."

We saw evidence that the Director and registered manager responded in a positive way when people indicated they were not satisfied with the service they received. The results of the most recent survey carried out by the agency were almost entirely positive but one person had indicated they were not satisfied with some aspects of the service. The Director and registered manager had visited the person to establish what they were dissatisfied with and how they could adapt the service to meet their needs.

Staff told us the Director and registered manager provided good support and were always available if they needed them, including out-of-hours. They said the Director and registered manager were knowledgeable and always made time to speak with them if they needed advice or support dealing with an incident. One member of staff told us, "They are very approachable and knowledgeable. I never hesitate to contact them if I need advice." Another member of staff said, "The support is amazing. They are the best people I've ever worked for. They'll always make time for you." A third member of staff told us, "If we are unsure about something, they always take time to explain. They are very clear in the advice they give, they don't fob you off, they deal with it and make sure you have an answer." A fourth member of staff said, "They are really good, very encouraging and supportive. We all feel we can call them at any time. It's nice to know the support is there if you need it."

Staff told us that the quality of support meant that morale within the team was good. They said staff worked well together and supported one another well. One member of staff told us, "We all get along so well. The morale when you come into the office is a boost." Another member of staff said, "We work very well as a team, we all support one another."

The agency's management team comprised the Director, registered manager and two team leaders. A member of the management team was always available to people who used the service, their relatives and staff, including out of office hours. The management team worked together to ensure that the agency operated effectively. This included planning the rota to ensure that all care calls were allocated and that

staff had manageable work schedules. The Director told us they did not agree to take on packages of care unless they were confident the agency had the staffing resources to meet them.

The management team also carried out quality monitoring checks, including making spot checks on staff providing people's care. A member of the management team visited people's homes by arrangement to check their care workers arrived on time, dressed appropriately, carried proof of identity and maintained the security of the person's property. The management team also checked that care workers provided people's care safely and in line with their care plan, promoted people's independence and treated them with dignity and respect. One member of staff said of the spot checks, "They do them randomly. They check we're doing the right practice. They check medication and moving and handling." Staff told us they received feedback following spot checks, which was designed to ensure they provided care in line with people's individual preferences and best practice guidelines. One member of staff said if a spot check identified shortfalls in their practice, "They speak to you about it but in a nice way, they support you to improve."

The records we checked in the agency's office relating to people's care were accurate, up to date and stored appropriately. Staff maintained a daily log for each person, which recorded the care they received and, where relevant, their food and fluid intake and any medicines they were given. Care and medication administration records were checked by team leaders each month to ensure that the quality of recording was appropriate. Following these checks in people's homes, care and medication administration records were returned to the office for auditing by the Director and registered manager.