

Amazing Angels Homecare Limited

# Amazing Angels Homecare

## 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

We undertook an announced inspection of Amazing Angels Homecare on 10 May 2016. We told the provider two days before our visit that we were coming to make sure that someone would be available to support the inspection and give us access to the agency's records. Amazing Angels Homecare provides personal care services to people in their own homes. At the time of our inspection 36 people were receiving a personal care service from the agency. The service was supporting people with a range of needs, including older people with living with a dementia type illness, people with physical disabilities and people living with mental health needs.

The agency had a registered manager. 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. The registered manager assisted us with our inspection.

Risks to people's safety had been assessed and people's premises were risk assessed to help ensure people were safe within their own home. People were kept safe because staff understood their responsibilities should they suspect abuse was taking place. People told us they felt safe in the hands of the staff they received the care from. People received the medicines they had been prescribed and medicines auditing took place to ensure staff were following good medicines management procedures.

Staff had a good understanding of the principles of the Mental Capacity Act 2005 (MCA). People were asked for their consent before they received care and staff told us they always encouraged people to make their own decisions.

People received information on how to make a complaint should they need to. People told us they would be happy to discuss any concerns they may have with the agency. The agency had a contingency plan in place which would be used in the event of an emergency. People had access to contact details should they need to contact the agency outside of normal working hours.

There were enough staff to meet people's needs. People told us staff, on the whole, turned up on time and always stayed the full time they needed them. The provider's recruitment procedures helped ensure that only suitable staff were employed to work for the agency.

People received their care from staff who were supported through supervision and had access to relevant, on-going training. Staff felt supported by management and said they could approach them with any queries they had. Regular staff meetings were held which staff told us they found very useful.

People were supported to access healthcare professionals when they needed to. Although people were not provided with meals cooked from scratch by staff, people confirmed when staff prepared their breakfast or

snacks they were always asked what they would like.

People's needs were assessed before they received care from the agency. This was to ensure the agency could meet the person's needs. People told us staff were kind and caring. They said staff treated people with respect. People's care records were written in a person-centred way and included information about people's background and personal preferences. Staff escorted people to their activities when they wished them to.

The provider had a system of quality monitoring, which helped ensure that all areas of the agency were working well. People and relatives were invited to give their feedback and comments made were listened to and acted upon by staff.

## 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's risks were assessed. This included risks in relation to a person's home or any equipment they used.

People received the medicines they required and medicines recorded were audited regularly.

The agency employed a sufficient number of staff to help ensure people received their calls when they expected them and staff were enabled to stay the full allocated time.

The provider carried out appropriate checks when employing new staff. Staff were aware of their role in relation to reporting any safeguarding concerns they had.

People had access to a 24-hour call service should they have an emergency and there were arrangements in place in the event of bad weather.

### Is the service effective?

Good ●

The service was effective.

Staff had a good understanding of the legal requirements in relation to the Mental Capacity Act.

People were provided with a choice of the food and drink they had.

Staff were trained to ensure they could deliver care based on best practices. Staff received support from management through supervision and appraisal.

People had access to external healthcare professionals when they needed it.

### Is the service caring?

Good ●

The service was caring

People were treated with kindness and care, respect and dignity.

Staff encouraged people to make their own decisions about their care and were supported to be independent.

Relatives were complimentary about the service.

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

**Good** ●

The service was responsive.

People were given information how to raise their concerns or make a complaint.

Care plans were comprehensive and regularly reviewed.

People were supported to take part in activities by staff.

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

**Good** ●

The service was well-led.

People were asked for their feedback about the service they received and any comments were acted upon.

Staff felt supported by the registered manager and relatives thought the agency was managed very well.

Staff were supported to feel part of a team as the registered manager held regular group or team meetings.

# Amazing Angels Homecare

## **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 10 May 2016. The provider was given 48 hours' notice. We did this to ensure the registered manager was available to meet with us and provide access to records. Due to the size of the agency this inspection was carried out by one inspector.

Before the inspection we reviewed records held by CQC which included notifications and other correspondence. A notification is information about important events which the registered person is required to send us by law. We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. 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. This was because we changed the date of our inspection. The provider sent us a contact list of people who used the service, staff employed and other professionals involved with the agency prior to our inspection.

During our inspection we went to the agency's office and met with the registered manager and three senior staff. We reviewed a variety of documents which included five people's care plans, four staff files and other records relating to the management of the service.

After the inspection, we conducted telephone interviews with seven people who used the service and two relatives of people who received care. We also undertook telephone interviews with seven care staff to seek their views on working with the agency.

We spoke with two health and social care professionals who were involved in the care provided to people who used the service.

Amazing Angels Homecare was last inspected in May 2014 where we had no concerns.

# Is the service safe?

## Our findings

People told us they felt safe with the care staff that supported them. One person said, "I feel safe because the staff have had lots of training." Another told us, "It's their (staff) general attitude that makes me feel safe. I've not had any reason to feel unsafe."

People were helped to remain safe as staff had received safeguarding training and were clear about their responsibilities if they suspected abuse was taking place. Staff knew that the local authority were the lead agency for safeguarding and had been given information about the provider's whistle-blowing policy should they wish to report any general concerns about the home. One staff member told us, "If nothing was done (by the agency) I would go to the police or CQC." Another said, "I would tell the person I had a duty to report anything I was concerned about."

Risks to people had been identified and on the whole support plans were in place to keep people safe while supporting their independence. Risk assessments included a description of the risk and there were action plans for the staff to follow to minimise the risks and to prevent harm. Risk assessments covered areas such as slips and trips.

At the start of every new care package, one of the office managers completed an assessment with people. This included assessing any risks associated with people's needs, living environment or equipment. Where people had mobility needs, we saw that an additional moving and handling risk assessment had been completed and the agency had taken steps to check that any specialist equipment, such as hoists, were maintained in good working order.

Appropriate steps had been taken to ensure that information about how to access people's homes was kept secure and only available to those who needed to know. We read in some cases staff were asked to contact a relative for information on how to gain entry to their family member's home. In addition care staff had a policy on what they should do if they could not gain entry. This provided people with the additional peace of mind that there was a safe contingency plan in place if staff could not gain access for any reason. The agency operated an on-call service and there was a plan in place in the event of bad weather, for example, so people would still receive care. All of this helped to ensure people received consistent care from the agency.

The agency had good systems in place to safely support people with the management of their medicines, although most people did not require support when taking their medicines. Where people needed to be prompted, their care records contained details of the prescribed medicines and each person had a Medicines Administration Record (MAR) which was held in their home. Staff signed the MAR each time a medicine had been taken by the person.

The registered manager told us that staff did not generally administer PRN (as required) medicines to people. Topical medicines (creams) were administered by staff and there was guidance in people's care plans however the information to staff was not detailed. For example, we noted, 'cream at every visit'. We

spoke with the registered manager about this at the end of our inspection. Following our inspection the registered manager provided us with evidence to show they had taken immediate action and introduced new documentation for staff which included a body map clearly showing where topical creams should be applied.

All staff had been trained in the safe administration of medicines and the agency had clear policies and procedures for them to follow. One member of staff was the 'medicines supervisor' and had the responsibility of checking people's MAR charts against stock levels in people's homes each month. We saw that MARs were regularly returned to the office where they were audited by a senior member of staff. Where errors were identified, for example if a member of staff had forgotten to sign the MAR, the registered manager met with the staff member and provided additional training and support.

People were cared for by staff who had the time to care for them. The registered manager told us that they tried to ensure that people were supported effectively and wherever possible by care workers that they knew. Most people confirmed that they received regular care staff and said they were very grateful for this. People told us, "I have consistent staff who come to me" and, "I nearly always have the same one (staff)."

We noted from a sample staff rota that no travelling time had been allocated for staff between calls, although this did not impact on the time staff spent with people or the care they received. The registered manager told us that travelling time was allocated but this did not appear on the staff rotas. When we spoke with staff we were told by them that this was not routinely the case. They told us they were only allocated travelling time if the calls were more than a certain distance apart. Most staff said they worked in close geographical area which meant travelling time was reduced and they did not arrive late for people. One member of staff told us, "Most of my calls are about two minutes apart. But if they are further afield I'm allocated 15 minutes travelling time." Another said, "Even though we are not allocated travelling time I always stay the full time with people." However one staff member commented, "Sometimes I'm running late because I am not given travelling time."

Five of the seven staff we spoke with us told they often started their day early to ensure people had their calls when they expected them because of the lack of travelling time. People told us staff usually turned up at the time they expected. One person said, "90% of the time staff are on time." Another told us, "Normally on time – it's usually within five minutes." A third person said, "They are very prompt." People told us that, on the whole, the office would telephone them if staff had been held up and were going to be more than 15 minutes late. A relative told us, "So far, so good. Staff turn up on time and leave on time."

Staff felt that the time allocated for calls was usually sufficient to undertake the tasks expected of them. They also told us that if they ever finished early, then they would do additional jobs for people. Staff confirmed that if people were ever unwell or needed extra time, then they could just contact the office who would arrange for the next person they were due to visit to be called or covered by someone else. One member of staff told us, "If someone was tearful or upset I would stay longer. I would never walk out on someone. If I am running behind because of this I would call the office and they would take calls off me."

The registered manager told us she had an expectation that care workers should spend the full allocated time with each person. People confirmed that staff did this. One person said, "They stay the full time if I need them to." Another person said, "Sometimes I don't need them to stay the full time but they would if I needed it." A third person said, "As long as I need them then they (staff) will stay." A fourth person commented, "They (staff) never seem to want to rush off." No one we spoke with had experienced a missed call.

People were cared for by staff who had undergone robust recruitment checks which helped ensure that only



suitable staff worked at the agency. Staff were required to complete an application form with evidence of full employment history, proof of identity, proof of address and a criminal record check certificate before they started work. Staff confirmed this happened. One told us, "I had to wait for all of my paperwork to be completed before I started work."

## Is the service effective?

### Our findings

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. One person told us, "They always ask me first."

Staff had a good understanding of their responsibilities in relation to the MCA. They (staff) were able to describe to us the general principles in relation to the Act. For example, one staff member told us, "Everyone has capacity unless proven otherwise. We have to give people full choice about every decision."

Where people had capacity we noted that they had signed to agree to the care they were to receive from the agency. We noted in the event that people lacked capacity the registered manager had sought consent from family members.

Staff had access to the training and support they needed to do their jobs. Staff told us they had an induction when they started work, which included shadowing an experienced colleague. One staff member told us, "It was joint decision between me and the manager when I was ready to work alone." Staff had received all aspects of mandatory training which included emergency first aid, fire safety, moving and handling, medicines management, safeguarding, infection control and food hygiene. Staff also had access to training specific to the needs of people. For example, dementia training. One member of staff who had received dementia training told us, "It really helped me understand (all about it)." Staff told us the training was good and they had regular access to updates and refresher training.

Staff told us they had regular supervision/spot checks as well as annual appraisals. This gave their line manager the opportunity to make sure training was being transferred into good practice and for staff to discuss all aspects of their work with their line manager. A member of staff told us, "They allow me to express any worries I have." Another staff member said, "It's a useful opportunity to speak to the managers."

People were involved in choosing the foods they ate. Although care staff did not prepare people's meals from scratch, they were involved in providing people with breakfast, snacks or heating up their meals. People told us that staff would always offer them choice. The registered manager told us they were not currently providing care or support to anyone who had a specific dietary requirement.

People were supported to obtain treatment when they needed it. Staff told us they would have no hesitation in telephoning the GP if they felt a person needed it. They (staff) also said they would alert a family member if they felt someone was unwell and notify the office. Care records showed that the agency worked with other agencies to help ensure appropriate care was provided. For example, the district nurses, GP or occupational therapy services. This was confirmed by one staff member we spoke with who told us, "I know the district nurses so if I have any concerns I would ring them for advice or guidance."

## Is the service caring?

### Our findings

Everyone we spoke with was positive about the care they received from Amazing Angels Homecare. Typical responses we received from people when we asked them about staff were, "They're pretty good", "Polite, kind and caring", "Respectful and helpful" and, "Nice people."

People were cared for by staff who knew them well. Care staff told us how they spent time getting to know people and their individual interests by reading people's care records when they first visited them. Staff were able to answer questions we had in relation to people without hesitation and they could tell us the medical and support needs of people. One person told us, "I know the staff very well." A relative told us, "The carers are clued up."

People were encouraged to be independent by staff in a safe way. One person told us, "They support me to be independent. If they see I want to do something myself they (staff) respect this." Another told us, "They encourage my independence." A third person said, "They support me to walk but I am safe."

People were treated with respect and dignity. People told us staff were, "Polite" and treated their home with respect. One member of staff said, "I always make sure I ask how people are feeling. If they have someone visiting I would always carry out personal care in another room." Another said, "I talk slowly and make sure I am polite."

People were made to feel as though they mattered. One person said, "They (staff) take time to talk. Really and truly I'm very happy." Another person told us, "They are very good at pointing things out to me which I might not notice myself. I have confidence in them." A third person said, "They always check with me first before they do things." A further person told us, "They always make sure I have drinks near me when they leave." Staff told us they spent time with people. One staff member said, "I always listen to people. I can sit and have a chat with them."

People could make their own decisions. People told us they could always tell staff what they wanted them to do for them. One person told us, "If I want to make any changes I can." A member of staff said, "I give them a choice." Another staff member told us, "I always ask them how they like things done." A third member of staff said, "I give them the right to try and make their own decisions."

Relatives were also complimentary about Amazing Angels Homecare. One relative said, "I am very pleased with it (the care)."

## Is the service responsive?

### Our findings

People we spoke with told us they were aware they had a care plan. One relative said, "I was very much involved and told them what her needs were."

Assessments were undertaken to identify people's support needs and the information obtained then used to develop a plan of care that outlined how those needs were to be met. Care records were thorough and provided information to guide staff and ensure a consistent delivery of care. People confirmed that copies of their care plan were kept in their own home and staff could read the information either there or at the office. Staff said they found the information enabled them to deliver the correct support and it was always available to them before they were asked to support someone. Staff were never expected to visit someone without having some understanding of the person's needs in advance. One member of staff said, "I get an overview before I make a first call to someone."

Assessments also ensured the agency knew they could provide the support to a person before they were offered the service. A relative told us, "They were honest about what they couldn't do from the beginning. For example, not promising things when they knew they didn't have the staff to provide it."

Care plans contained information about people's life histories and how their preferences and experiences impacted on the way they liked support. People's likes and dislikes were clearly recorded throughout the care plan and information such as what television programmes they liked, their preferred foods or whether they wished lights left on at night was recorded. Staff told us the care plans were, "Very easy to follow."

People received a personalised service that was responsive to their changing needs. People told us that if they needed to change their care in any way, this was accommodated by the agency. Discussions with staff reflected that the office were responsive to any changing needs or issues that they raised about people. One staff member said, "I would contact management and tell them and they will do a review if necessary." Where people's needs changed staff were notified by text message to alert them to the change. The registered manager explained to us if changes were significant or detailed they would send out a memorandum to all staff. For example, we saw some detailed information in relation to one person and this had been typed up and sent to staff. Another person had changes to their arrangements for their meals and a notice had been produced, sent round to staff as well as displayed in the person's home.

People's care was regularly reviewed. People were contacted by the office a few weeks after commencing with the agency. The purpose of this was to ensure the service was working well and whether any changes needed to be made. Following the initial monitoring of care packages, the service had systems to ensure all people's care was reviewed every six months. In reality though, the frequency of reviews was usually more often because of responding to changes in people's circumstances. For example, if a person went into hospital, experienced a fall or had been unwell, this may trigger a review of the person's care plan. If the circumstances were small, text messages were used to alert staff. For example, one person wished to change the time of their morning visit on a particular day and the office showed us the text communication between themselves, the person and the member of staff.

People were supported by staff to their social events or chosen leisure time. For example, staff accompanied one person to the cinema and other people were escorted to the garden centre or for lunch.

Complaint information was available to people and people confirmed they would know how to complain should they need to. Each person had a folder in their home which contained relevant and important information about the agency. One of the documents in this folder was the agency's complaint procedure. We noted that the agency had not received any complaints in the last 12 months. One person told us, "They are always willing to talk to you and resolve any issues. Any problems I had early on were ironed out very quickly." We read some compliments the agency had received, which included, 'could not have done without your services' and 'no job is too big for her (staff)'.

## Is the service well-led?

### Our findings

We received positive feedback from people, relatives and healthcare professionals about the management and staff. One person told us, "They are good at communicating." Another said, "Very well led. They are very approachable." A third person said, "There is not anything they could do better."

Care staff were enthusiastic about their jobs and felt fully supported by management. One staff member said, "Fantastic. They are there for you any time of the day." Another told us, "They are very supportive. I am very happy working for them." A third member of staff said, "They are one of the nicest companies to work for. If I have any worries I can talk to the manager." A further member of staff said, "They actually care about their individual clients."

Due to the nature of domiciliary work, care workers naturally spent time working on their own but they told us they still felt part of a team because management were very good at getting the staff together. A staff member told us, "Group team meetings are encouraged." Another said, "There is a good culture. We work as a team."

Staff meetings and spot checks on staff were carried out regularly by senior staff members. Formal team meetings were held as well as smaller group sessions for staff. This enabled the registered manager to share information about the agency, staff or any other important general updates. There was a group session taking place during our inspection, the registered manager discussed the Mental Capacity Act with staff. It was clear there was a good relationship between care staff and the office and they discussed general issues about their role or people they were supporting. Spot checks with staff identified if they required any additional training. For example, it was noted one member of staff had asked for refresher training in one area and we saw they had booked on to the next available session. Staff told us staff meetings always included a small quiz to test their knowledge on a particular subject.

Directors meetings were held to discuss the agency and whether improvements or changes were needed. We read directors discussed new staff, training, staff rotas and the feedback from surveys at their last meeting.

The service was focussed on continual improvement. People were regularly asked for their opinions about whether the service was meeting their needs and expectations. We heard staff making phone calls to people during our inspection. One person said, "The office contact me for feedback and sometimes they knock on my door." The result of these conversations were used to determine whether or not the agency needed to make any changes to a person's care plan or the service they provided. For example, we noted whilst reading some outcomes of the telephone calls that people had asked that the office ring them if a member of staff was going to be more than half an hour late. The registered manager told us they had listened to this and had reminded staff to notify the office if they were running late. People confirmed that they now heard from the office in such situations.

The agency used an annual survey to obtain anonymous feedback about how the service was performing.

We saw the results of the survey completed in 2015 in which 21 people had responded. The registered manager said some people had commented that they did not know the managers so a programme of visits was underway for the registered manager and other senior staff to visit people in their homes. One person told us, "(The registered manager) came out to see me a couple of weeks ago to see how things were."

Accidents and incidents in relation to people were recorded and the registered manager reviewed each record so they could monitor these for any trends. Information recorded included how the accident occurred, whether or not the person was injured and what action was taken to prevent reoccurrence. For example, we noted staff had moved one person's chest of drawers to help prevent the person having further accidents. We noted there were very few incidents recorded and the registered manager confirmed this was the case.