

Care Angels (Batley) Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection of Care Angels (Batley) Limited took place on 20 April 2017, with follow up telephone calls being made to people who used the service, their relatives and staff on 21 April 2017 and 2 May 2017. The inspection was announced. The service had been registered with the Care Quality Commission since December 2015 and this was the first inspection of the service.

Care Angels (Batley) Limited is a domiciliary care provider, based in Batley, providing personal care and support to people in their own homes in the Batley area. There were approximately 30 people using the service at the time of our inspection.

The service had a registered manager in post at the time of our 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 and their family members told us they felt safe and staff had received safeguarding training in order to keep people safe. There were robust recruitment practices in place, which meant staff had been recruited safely. Risks had been assessed and reduced where possible.

Accidents and incidents were appropriately recorded and staff were aware of actions to take in an emergency. There was an effective out of hours service, in case of emergencies.

Staff were trained to manage and administer medicines to people. Medication administration records were fully completed and regularly audited.

People received effective care and support to meet their needs. People and their relatives felt staff had the necessary skills and training to provide effective care and support. Staff told us they felt supported and we saw staff had received induction training as well as ongoing training, supervision and appraisal.

Care and support was provided in line with the principles of the Mental Capacity Act 2005. We saw from the care files we reviewed, consent had been sought and obtained from people, prior to their care and support being provided.

People we spoke with told us staff were caring. The staff we spoke with were enthusiastic and were driven to provide good quality care. Staff told us how they respected people's privacy and dignity and the people we spoke with confirmed this. People were encouraged to maintain their independence.

Care and support plans were detailed and personalised, taking into account people's choices and preferences and people's needs were reviewed regularly. People told us they could make their own choices and we observed staff facilitating people's requests. People told us the service was responsive and flexible.

to their needs.

People and the staff told us they felt the service was well-led. Regular audits and quality assurance checks took place, in order to drive improvement within the service. Staff told us they felt supported and people felt able to contact the office in the knowledge they would be listened to. The registered manager and staff were open and receptive to feedback given at the inspection.

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 told us they felt safe and staff understood signs of potential abuse and could explain what action they would take if they had any concerns.

Risk assessments had been completed and measures were in place to reduce risks to people.

Staff had been recruited safely and staffing was appropriate to meet the needs of people who used the service.

Is the service effective?

Good 

The service was effective.

Staff received an induction and ongoing training and people told us they felt staff were skilled and well-trained.

Care and support was provided in line with the Mental Capacity Act 2005 and staff had received training in this area.

Consent was obtained from people in relation to the care and support provided.

Is the service caring?

Good 

The service was caring.

People and their relatives told us staff were caring.

Staff were motivated to provide good quality care.

People's privacy and dignity were respected.

Is the service responsive?

Good 

The service was responsive.

People told us the service was flexible to meet their needs.

Care plans were personalised, enabling people to receive support that was appropriate for their individual needs and preferences.

Complaints were well managed and responded to. People told us they felt able to approach the registered manager with any concerns.

Is the service well-led?

Good ●

The service was well-led.

People and staff told us they felt the service was well-led.

Quality assurance checks were in place in order to continually improve the service.

There was an open and transparent culture and the registered manager was receptive to feedback and keen to drive improvements.

Care Angels (Batley) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20 April 2017, with follow up telephone calls being made to people who used the service, relatives and staff on 21 April 2017 and 2 May 2017. The registered provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in the office. The inspection was carried out by an adult social care inspector. Prior to our inspection, we looked at the information we held about the service. We reviewed information we had received from third parties or other agencies, including the safeguarding and commissioning teams of the local authority.

The registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform and plan our inspection.

As part of our inspection we looked at seven care files and associated records such as daily notes and medication administration records, four staff files, including recruitment and training records, records relating to quality assurance and audits and policies and procedures. We spoke with three people and three relatives of people who used the service. We also spoke with the registered manager, deputy manager, assessor, two care coordinators and two carers.

Is the service safe?

Our findings

We asked people and their relatives whether they felt safe with the carers providing care and support in their own homes. One person told us, "Yes, I couldn't be happier with them." Another person told us, "Yes, I feel safe." A third person told us, "Yes, I'm very happy with them."

A person told us they were unable to go into the community without support because they felt vulnerable. They told us, "At home or in the community. They always reassure me I'm going to be safe. I feel safe with them."

A relative we spoke with explained continuity of staff was crucial for their loved one and we were told this was provided. One relative said, "Safe? Definitely. They're absolutely amazing, and they're really good with moving and handling. We've been through a few agencies in the past but I have peace of mind now."

We sampled some responses to a questionnaire dated April 2017. Comments included, '[Name] feels safe because they know the carer will be coming to help them.'

Staff were able to demonstrate a good understanding of different types of abuse and were aware of signs that may indicate someone living in their own home, or in the community, may be at risk. Staff were able to explain what they would do if they had any concerns that people were at risk of abuse and there was a safeguarding policy. One member of staff told us, "[registered manager] always reminds us we have to share any concerns." This meant people who used the service were protected from the risk of abuse, because the registered provider had a policy in relation to safeguarding and staff were aware of this.

Risks to people were assessed and measures were put into place to reduce risks, for example in relation to medication, falls and moving and handling. Medication risk assessments included consideration of whether the person could read labels, understand how to store medicines, retain information to take medicines safely and the level of support required by staff. Environmental risks were also considered such as in relation to unlit areas, fire safety, electrical safety, flooring and stairs. The registered manager was clear they wanted to promote people's independence. Having risk assessments in place helped to ensure people could be empowered to be as independent as possible whilst associated risks were minimised.

Staff were given clear instructions on how to safely assist people to transfer and move. We saw moving and handling risk assessments were in place which identified the type of hoist which should be used, the make, type and size of sling to use as well as method of application. This helped to ensure risks were reduced and staff were given appropriate information to assist people to move safely.

Staff were able to confidently tell us the actions they would take in an emergency, such as a person falling or not answering their door or in the case of a medication error. One of the incident report forms we inspected showed a member of staff took appropriate action when they had found a person unresponsive. This demonstrated care and support staff took appropriate action in the event of emergencies.

An on call system was operated out of office hours. The deputy manager showed us how the person on call accessed the necessary information to be able to respond to any emergencies. The care staff we spoke with told us this system was effective. They felt confident advice could be sought outside of office hours. A member of staff we spoke with told us, "It's always answered." This showed staff were able to access support, outside of office hours, if this was required.

The registered manager explained they ensured they had suitable staff available to provide care and support to people, prior to accepting new requests for service. A number of staff we spoke with told us some new business had been declined due to staff levels not being able to meet the demand at the time. This showed the registered manager was managing the rate of growth of the business to help ensure safe care and support was provided, with a consistent staff team, prior to expanding.

We inspected four staff recruitment files. We found safe recruitment practices had been followed. For example, the registered manager ensured reference checks had been completed, identification had been checked and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

We looked at how medicines were managed. The registered manager told us, and we saw evidence, staff were trained and competency checks were regularly undertaken to ensure staff were competent to administer medicines. Following training, a knowledge check was completed to ensure staff understood what they had learned. This helped to keep people safe because staff had received appropriate ongoing training and observations to ensure they were safe to assist people to take their medicines.

We looked at the medication administration records (MARs). All the MARs we sampled had been fully completed and indicated whether medicines had been administered or refused. All the MARs we saw were clear and easy to understand. The staff member responsible for administering the medicine had signed each record. The records were audited in a timely manner, when they had been returned to the office.

People told us staff wore personal protective equipment (PPE) when providing personal care and all of the staff we asked told us they had access to adequate supplies. This helped to prevent and control the risk of the spread of infection.

Is the service effective?

Our findings

We asked people and their relatives whether the service was effective. A relative told us, "Yes, they're on time. I'm surprised at just how punctual they are." A person also confirmed this and said, "They come on time."

A family member explained to us how they felt the system of the person signing the daily records was an effective way of ensuring staff worked for the duration of the call. They added, "Staff always stay the full length of the call."

Another family member told us they were confident staff had the skills to administer medication safely. We were told, "Staff received relevant training to support my [relative]."

A further family member told us, "They're on time. That's good about them. We changed from a previous agency because we felt they were rushing."

We viewed the training room used for staff training. This contained equipment such as a bed, commode, wheelchair, hoist and walking aids for example. Staff had undergone experiential learning in relation to moving and handling. This gave members of staff the opportunity to experience what it was like to be assisted to move with the use of a hoist for example. This offered staff a better understanding of the needs of people they were supporting.

A member of staff told us they were required to complete assignments (competency tests) following their training. We were told, "You had to pass everything before you could go see a client."

The registered manager had arranged for some staff to receive specific training to ensure they could support a person safely and effectively. A family member told us, "My [relative] has complex needs and they've had specific training. I'm confident they know what they're doing." A member of staff we spoke with told us they had received specific training in relation to supporting someone with a Percutaneous Endoscopic Gastrostomy (PEG). A PEG is a tube which is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding. We saw certificates evidencing this staff training.

A family member told us, "When they're new they shadow." The staff we spoke with confirmed they received an induction, which included shadowing more experienced members of staff. Staff confirmed to us they felt able to request further training if they felt this was necessary, with confidence they would be supported and further training would be provided.

The registered manager told us no staff employed were new to the caring profession. However, they told us that any staff who were new to care would be required to complete the Care Certificate. The aim of the care certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. The registered manager was aware of which

skills were assessed as part of the Care Certificate and this was built into staff training.

The staff we spoke with told us they felt supported and we saw records of staff supervision in the files we sampled. The registered manager told us one to one supervision was held with staff every three months. We found records of supervision in the staff files we sampled, although these were not always within the three month timescale. The registered manager agreed to consider a more effective system to ensure formal supervision was held at frequencies according to their policy.

Staff completed a probationary period of employment and we saw records of a review of development needs. This included discussion regarding quality of work and a summary of performance over the duration of the probationary period. This demonstrated the registered manager reviewed staff performance during their probation to ensure staff were competent in their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. The registered manager and the staff we spoke with demonstrated a good understanding of the MCA and had received training in this area. The care plans we sampled showed people's mental capacity had been considered. We saw, 'MCA Test of Capacity' forms were used. The registered manager confirmed everyone who used the service had capacity to make their own choices and decisions and the records we viewed confirmed this.

The staff we spoke with were clear they would not provide care and support without consent of the person. Care plans contained consent forms, which indicated the person consented to the care outlined in their care plan and the risk management plans, including moving and handling plans. We saw these had been signed by people.

Some people received support to maintain their nutritional and hydration needs. Staff told us they offered people choices regarding the food and meals they wanted. A person we spoke with said, "I talk to them about what I like to eat." We asked the person if they could make their own choice about what they ate and we were told, "Yes. If I struggle to decide they introduce lovely things to me." Information regarding people's needs was included in their care plans and specific training was provided to staff in relation to providing specific support with nutritional intake when this was required.

One person told us they were supported to visit their GP and healthcare professionals. The person told us, "They [care staff] help me. They always listen and then check I've heard everything right, because they know I can sometimes struggle to understand."

Is the service caring?

Our findings

We asked people and their relatives whether staff were caring. One person told us, "I couldn't be happier with them. They are so, so lovely." This person told us the carers were, "Like family."

A family member told us, "We have good, friendly communications. There's banter. But I know I can be serious and raise any concerns as well."

When we asked a family member whether staff respected their relative's privacy and dignity we were told, "They're brilliant."

Other comments from people included, "I'm happy and content with the service," and, "They never let me down. They come with a smile," and, "I'm very happy with them. They're the best I've had."

The staff we spoke with communicated with enthusiasm about providing care and support to people. One member of staff told us, "It's very rewarding."

We sampled some questionnaires from April 2017 and responses included, 'The care I get is fantastic and they are all caring towards me,' and, 'The carers do everything I ask and they follow my request.'

A member of care staff explained to us how they tried to ensure people's dignity was maintained when they were providing personal care and support. We were told, "I always talk to people. I cover certain body parts and expose as little of their body as possible. It's important to talk to people to help them feel comfortable." This staff member also explained they would ensure doors and curtains were closed to ensure people's privacy was respected.

A member of care staff we spoke with told us they tried to ensure people maintained their independence wherever possible. The staff member told us, "We make meals, but I stand at the side and support if I can, you know, so people can do as much as they can for themselves." A person we spoke with told us, "They help me. I get the knife and butter and my cup out, but they help me." This showed staff were aware of the importance of people retaining their independence.

Cultural care needs were considered within care planning. The registered manager explained to us that many people would prefer a particular gender of carer, due to their cultural background. We were told, "We always try to match suitable staff for each person." During our inspection, we overheard a member of staff in the office, contact a member of care staff. We heard, "It's to assist with a bath and I know [name of person] prefers you." This showed staff responsible for scheduling calls were mindful of trying to match staff to people's preferences.

We overheard the deputy manager conversing with a person who used the service. The deputy manager clearly knew the person's needs well and was trying to ensure the service provided by Care Angels (Batley) Limited was scheduled to the person's individual needs. This demonstrated the person was given some choice and control in relation to the service they received.

All of the records we sampled, such as care plans, risk assessments, complaints records and daily notes were written in a respectful and professional manner. We overheard staff in the office speaking with people on the telephone during our inspection and staff spoke respectfully and professionally. Staff knew people well and they spoke in reassuring tones when this was appropriate. This indicated that staff were aware of the importance of treating people with respect.

Is the service responsive?

Our findings

The people we asked told us the service was flexible according to their needs. One person told us, "Yes, I could change the times if I wanted. They're very accommodating."

We reviewed seven care records. All of the care records we sampled were up to date and contained relevant information. Care records contained key contact information such as GP, social worker and family details. Plans were detailed and included information which provided a background history of the person and information such as the person's likes, dislikes and preferences. The registered manager told us, "No two care plans are the same as they're bespoke to the individual," and we saw evidence of this. This showed the staff responsible for developing care plans were aware of their importance and of treating people as individuals.

Care plans contained details relating to different needs such as medication, moving and handling, continence and personal care needs. One care plan stated, 'Please can carers knock on my door to let me know they are here and greet me. Once you have greeted me please put your ID badges away.' Another care plan informed staff to knock and wait for the person to answer. We saw one plan included the person's 'preferred name.' This showed care plans were person centred and they provided care and support staff with the information they would need in order to provide effective, personalised care.

For people who were living with specific conditions, their care plans contained relevant detail to provide staff with significant information to enable staff to provide appropriate support.

Care plans were reviewed regularly (every three months), or more frequently if needs changed. We saw up to date review forms had been signed by people. A relative told us, "They keep in touch." Another relative said, "The agency contact us and ask how we feel about new staff." We were told, "they came not long ago to fill forms in to ask if everything was okay."

We looked at the daily records, which care staff had completed daily to show what care and support had been offered and provided. Staff completed the logs fully, showing the time they arrived at the person's home and the time they left and the support they had provided. The person who was being supported, as well as staff, had signed each entry. We checked a random sample of daily records, which showed care and support was being provided in line with the person's care plan. The deputy manager explained daily records were cross referenced with staff timesheets to ensure people were charged only for services they actually received.

Some people received support to access the local community and amenities. A family member we spoke with told us their relative could choose where they wanted to go, in the community, and care staff supported them with this.

All the people and family members we asked told us they would feel able to raise any concerns they may have, with confidence these would be addressed. One relative told us, "I'm well equipped with all the

contacts and telephone numbers to contact them if I need to." We saw evidence, where concerns were raised, these were investigated and appropriate actions were taken. The registered provider had a complaints policy and this had been communicated to people.

Is the service well-led?

Our findings

The registered manager was also one of the directors of the registered provider for the service and had been registered with the Care Quality Commission (CQC) to manage and provide the service since December 2015. The registered manager was involved in the day to day running of the business.

We asked people whether they felt the service was well led. One person told us, "[Registered manager] has taken the greatest care of me. Any concerns I would contact her. She has never let me down. She has concern for vulnerable people." Another person said, "The manager? She's really good." A further person told us, "I've been with [registered manager] for a very long time. Even when she changed businesses. I want to stay with her. She's good."

People told us they felt comfortable to contact the registered provider's office if they had any queries. One person told us, "They're helpful in the office."

A member of staff told us, "I like it. I've worked for a few other companies before this one. They've really welcomed me. I can talk to them." Another staff member said, "Well-led? Yes, it is. I can't criticise."

Prior to our inspection we contacted the local authority. We were advised Care Angels (Batley) Limited had recently gained accreditation to provide contracts to the local authority. We communicated with a stakeholder who had recently had contact with the registered manager and staff and we were told the organisation was, 'Conscientious, proactive and committed.'

Staff meetings regularly took place and we saw agendas and minutes of meetings. Items discussed included uniform, id badges, on call arrangements, shift cover, confidentiality and infection control practice. Meetings are an important part of a registered manager's responsibility to ensure information is disseminated to staff appropriately and to come to informed views about the service.

We asked the registered manager to tell us what their vision and aims were for the business. We were told their aim was, "To provide the best care service in the area."

Service user handbooks were issued to people which provided people with the aims and objectives of Care Angels (Batley) Limited, details of the services provided, communication preferences and policies such as how to make a complaint. This showed the registered provider shared relevant information with people using the service.

The registered manager showed an understanding of regulation and of their duty to inform the CQC of certain incidents. Accordingly, appropriate notifications had been made to the CQC.

This was the first inspection of the service and the registered manager explained they were keen to be inspected, because this meant they could share their ratings with people. The registered manager was aware of their duty to display the most recent performance assessment of their regulated activities.

We saw some questionnaires and surveys had been sent to some people who used the service. The questions asked were aligned to the Care Quality Commission's key questions of whether the service was safe, effective, caring, responsive and well-led. The comments received in the questionnaires were of a positive nature.

Records showed regular, unannounced, quality checks took place to ensure staff were arriving on time, wearing their uniform and utilising personal protective equipment appropriately. These checks also considered whether staff were following people's care plans and administering medicines safely. They examined whether staff referred to the medication administration record (MAR), completed the MAR correctly, wore appropriate protective clothing if necessary and a check that the staff member knew what action to take in the event of any errors. Daily records were returned to the office regularly and we saw these were audited in a timely manner. Actions were taken when necessary to ensure these were completed correctly. This demonstrated the registered manager had systems and processes in place, such as regular audits and quality checks, to assess, monitor and improve the quality of service.

The registered manager had engaged with the local authority and was seeking ways to drive improvement within the service. This had resulted in improved, more detailed moving and handling assessments for example.

We found policies and procedures were in place, for example in relation to complaints, medication, safeguarding and whistleblowing.

The registered manager had developed a Business Continuity and Recovery Plan. The aim of the plan was to ensure a robust and well-coordinated response could be developed in the event of non-routine disruption to the resources and activities of Care Angels (Batley) Limited, such as incidents of extreme weather, pandemic or terrorist attack. This showed the registered manager was proactive in preparing for events which may affect service provision.