

Amazing Angels Homecare Limited

Amazing Angels Homecare

Inspection report

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Date of inspection visit:
09 November 2018

Date of publication:
27 November 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Amazing Angels is registered to provide personal care to people in their own home. The service is registered to care for people living with dementia, a mental health condition, physical or sensory disability and younger adults. At the time of our inspection the service was caring for 45 people.

This announced inspection took place on 9 November 2018.

At our last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were supported by sufficient, skilled staff to meet their needs and robust recruitment processes were in place to ensure only suitable staff were employed. Staff received on-going training, induction and supervision to support them in their roles. Staff were aware of their responsibilities in safeguarding people from abuse. Risks to people's safety were identified and control measures implemented to keep people safe. People received their medicines safely and in line with prescription guidelines.

People were supported to have choice and staff considered the requirements of the Mental Capacity Act 2005 when assessing people's capacity to receive care.

People told us staff treated them with kindness, showed them respect and enabled them to make choices about their care. People were cared for by a sufficient number of staff. Staff said they had access to personal protective equipment to help avoid the transfer of infections.

The agency worked with professionals to ensure that people's healthcare needs were met. People had access to the food of their choosing. People's care records contained good information in relation to their care needs. Care plans were regularly reviewed and updated to ensure staff had up to date guidance regarding people's care. Where people had complained about the service, their complaint was fully investigated and responded to.

We received positive feedback about the management of the agency and staff told us they enjoyed working for Amazing Angels and felt valued. Systems were in place to monitor the quality of service the agency provided and to ensure continuous development. The service worked proactively with other agencies. Where significant incidents or safeguarding concerns had arisen, the registered manager had notified CQC.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

The inspection took place on 9 November 2018 and was announced. We gave the registered manager 48 hours' notice of our inspection. This is the methodology we use for this type of service to ensure that there was someone available to assist us in the office. The inspection was carried out by one inspector and an expert by experience. The expert by experience carried out telephone conversations with people to obtain their feedback. An expert by experience is someone who had experience of caring for a person who may use this type of service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection.

As part of our inspection we spoke with seven people and one relative who received care from the agency. We also spoke with the registered manager and two senior managers as well as three staff members.

We reviewed a range of documents about people's care and how the home was managed. We looked at six care plans, three staff files, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

Is the service safe?

Our findings

People and their relatives told us they felt safe in the hands of the agency staff. One person told us, "I feel safe." A relative said, "She (family member feels safe with them (staff))."

Risks to people's safety were assessed and action taken to minimise these. Risk management plans were in place and support plans gave guidance to staff on how to minimise risks to people's safety and well-being. Where people were assessed of being at risk of developing pressure sores detailed guidance was available to staff on how to support people with the application of creams where required. Body maps were included in care plans to show staff exactly where to apply the creams. One person had poor mobility and their care plan recorded they used a walking stick. Each person had an environmental risk assessment carried out of their property and garden.

Following any accidents or incidents care records were reviewed to ensure that appropriate guidance was in place to prevent the accident or incident happening again. Lessons were learnt by management. The registered manager told us, "New staff spend more time shadowing now before going out on their own. This has prevented people not knowing staff and as such being unhappy. It means people see consistent faces. People have commented on this. It also helps retain staff."

People were protected from the risk of abuse as staff were aware of their responsibilities in this area. Staff had completed training in how to safeguard people from abuse and their role in reporting any concerns. We reviewed the notifications we had received from the service and found any areas of concerns related to abuse had been reported appropriately. A staff member told us, "I would document it and tell the office. If need be, I would fill out a body chart."

People were protected from infections as staff took appropriate actions. People told staff routinely wore gloves. Staff told us they had access to personal protective equipment. One staff member said, "We have hand gel, aprons and gloves and I take certain precautions (to avoid the spread of infection)." We read in people's care plans the details of coloured flannels for different parts of the body. A second staff member told us, "I wear gloves every day. If someone had MRSA I would go in with an apron on and use hand gel."

People received their medicines in line with prescription guidelines. One person told us, "The staff give me my medicines." Each person had a medicines administration chart (MAR) in place which detailed prescribed medicines. All MAR charts were fully completed. A staff member told us, "If someone refused their medicine, I would document it and put it back in the locked cabinet (for safe keeping and then disposal). I would report it to the office." Guidance was provided to staff regarding the administration of 'as and when' required medicines (PRN). MAR charts were audited to check for their accuracy.

Sufficient staff were deployed to meet people's needs. People told us care staff stayed for the expected length of time. The registered manager told us they were actively recruiting staff and as such were not taking on any new packages until they were satisfied they had enough staff to provide the care to people that they needed. The registered manager told us they had never missed a call due to staff shortages. A social care

professional told us, "Amazing Angels respond in a timely manner to any package requests whether positive or negative and give the times they can provide the care calls." Staff told us on the whole they had sufficient time with people and they confirmed travelling time was factored in on their rotas. One staff member told us, "On the whole it's fine. Sometimes it can be a rush but I would always stay the full time." Another said, "People are paying for a service and that's what they should get (so we do not cut calls)."

Robust recruitment procedures were in place to ensure staff employed were suitable to work at the agency. Disclosure and Barring Service (DBS) checks for staff were completed 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. Staff files also contained an application form, proof of identity and references from previous employers.

A contingency plan had been developed which provided contact details and guidance to staff on the procedures to follow in the event of adverse weather or computer failure. People's level of care had been assessed and as such they were 'RAG' rated. This meant management could prioritise people if necessary and people would continue to receive their care in an emergency situation. There was also an out of hours/on call service in place where both people and staff could contact management in a situation which occurred outside of normal working hours.

Is the service effective?

Our findings

People told us they felt staff were trained. One person told us, "They mostly are and there is a lot of shadowing". Another person said, "They are so efficient."

Staff received the training they required to ensure they were effective in their roles. The registered manager maintained detailed training records which showed staff had completed training in areas including moving and handling, safeguarding, medicines, fire safety, health and safety and food hygiene. Records also showed where staff had completed qualifications, such as the care certificate (a set of standards recognised in care). A staff member told us, "I've done induction, shadowing and training. I've had competency checks done to make sure I am able to work on my own." We heard the registered manager and a new member of staff discuss their training. The staff member said, "I've got plenty of training folders, I will let you know when I am happy to go out on my own."

Staff received regular supervisions to monitor their performance and support them in their job role. Records showed that supervisions took place in line with the agency's policy and staff were encouraged to progress. A staff member told us, "I would like to do an NVQ (national qualification in care) and the manager is supporting me to do that." Another staff member said, "We have an appraisal every year and our supervisions are a chance to chat and raise any concerns."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA).

The agency had systems in place to ensure that people's legal rights were respected and that the principles of the MCA were followed. Where required capacity assessments had been undertaken, however the agency was currently not providing care to anyone who lacked capacity. We noted that people had signed their contract with the agency and their consent to care. A staff member told us, "I make sure people are able to consent before I do anything."

People were supported to access healthcare professionals when required. One person said, "Oh yes, they do" when we asked if a carer would call the GP for them. The agency had involved the assistance of an occupational therapist in relation to one person's mobility issues. Another person had involvement from the district nurse and there was guidance for staff to ensure the person wore their support stockings each day.

People were supported to have a healthy diet in line with their preferences. One person told us the care staff helped them with their meals, which they chose, and always left them a drink.

People needs were assessed before commencing with the agency. These assessments formed the basis of the person's care plan. In addition, we read funding authority needs assessments in people's care records. One person had an assessment before their care started and they told us, "Yes I did" when we asked if they felt listened to.

Is the service caring?

Our findings

People were happy with the care staff who attended to them. One person told us, "We're getting on quite well." Another said, "Overall they do a good job." A third told us, "They are lovely." We read a relative had left a compliment saying, 'your staff have always been very kind, considerate and gentle during their visits'. During care plan reviews and spot checks by telephone we noted a relative had commented, 'the best part of the care is the carers'.

People's dignity and privacy was respected. One person told us, "I feel supported and treated well." Another person said, "All of them (staff) are kind, they treat me with respect." A second person also felt staff were respectful and they, "Treat you well and are very kind." A third person said, "They are a fantastic group of girls."

People felt the input of staff had made a positive impact and they could make decisions around their care. One person told us, "They have made a real difference in my life." Another person said, "I tell them what I want and they do it. They are very good." They added, "The carers record everything down - they have a log book they fill in." A third person said, "They allow me to have a bath. Before I would pass out in the steam so I was too frightened to have a bath. Baths are so important to me – I like to feel clean."

Staff demonstrated a good understanding of the way people expressed themselves. The registered manager told us how one person liked to hold their own flannel and pot of cream when staff were providing personal care. This helped keep them calm. We heard later on in the day one of the senior manager's relaying this information to a carer. This person's first language was not English and we were told how staff had learned a couple of words in the person's mother tongue to help aid communication. A staff member told us, "I get to know bits and pieces about them (people). I get to know them as a person."

Staff took a holistic approach towards the people they cared for. One relative told us, "I feel the carers really help, we are quite good friends now." They went on to explain that despite their relative's illness staff, "Really help me stay well." We read compliments from relatives which said, 'not only does she (staff member) care for him in a gentle and loving manner, she also makes time to listen to my mother who is quite lonely' and 'thank you for all the care you gave [name] and the support you gave me'.

People were given information when commencing with the agency. We read an 'introduction to the agency' booklet for people which outlined what people could expect from the service, that daily notes would be written, care plans developed and reviewed, office opening hours and how to make a complaint.

Is the service responsive?

Our findings

Care was person centred and individual. People told us they felt staff were responsive. One person said, "Not only do the carers wash me, they chat with me I look forward to seeing them. I couldn't be without them." Care plans were completed in detail and reflected people's personalities and preferences. One person had a mental health issue and as such the agency had worked with the local authority to develop an appropriate person-centred, responsive care plan for them. The registered manager told us they had recently recruited a staff member who had become very popular with people and as a result people had started to accept more care and involvement which in turn had made them more settled. A staff member said, "The care plans are easy to understand and if I was going to someone new the manager would email out all the information to me." A second staff member told us, "The care plans are very good. They are always being updated and we are feeding back all the time." A person told us, "A lady from the office came round to do some paperwork." Another person confirmed they had been involved in the review of their care plan, telling us, "It went fine."

There was good background information on people which covered their favourite pastimes and interests, their personal histories and likes and dislikes. One person was recorded as enjoying cucumber and salmon sandwiches and reality television shows. Another person's care records noted what they preferred for breakfast and that they liked company and a walk around the garden. This same person had experienced falls previously and as such their records noted, 'previous falls, may be due to UTI (urine infection) – report if notice any indications of a UTI'. A second person had very detailed and clear information around a medical device that they used. This was accompanied by guidance from the continence nurse.

Although no one being cared for the agency was receiving end of life care, we read that relatives had been grateful for the response received from staff when their family member had been in that position. A relative had commented, 'I should like to thank you and your staff for your help during [name's] relative short illness and your flexibility with his changing needs. They (staff) were always happy to engage in [name's] sense of humour and fun which always helped brighten his day'. A social care professional told us, "I felt the agency acted appropriately, they doubled up the care, they increased the calls and looked after the client very well until his death. The client's wishes to die at home in his own bed was observed by the agency. Regular carers who knew the gentleman very well were put in place to support him until the end. I felt all staff concerned were competent in providing palliative care."

There was a complaints policy in place. Records showed that six complaints had been received since our last inspection. We read that an initial acknowledgement letter had been sent out, followed by a full investigation and a formal response. All complaints had been resolved. Records showed a number of compliments had been received by the agency. These included, 'thanks to everyone at Amazing Angels for their great efforts' and 'I would like to take this opportunity to express our thanks to you for the care that [name] receives from your company'.

Is the service well-led?

Our findings

There was a registered manager in post who was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and professionals told us they felt the service was managed well. One person told us, "I haven't had any issues with the office. I asked for an earlier call once because I had an appointment and they sorted it out quickly for me." They added, "I know the manager but we haven't met yet." A social care professional told us, "I feel the company is well led from my experience." Another said, "I met with management recently. They were open and honest, happy to show me staff time sheets; all had travel time included. We discussed several small issues, they were receptive to change and to feedback. We feel that their staff are competent and that clients are safe."

There was a positive, person centred culture within the service. One staff member told us, "I feel supported and valued. I can go to them (management) – they praise me and tell me I'm doing a good job." Another said, "There is such a friendly atmosphere. I love working for this agency." The registered manager had worked with the staff team to develop a set of 'ethics' the team should work to. Regular team meetings were held and staff told us they felt able to contribute ideas to develop the service. A staff member told us, "We get memo's all the time from the office – management do all they can." Another member of staff said, "If I feedback, it's never just left. They take on board what I've said."

The registered manager was proactive in their support for staff and continuously looking for ways to improve. They told us they had recently reviewed the hourly pay rates and that mileage and travel time between people was included. Both had helped towards retaining staff and ensuring that people's calls were met. In addition, the registered manager regular read CQC reports. They told us, "I not only read the 'Good' and 'Outstanding' reports, but I read the 'Requires Improvement' ones too. I read them to see where the shortfalls are to decide whether or not it is something we are doing. It helps us taken action to change things."

Regular audits were completed to monitor the quality of the service provided. Audits were completed by a senior staff members within the agency and covered areas including medicines, care plans, staff training, supervision and observations of care. Numerous spot checks were carried out to monitor the quality of people's care. These was undertaken face to face or by telephone and used to obtain feedback from people and check staff were following best practice. We asked the registered manager how confident they were that staff would not miss a call to a person. They told us, "We do lots of spot checks, check rotas against timesheets and check MAR charts for gaps which may indicate a missed call. Staff who did later calls to a person would always report back to us if they felt an earlier call was missed. It's the relationship I have with staff. We are a close group and a potential missed call would be flagged up quickly." Where improvements were identified management took action. The registered manager told us they had introduced new

hydration and nutrition risk assessments and as each care plan was reviewed they were colour coded in line with information on the computer. This gave an easy visual picture of people's dependency.

A quality survey was sent out in May 2018 and 23 people responded. Responses were positive in relation to staff staying the full time of the call, wearing their uniform and displaying their badge, using gloves and aprons, offering people choices and treating people with kindness. As a result of the feedback from people a staff meeting was held and the agency introduced paid travelling time for staff. In addition, staff were invited to give their feedback with 11 staff responding to a staff survey. The collated results showed that staff were very happy working at the agency with 100% of respondents stating that they 'strongly agreed' that their work gave them a feeling of personal accomplishment. One person told us, "The carers office phone to see if I was satisfied with everything". People told us they would recommend the agency. One person said, "Most definitely (recommend), they have changed my life, I'm so glad you called because it's a chance for me to say thank you" and another person telling us, "The office know what they're talking about."

The service worked proactively with other agencies and shared information to aid learning from things that went wrong. The agency had received an anonymous complaint and we read that following an internal investigation a staff meeting had been held to share the contents of the complaint with everyone. This was used as a reminder of staff practice. The agency also had a dedicated medicines supervisor out in the field. This member of staff took control of liaising with the GP and districts nurses and as such this had helped develop positive relationships between the agencies. The registered manager told us they had undertaken a training session with the tissue viability nurse and as such new guidance around skin integrity had been put into the staff handbook. In addition, the agency was members of the Surrey Care Association and they had previously worked in conjunction with St Catherine's Hospice in relation to palliative care.

Records were stored securely and in an organised manner which provided staff with quick access to information. We read an on-call handbook which had been developed by management. This gave detailed information on different situations that could arise including medicines errors, accidents, no key access or no response from a person. There was guidance in place on how the person on call should response to the event.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The provider notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.