

Mrs Tanya Michelle Upsall

The Angels on Call

Inspection report

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Date of inspection visit:
17 May 2018

Date of publication:
27 June 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

The Angels on Call is a domiciliary care agency. The service was first registered with the Care Quality Commission (CQC) in November 2016 and had been operating for about eighteen months at the time of our inspection. The service is registered to provide personal care to people living in their own homes in the community, including older people and people living with dementia.

We inspected the service on 17 May 2018. The inspection was announced. At the time of our inspection 14 people were receiving a personal care service.

The service was managed on a full-time basis by the owner who worked in the service on a daily basis, both in the office and delivering care. The owner was the registered provider ('the provider') with legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Almost everyone we spoke with told us that they were highly satisfied with every aspect of the service they received. In particular, the provider's careful approach to managing staffing resources which meant staff were rarely late for the start of their care calls. Staff had established warm, friendly relationships with people and went out of their way to help them in any way they could. Staff worked together in a supportive way. They were proud to work for the service and felt appreciated by the provider.

People were involved in agreeing the type and amount of care they received and their needs and wishes were understood and followed by staff. Staff treated people with dignity and respect and encouraged them to maintain their independence. Staff had the knowledge and skills required to meet people's individual needs effectively and supported them to prepare food and drink of their choice.

People's medicines were managed safely and staff worked closely with local healthcare services to support people to access any specialist support they needed. The provider assessed any potential risks to people's safety and welfare and put preventive measures in place where required. Staff knew how to recognise and report any concerns to keep people safe from harm. Significant incidents were reviewed by the provider to identify opportunities for organisational learning.

CQC is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff understood the principles of the MCA and how to support people who lacked the capacity to make some decisions for themselves.

The provider was committed to the continuous improvement of the service and monitored service quality closely. The provider sought people's opinions through customer surveys and people were confident any complaints would be handled properly.

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.

Staffing resources were managed carefully ensure staff started each call at the specified time and had sufficient time to meet people's needs without rushing.

The provider assessed any potential risks to people's safety and welfare and put preventive measures in place where these were required.

Staff knew how to recognise and report any concerns to keep people safe from harm.

People who needed staff assistance to take their medicines were supported safely.

Significant incidents were reviewed to identify opportunities for organisational learning.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills required to provide people with safe, effective care.

Staff were aware of the principles of the MCA and reflected it in their practice.

Staff worked proactively with local healthcare services and supported people to access any specialist support they needed.

Staff assisted people to eat and drink whenever this was required.

Is the service caring?

Good ●

The service was caring.

Staff were friendly and kind and treated people with dignity and respect.

At times, the provider went beyond formal contractual requirements to provide people with kind, compassionate care.

People were encouraged to retain their independence and to exercise choice and control over their lives.

Is the service responsive?

Good ●

The service was responsive.

People were involved development and review of their individual care plan.

Staff had a good understanding of people's individual needs and preferences and used this knowledge to provide them with flexible, responsive support.

End of life care was provided with sensitivity and compassion.

People were confident the provider would respond properly to any complaints or concerns.

Is the service well-led?

Good ●

The service was well-led.

People were satisfied with the service they received and had no suggestions for improvement.

The provider was committed to the continuous improvement of the service in the future.

The provider provided strong, motivational leadership and was admired and appreciated by her staff team.

The provider took care to promote the welfare and happiness of the staff team.

A range of measures was in place to monitor service quality.

The Angels on Call

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. The 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.

The inspection was announced. The provider was given notice of our inspection visit because the location provides a domiciliary care service. We did this because the owner/manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

The inspection team consisted of one inspector and an assistant inspector. Our inspector and assistant inspector visited the administration office of the service on 17 May 2018. Following this visit our inspector telephoned people who used the service to seek their views about how well the service was meeting their needs.

Before the inspection, the provider completed a Provider Information Return (PIR) and we took this into account when we made the judgements in this report. The PIR 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. We also reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies.

As part of our inspection we spoke with four people who used the service, eight relatives, the provider and two care workers. We looked at a range of documents and written records including four people's care records, staff recruitment files and information relating to the administration of medicines.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe and secure using the service. For example, one person said, "I feel safe. Yes, I do. They are a lot better than [name of another homecare company]. I wouldn't want to go back." Another person's relative told us, "[Name] is definitely safe and if he wasn't [we wouldn't be using the service]."

Staff told us how they ensured the safety of people who used the service. They were clear about to whom they would report any concerns and were confident that any allegations would be investigated fully by the provider. Staff said that, where required, they would escalate concerns to relevant external organisations.

The provider maintained effective systems to ensure potential risks to people's safety and wellbeing had been considered and assessed, for example risks relating to mobility. People's care record outlined the measures put in place to address any risks that had been identified. For example, one person had been assessed as being at risk of falling and staff had been provided with guidance on how to support the person manage this risk without losing their independence. The provider reviewed and updated people's risk assessments on a regular basis to take account of any changes in their needs.

The provider had also implemented a range of measures to help prevent the risk of infection. Care staff received food hygiene and hand-washing training and were provided with disposable aprons and gloves for use when providing personal care. Looking ahead, the provider told us she was planning to source advanced infection control training for all of her staff.

Staffing levels were determined by the number of people using the service. In scheduling calls the provider took care to ensure staff started each call at the specified time and had sufficient time to meet people's needs without rushing. Reflecting this approach, almost everyone we spoke with told us they were completely satisfied with the staffing and call-scheduling arrangements. For example, one person commented, "They have a time to come [and] are never very late. They don't rush around [and] have time to sit and chat. They are wonderful, absolutely wonderful." Another person's relative told us, "I am very happy. They are normally on time [but] if they are going to be late they will get in touch. For instance if one of [the other clients] is poorly."

The provider also took care to ensure people received support from the same members of the care staff team, wherever this was possible. Describing the importance of maintaining staffing continuity for people, she told us, "I try to minimise the number of staff [who work with each person]. If someone has dementia they don't want someone new coming in all the time. It upskittles them." Commenting positively on the provider's approach, the relative of a person who was living with dementia said, "We have the same four [regular care staff members] and [name] does recognise all of them. [With our previous company] in one week we had 23 different carers. Awful." Another relative told us, "It does seem to be the same carers [who come]. My dad has Alzheimer's and it is so important for him to see the same faces [each day]."

The provider was also aware of the need to ensure the safety of staff, all of whom worked largely on their

own, often at night. Commenting positively on the provider's approach, one member of staff told us, "I feel safe [even when I am working on my own]. If I didn't feel comfortable I could ring [the provider] ... at any time, day or night. [She has also given us] a torch and alarm." We reviewed staff personnel files and saw that the provider had undertaken the necessary pre-employment checks to ensure that any new recruits were suitable to work with the people who used the service.

People who needed staff assistance to take their medicines told us that they were happy with the support they received in this area. For example, one person said, "[Unlike my previous company] they come on time [and so] I am getting my tablets on time. It's made a right difference with my [name of health condition]. I can rely on them." We reviewed people's medicine administration records (MARs) and saw that these had been completed correctly. In response to feedback from our inspector, the provider told us she would take action to extend the use of the MAR to record any prescription creams that staff administered to people. Staff received medicines training as part of their induction and the provider also conducted regular spot checks of their practice in this area. Commenting positively on this approach, one member of staff said, "[The provider] pops in unannounced. She did one on [me] recently. The [medicines] paperwork was all up to date. I got praise. She keeps a very close eye on all of us!"

Shortly before our inspection, the local authority safeguarding team alerted us to a potentially serious medicine error involving one of the people who used the service. Fortunately, there was no lasting impact on the person concerned. When we reviewed the incident as part of our inspection we were satisfied that the provider had taken the action necessary to try and minimise the chances of something similar happening again.

The provider reviewed significant incidents which occurred in the service to identify if there were lessons that could be learned for the future. For instance, in response to the incident described above, the provider had conducted a thorough investigation; provided additional guidance and supervision to individual members of staff as required and organised advanced medicines training for the entire staff team.

Is the service effective?

Our findings

Everyone with spoke with told us that staff had the right knowledge and experience to meet their needs effectively. For example one person said, "They've got the right skills. I am much happier with The Angels on Call [than I was with my previous homecare company].'" Another person's relative told us, "They are really good with [name]. They have got him talking, saying the odd word. I would say they are a cut above the [other companies we have had]." Describing the particular skills of the staff team in supporting people living with dementia, another relative commented, "We were with a different care company before. [This service] is completely different. They are much better on the dementia side. More on board with it all."

All new members of staff received a structured induction to the service which included a period of shadowing the provider and other experienced colleagues before they started delivering care on their own. Commenting positively on her own induction, one recent recruit who was new to care told us, "I was with [the provider] for a couple of weeks. Going round and meeting the clients. She is a very skilled carer and showed me [everything I needed to know]. She has very high standards. [Then] I worked mainly with [two colleagues] on double ups for a month or so [before I did] single calls [on my own]. The provider was aware of the national Care Certificate which sets out common induction standards for social care staff and told us she planned to implement it within the service shortly."

The provider maintained a record of each staff member's annual training requirements and organised a range of online and practical courses to meet their needs. Discussing their personal experience of training provision in the service, one member of staff told us, "We have to do it. It's good that we have to. That's how you keep up to date. [The provider] is a good trainer. She's thorough." The provider also encouraged staff to study for nationally recognised qualifications in care, including National Vocational Qualifications (NVQ). One member of staff said, "I have spoken to [the provider] about NVQ2. She says I will be [ready] to do it [soon]. She likes us not to be lazy!"

Staff told us that they felt well supported and supervised by the provider. Talking positively of their one-to-one supervision sessions with the provider, one member of staff told us, "I've had several. It's helpful ... [particularly] ... in planning further training." As described in the Safe section of this report, the provider also conducted regular spot check supervisions of each staff member's care practice in a person's home. Commenting positively on this approach one member of staff told us, "[The provider] rosters herself on and comes out [review our practice]. She came out with me yesterday, or the day before. I learn from her, definitely."

The provider utilised a number of information sources to ensure both she and her staff were aware of changes to good practice guidance and legislative requirements. For example, she subscribed to an organisation which provided regular policy updates and told us she was always "'trawling the internet for information". Looking ahead, the provider told us she was exploring the possibility of joining a home care providers' membership organisation as a further means of developing her professional network.

Staff worked closely together to ensure the delivery of effective care and support. Describing her colleagues

one staff member said, "They are all amazing. I can't fault any of them." To promote effective internal communication, staff had access to a secure online 'chat room' which they used to keep in touch with each other throughout the working day. Describing the positive benefits of this approach, one staff member told us, "It works well. For instance if someone is unwell or has gone into hospital we can keep [each other] informed."

The Mental Capacity Act 2005 (MCA) 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. Staff were aware of the principles of the MCA and understood the importance of obtaining consent before providing care or support. For example, one staff member said, "It's there to protect the client. If I [am providing personal care] I always ask if is okay. I wouldn't force people if they said 'No.' I wouldn't do it." Any formal decisions the provider had taken as being in a person's best interests were documented in their care file.

People told us that staff assisted them to eat and drink whenever this was required. For example, one person said, "They give us our food. The way we like it." Staff were aware of each person's particular likes or dislikes and the importance of offering people choice. Describing the preferences of two of the people she supported one member of staff said, "[Name] likes my homemade omelettes and [name] likes a fry up." Another staff member told us, "[Name] likes Cheerios for breakfast." Staff were also aware of people's allergies or other individual nutritional requirements and understood the importance of encouraging people to keep well hydrated. For example, one member of staff said, "I leave drinks for all of them ... [particularly] as the weather gets hotter."

Staff worked closely with a range of local health and social care services on behalf of the people who used the service, including district nurses and GPs. Talking appreciatively of the staff team's approach in this area, one person's relative said, "They've always been helpful if there was anything they thought was wrong. They will contact the nurse [for me]." Another person told us, "If I need anything they are on the phone to the doctor. [The provider] ran me to the opticians last week. [She is really good.]"

Is the service caring?

Our findings

Without exception, people told us that the staff who worked for the service were caring. For example, one person said, "I really would recommend them. They are all so kind and helpful." Another person told us, "They are all very nice, very caring people. And I mean very caring. You couldn't ask for a better lot."

Describing her personal philosophy of care and her aspirations for the future of the service, the provider told us, "I expect the highest quality of care from all my staff. For the clients [and] for the families. It is all about the individual. Their wishes, choices and rights. I don't want to be big. I don't want 30 staff. I want to be able to go out and care for clients. Care is the job, not sitting in the office."

This commitment to understanding people's individual needs and supporting them in a compassionate, person-centred way was clearly understood by staff and reflected in their practice. For example, one staff member said, "I love old people [and] have the utmost respect for them. I enjoy making a difference [and] if I can put a smile on a face [or help them] lead a happier life, it's all worth it." Talking fondly of two people she supported, another member of staff told us, "Everyone is different [and has their] little ways. [Name] is so funny and says [to me], 'God, you're so fat!' And poor [name] gets emotional [and] starts crying. Then I get emotional and we cry together! They are diamonds really." Describing the staff who supported them, one person said, "When they walk into the room they always have a smile." Another person's relative told us, "[I] sit and listen to [my relative and the care staff] laughing. It's lovely to hear them all laughing. It goes a long way."

People told us of other ways in which staff met their individual needs and preferences, sometimes going above and beyond the formal requirements of the homecare contract. For example, one person said, "They are all so kind and helpful. They always empty my bins [and] go up and down with the sweeper. Little things." Another person told us, "They will do anything for you. If I am out of milk they will nip out [to the shop]. I pay them when they get back." Another person said, "They do anything I ask them. They put my washer on for me. I can't get out of bed." Talking of one person they supported a staff member said, "We are there to look after [name] but we also keep an eye out for [his wife]. She got these plant pots and I helped her put holes in the bottom. I treat [her] as I would want my mother to be treated." The provider told us, "I give [name] a shampoo and set. [And] we cut and files nails and do make up. Whatever people want. I took one client to Meadowhall on a shopping trip. [When we got back] he said to his mum, 'Was it a dream?'. " A relative commented approvingly, "When I go down to my dad's house, the washing machine is on and someone's done the ironing. They are not supposed to do that!"

Staff were also committed to helping people to maintain their independence and exercise as much control over their lives as possible. Describing how they encouraged people to do as much as they could for themselves, one member of staff said, "[Name] is a good example. We help him get out of bed but he likes to be left [on his own] in the bathroom to wash. Why take something away from somebody. It makes them feel better with themselves." Commenting on the approach of staff in this area, a relative told us, "[Name] has always been very independent [and having care provided] is very frustrating for him. But they are aware of that [and when they are helping him to wash they encourage him] to do as much for himself as he can."

People told us that staff supported them in ways that maintained their privacy and dignity. For example, one person's relative said, "They handle [name] with dignity and respect on her hoist. [Not like staff from a previous company] who treated her like a piece of meat." I couldn't be treated with more dignity and respect." Describing the way staff provided them with personal care, another person said, "They are very good at protecting my modesty. They are quite respectful." The provider was also aware of the need to protect the confidentiality of people's personal information, although in response to feedback from our inspector she told us she would take action to further enhance the storage of people's care records. The provider had provided staff with guidance to ensure their use of social media was in line with data protection requirements.

The provider was aware of local lay advocacy services and told us she would not hesitate to help someone obtain the support of an advocate, should this ever be necessary. Lay advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

Is the service responsive?

Our findings

The provider told us that she took the lead in handling new enquiries and referrals to the service. She commented, "I always do the initial assessment. To meet the client and their family [and] get a feel [for their needs]. [But] if we can't cope I won't take on a new client. I have to say no." If she felt the service did have the capacity to meet someone's requirements, the provider then used the information gathered on the assessment visit to develop an initial care plan. Talking positively of the provider's approach in this area, one person told us, "I was involved in [developing my] care plan. It's not needed any changes [yet]." The provider told us that she normally undertook the first care call to a new client and took this opportunity to introduce the care staff who would be working regularly with the person. Talking positively of this approach, a relative said, "Before we took care we met [the provider] and we met her after that. She did the [first care calls] and introduced the carers."

The personal care plans we reviewed were well-organised and set out the detail of each person's particular needs and wishes for staff to follow. For example, one person's plan outlined the particular way they liked to be supported to get in and out of bed. Staff told us that they found the care plans helpful when providing people with care and support. For example, one member of staff said, "The care plans have all the information you need to know." Another staff member told us, "When you read the care plan it tells you the person's likes and preferences. It helps with conversation." The provider kept people's care plans under regular review, updating and amending them in line with changes in their requirements and wishes. Commenting on the provider's approach one person said, "[The provider] comes and updates the [care plan]. [She] is a lot more professional [than my last company]." Another person's relative told us, "They do keep me updated [with any changes to the care plan]."

Staff clearly knew and respected people as individuals. One member of staff said, "I used to work in a care home [and there] you didn't get time to talk and spend time with the clients. [It was like being] on a conveyor belt. Here we have time to sit and talk and get to know [each other]." Staff used their knowledge to provide support in a responsive way that reflected each person's particular preferences. For example, talking of the people they supported, one staff member said, "One person will like their face washed with a flannel. Another will prefer a wet wipe. One prefers sandwiches for lunch and a hot meal in the evening. For others, it's the other way round. We do things differently wherever we go." Another member of staff said, "[I found out] that [name] likes scampi and chips. I sometimes buy some for her and she loves it." This responsive, person-centred approach was clearly appreciated by the people who used the service. For example, talking about the provider, one relative told us, "We did have a problem to begin with as [name] butts heads with whoever comes in. I raised the issue with [the provider] and she [suggested a change to the pattern of care calls]. It's worked really well."

The provider's responsive, person-centred approach was also reflected in the way staff worked alongside specialist agencies to support people at the end of their life. For example, following the death of their relative, a family member had written to the provider to say, "This is a letter of recommendation regarding [the provider] and her angels in the care team. [They] came to my help when my mum was very ill. They took care of her needs every day and also came during the night when called. A great help to me at all times

always keeping my spirits up. But that's what angels do."

Almost everyone told us that they found it easy to contact the provider by telephone if they needed to make any changes to their scheduled care calls or discuss any other issue. For example, one person said, "[The provider] always answers the phone. [She] is always available whether late or early. She will go out of her way to sort things out." The provider was unaware of the new national Accessible Information Standard but told us she would ensure she embraced it for the future. In the meantime, staff were aware of the importance of communicating with people in ways that met their needs and preferences. For example, talking of one person who was unable to speak, a staff member said, "[Name] would communicate by putting her thumb up and down."

Although almost everyone we spoke with told us they had no reason to complain about the service they received, they were confident any complaint would be handled properly if they did. For example, one person said, "It's very well run [but] if I had a problem I would ring [the provider]." Another person told us, "They are angels. I have no concerns at all. I have complete confidence." Reflecting people's high levels of satisfaction, the provider had received no formal complaints in the service's first 18 months of operation.

Is the service well-led?

Our findings

Almost everyone we spoke with told us how highly they thought of the service and the way it was run. For example, one relative said, "I would definitely recommend it. It's much better organised [than our previous care company]. [The provider] keeps an eye on everything. I have no suggestions for improvement." Another relative said, "I really can't fault them. I'd recommend them in a heartbeat. I'm just sorry my mum died before we went over [to this company]. I would have loved them to look after her as well."

Throughout our inspection, the provider demonstrated an open and responsive management style which set the cultural tone for the service. Describing her approach the provider said, "I am firm, fair, honest and caring. I like to work on shift [and] am on the rota most days. I speak to the families and observe the staff to make sure everything is running the way it should be." The registered manager's committed, hands-on approach was clearly respected and appreciated by her team. For example, one member of staff said, "[The provider] is firm but fair and looks after you 100%. She gives you praise when praise is due. This is the best job I've ever had." Another staff member told us, "[The provider] is very nice and kind. She can be firm when she needs to be. She has very high standards [and] likes you to do things properly. You see it when you go in with her and see her [giving care] to the clients. She is very, very good. I respect her big time."

The provider took care to promote the welfare and happiness of her team. For example, she had recently hosted a barbecue to celebrate her birthday and invited all the staff. At Christmas, she had taken staff out for a meal to thank them for their efforts over the year. Commenting positively on this initiative, one staff member said, "We had Christmas dinner together. [The provider] paid for it all. It makes you feel appreciated. I never felt appreciated [in my last job]." Another member of staff told us, "A client [passed away] recently. [This was] the first time I had lost a client [since I joined the company]. [The provider] knew how close I was to [name]. She didn't tell me on the phone. She called me in and stayed with me all day [accompanying me on my calls]. Not a lot of bosses would do that." Reflecting on efforts staff had made to cover their care calls during a recent period of severe weather, the provider told us, "I paid them all a bonus for risking their lives [in the snow]."

Reflecting the provider's caring, attentive approach staff told us they enjoyed their work and were proud to work for the service. For example, one member of staff said, "There's a good atmosphere [in the team]. I am very happy [and] wouldn't change anything. It's worked out very well [for me] and I am not going anywhere!" Another staff member told us, "We have a fantastic group of staff. We all get on. And [the provider and her deputy] are part of the team, not just managers. I recommend [the company] to everybody."

Communication logs, team meetings and the online chat room were all used by the provider to facilitate effective internal and external communication. Talking positively about her experience of attending staff meetings, one staff member said, "They are helpful. They give us updates on paperwork. And if we are not doing [an aspect] of our jobs properly they will talk us through it." Talking positively of their experience of the provider's approach to communication, one person told us, "I can always talk to them if I have any difficulties. It's no problem." Another person's relative said, "[The provider] gets back to me very quickly. Nothing is too much trouble for her."

Although she was pleased with the progress the service had made in its first eighteen months of operation, the provider told us, "There's always room for improvement." As part of this commitment to the ongoing development of the service she said she was considering a number of initiatives including a newsletter; additional staff training; enhancing her own professional support network and employing an administrator.

To assist in this process of continuous quality improvement, the provider surveyed the people who used the service to measure their satisfaction. We reviewed some of the completed survey forms and saw that satisfaction levels were uniformly high. Invited to suggest any areas for improvement one person had written, 'Can't make it better'. People's satisfaction with the service provided was also reflected in the letters and cards received from family members and friends. For example, one family member had written to the provider to say, "They have got the name spot on because they are all angels. Nothing is too much trouble for them and they go above and beyond their duty of care, time and time again. I wish we had found this company sooner as they are in this profession not for the money but because they care. In 20 years of dealing with all the different care companies I have never known this before. They actually listen to what is needed and then put into place what the wishes of both client and family want. Awesome. I hope they go from strength to strength."

As described elsewhere in this report, the provider visited everyone who used the service on a very frequent basis and took this opportunity observe staff practice and monitor the quality of the service in a very detailed way. Going forward, the provider told us she would formalise these quality checks into an overall quality monitoring and auditing system for the service. The provider understood the need to notify CQC or other organisations of any untoward incidents or events within the service. Any incidents that had occurred had been investigated effectively by the provider, in consultation with other agencies as required.