

Blue Angel Care Limited

Blue Angel Care Limited

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

This was an announced inspection which took place on 31 May 2018.

Blue Angel Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It currently, provides a regulated activity to 42 people with various needs.

This was the first inspection of the service which was registered on 09 May 2017. The service was rated as good in all domains. This means the service is overall good.

There was a registered manager running the service. 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, staff and visitors were protected from harm and were kept as safe as possible. Staff had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff knew how to protect the people in their care and understood what action they needed to take if they identified any concerns. General risks and risks to individuals were identified and action was taken to reduce them, as far as possible. People were supported to take their medicines safely (if they needed support in this area) and medicines given were recorded accurately. People were supported by care staff whose values and attitudes had been tested and who had been safely recruited.

People's needs were met safely and effectively because there were enough staff who were given enough time to meet their identified needs. The service did not accept care packages which included calls of less than 30 minutes.

People were assisted by care staff who had been trained and supported to make sure they could meet people's varied needs. Care staff were effective in meeting people's needs as described in plans of care. The service was worked closely with health and other professionals to ensure they were able to meet any specific, complex needs.

People were assisted to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

A caring, kind and committed staff team provide people with compassionate care. Care staff built close relationships with people and knew their needs. The management team and care staff were aware of people's equality and diversity needs which were noted on plans of care. People were encouraged to be as independent as they were able to be.

People benefitted from a flexible service that responded quickly to individual's current and changing needs

and preferences. People's needs were reviewed regularly to ensure the care provided was up-to-date. Care plans included information to ensure people's individual communication needs were understood.

The registered manager was described as very supportive, passionate and caring. The registered manager and the staff team were committed to embracing diversity and did not tolerate any form of discrimination. The service assessed, reviewed and improved the quality of care provided.

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.

Care staff were trained in and understood how to keep people safe from all types of abuse.

Risk of harm to people or staff was identified and action was taken to keep them as safe as possible.

The medicine administration system ensured people were given the right medicines in the right quantities at the right times.

The service was careful to learn from any accident or other incidents to minimise any future risks.

The service had a robust recruitment procedure that ensured they could be as certain as they could be that the staff chosen were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

Staff were trained and well supported by the management team to enable them to provide effective care to people.

Staff met people's individual, diverse needs in the way they needed and preferred.

The service worked closely with other healthcare and well-being professionals to make sure people were offered the best and most effective care possible.

Is the service caring?

Good ●

The service was caring.

People received care from a respectful and caring staff team who recognised people's equality and diversity needs.

The staff team ensured they protected and promoted people's

privacy and dignity.

The management team and the scheduling systems supported care staff to build positive relationships with people to enable them to offer suitable care to meet their needs.

Is the service responsive?

Good ●

The service was responsive.

People were offered a flexible service that responded to people's individual needs, in the way they preferred.

People's needs were regularly looked at and care plans were changed as necessary with the involvement of people, their families and other professionals, as appropriate.

People knew how to make a complaint, if they needed to. The service listened to people's views and concerns and ensured that any issues were addressed and rectified as quickly as possible. The service learned from complaints and took action to reduce the risk of repetition.

Is the service well-led?

Good ●

The service was well-led.

Staff felt they worked in a strong well-led team and were well supported by the management team.

Staff felt the service had a strong value set which they adhered to and that ensured high standards of care for people.

The quality assurance process was effective and identified any improvements needed. Actions were taken as a result of the quality assurance processes.

People were asked for their views on the quality of care the service offered.

Blue Angel Care 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 service was registered in May 2017, the first inspection took place on 31 May 2018 and was announced. The service was given two working days' notice because the location provides a domiciliary care service. We needed to be sure that the appropriate staff would be available in the office to assist with the inspection. The inspection was completed by one inspector.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection questionnaires had been sent to twelve people, three professionals, thirteen staff and, twelve relatives of people who use the service. Seven people, three professionals and one relative had returned them. One person had made some negative comments and responses, all other comments and responses were positive.

We looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for seven people who receive a service. This included support plans, daily notes and other documentation, such as medication records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff recruitment and training records.

We received four written comments from people and/or their representatives after the day of inspection. We spoke with seven staff and received written comments from a further five staff members. On the day of the inspection we spent time with the registered manager and the organisation's nominated individual. We requested information from seven external professionals including the local safeguarding team. We received

six replies.

Is the service safe?

Our findings

People were kept safe, as far as possible, from any form of abuse. Care staff were provided with safeguarding training to ensure they knew how to protect people and report any concerns appropriately. Staff fully understood their responsibilities for keeping people safe. One staff member demonstrated this by saying, "You are as guilty as the abuser if you do not take action to protect them." Another said, "We work together to provide a safe service for people." Staff were aware of the whistleblowing policy and were totally confident that the senior staff would take any necessary action to protect people. A safeguarding information 'chart' was displayed prominently in the office.

People said they felt safe and were being well treated. One family member responding on behalf of a close relative said, "My [relative] is indeed safe and well treated by the carers." Another said, "My [relative] definitely feels safe and cared for." A professional told us, "Yes I am confident that people are safe and being well treated by Blue Angel." They added, "When using Blue Angel Care I am confident that my customer is in a safe pair of hands."

A local authority safeguarding team told us there had been three safeguarding concerns over a four month period. These related to poor moving and positioning and training regarding catheter care. The service dealt with concerns appropriately. For example, the service noted that there had been some issues with regard to specific training and had purchased moving and positioning equipment which was sited in the office. Staff were able to complete practical training and refresher courses using the equipment provided. Additionally they worked with other professionals to improve their moving and positioning and catheter care techniques.

Robust health and safety policies and procedures had been developed to ensure people and staff were able to receive care and work as safely as possible. Staff received training in this topic and generic health and safety, environmental and individual risk assessments were in place. Generic risk assessments covered all areas of safe working practice such as, lone working and medicine management. Risk assessments were completed for each person's home and included areas such as use cleaning products and lighting. Individual's risk assessment and risk management plans were an integral part of their care plan. Risks included nutrition and hydration, skin integrity and moving and positioning. Information was provided to enable care staff to minimise risk and offer support in the safest way possible. Staff were provided with gloves, aprons and other protective equipment such as hand gels and trained in infection control. One of the seven people who returned a questionnaire told us that staff did not use aprons, gloves or hand gels. However, the service provided them and staff and professionals told us they used personal protective equipment as necessary to meet infection control requirements.

People benefitted because there was a corrective and preventative action system in place. This ensured that if any accidents and incidents occurred action was taken to reduce the risk of recurrence. A form which identified corrective and preventative actions was used after any occurrence. They were extraordinarily detailed and included a risk assessment, immediate action, root cause analysis and conclusion. An action plan and follow up was developed as a result of the findings. The service additionally used the information

to identify if there were any emerging patterns or trends. Actions taken as a result of one incident included re-training staff, discussion in staff meetings, up-dating all records and reviewing the statement of purpose.

Additionally the service had a robust emergency plan called a 'Business Continuity Plan' which was described as, "To be implemented in the event of a disruption to normal operations and has been developed to protect the employees of Blue Angel Care Limited and clients at all times." This included loss of information (on the internet), extreme weather conditions and unexpected staff shortage.

People were supported to take their medicines safely, if identified in people's assessed needs. A comprehensive assisting with medication policy had been developed in May 2017. People's need to be assisted with medicines was reviewed at least annually. Trained care staff whose competency was assessed every six months administered medicines. Medicine administration records (MARs) were computerised and staff recorded the times and quantities of medicines given. The records reflected that the medicines and dosages prescribed were correctly administered. MARs were audited in real time and the system alerted office staff if people's medicines had not been administered or not given at the right times.

The service ensured people were provided with care by staff who had been checked to ensure, as far as possible, they were suitable and safe to work with people. Recruitment processes were robust and rigorously followed. The service used a number of processes to check candidate's value base and attitude. These included prospective staff completing a computer assessment, which tested personality, attitudes and values (psychometric assessment), prior to being invited to a face to face interview. The service's equal opportunities policy noted actions to take to ensure staff were specifically recruited from different backgrounds, cultures, skill sets and experiences to meet the needs of the people they offered a service to.

Safety inquiries such as Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with people were made. References were requested and verified and application forms were completed. On the day of the inspection three of the staff records seen had a gap in the work history part of the form. The registered manager advised these were where staff were raising families. However, immediately after the inspection the registered manager confirmed he had checked all staff records and explained any gaps in work history. A new application form the service had recently been introduced and would prevent any omissions in the future.

People's needs were met safely by sufficient numbers of staff. The service did not accept packages of care unless there were enough staff to provide the correct amount of time and skill to meet people's needs as identified in their care package. Each person had a specified number of hours of care paid for by the local authority or by people, themselves. The service had an on-going recruitment campaign to ensure they had staff available at all times. Appropriately trained office staff, including the registered manager supported the care team in times of unexpected staff shortages.

Is the service effective?

Our findings

The service offered people effective support. A family member told us they felt the service met their relative's needs, "Extremely well." The service identified individual's specific needs during an assessment process which included people, their families and other relevant people (with their permission and as was appropriate). People were fully involved in determining what care they wanted and needed and the way in which they preferred it to be delivered. People signed to say they agreed with the content of the care plan. If people could not sign the consent forms included an explanation of why they couldn't sign and who could sign and under what circumstances. For instance people had given permission for a specified relative to sign because they chose not to.

The service was effective in meeting people's health and well-being needs as specified on individual plans of care. Care plans included areas such as mobility requirements, dressing and undressing and any other particular support needs. A summary of daily routines and tasks to be completed formed a part of the care plans. The service worked with other professionals in the community such as district nurses and GPs, as necessary. A professional commented, "Blue Angel Care are proactive in seeking medical or other support for my customers when there has been a change in their health needs." Another noted, "During a review visit the family reported that the carer was proactive in reporting any concerns to either the nurse or GP, they also said the carer was brilliant with their [relative] in terms of communication and managing moving and positioning as this is quite a complex case."

The service used a computerised system to ensure people received their support visits at the correct time and for the agreed length of time. The system alerted office staff if visits were not recorded within 15 minutes of the specified time. There had been no missed calls since registration because office staff can support people if necessary. People are told if there is the possibility of staff arriving late. People commented, "95% of the time they [staff] are on time – there were a couple of occasions where Mum and Dad didn't know about the delay but these instances are rare." "Yes (they arrive on time) clearly there are going to be times when there is some delay or variation but I am not aware of there being a significant number." A person receiving live –in care stated, "She is there 24/7 except breaks and days off. She always explains what time she will return and has never been late." One of the seven people who responded to questionnaires sent told us staff were not always on time and didn't always stay the right amount of time. The registered manager told us they had not complained to the service and the computerised records did not show any of these occurrences.

People were provided with assistance for eating and drinking and other nutritional requirements if this formed part of their identified needs. The service, currently, assisted five people to prepare food and two people to eat meals. Records for food and fluid intake were kept, as necessary. Staff were instructed to inform senior staff via the electronic monitoring system if there were any concerns. This was done for a person who developed swallowing issues and the service worked with other professionals to ensure a safe diet was provided. The service is additionally training staff to use a nationally recognised nutritional assessment tool.

People were supported by care staff who were trained to enable them to meet people's diverse individual needs. Staff members told us they had very good training opportunities. Staff told us they were trained in areas to meet individuals' specific needs, such as moving and positioning, as necessary. Of the 25 direct care staff seven had achieved a recognised professional qualification. Staff had completed the training identified by the provider as core training. This included health and safety, basic life support and mental health awareness. The service planned to refresh training every year, dependant on the subject.

People were assisted by care staff who were supported by the management team of the service to deliver effective care. The service provided staff with an induction which ensured staff did not work with people until they were skilled enough and confident they were able to do so effectively. Care staff were required to complete the care standards certificate (a nationally recognised induction system which ensures staff meet the required standards for care workers). Senior staff observed new staff's confidence and competence prior to them being able to work alone. Care staff completed a one to one (supervision) meeting with senior staff every three months. Additionally, random spot checks on staff's daily work and competency assessments formed part of the supervision processes. The service completed appraisals every year.

At the time of the visit few staff had been in post for more than 12 months. One staff member told us they felt, "Extremely well supported." Another said, "I am confident I can always get help and support when I need it." A further staff member described the support process as, "Supervision every three months, Staff meetings every month, telephone conversations, regular visits by the care coordinator." They felt this system was very supportive. Another staff member commented, "Yes we participate in regular supervision, annual appraisal and reflect on improving our practice." Staff told us they felt they were given support to progress and develop their skills within the company.

People's rights were upheld by a staff team who understood the issues of consent and decision making. Plans of care noted if others were legally entitled to make decisions on behalf of people. Care staff described how they gave people enough time to express themselves and make their choices. Examples given included supporting people to choose their clothing, food and activities for the day. One carer told us, "A carer should understand that their client must have the ability to make decisions for themselves such as when to get up, what to eat, and where to go. He must enable his client to remain safe and calm in his one home encouraging engagement with daily activities and creating social interactions."

The registered manager understood the Mental Capacity Act 2005 (MCA). The 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the community people can only be deprived of liberties if agreed by the Court of Protection. The service did not, currently, support anyone whose liberty needed to be restricted.

Is the service caring?

Our findings

People were offered individual support and care by a caring and committed staff team. The provider operated within and promoted a caring environment where people and staff felt cared for. Staff told us, "This company care for me as well as the clients. We don't have to rush which means we can give good care and enjoy our work." They added, "Because they are so committed to caring for people they really care for their staff as well." Another said, "They really care for their staff but of course our clients always come first." People told us they were very pleased with the care offered. A professional commented, "... The Blue Angel Care ethos is to provide a compassionate service like you would to a member of your own family." Another noted, "I have witnessed good communication with service users throughout visits, they gain consent for each task, they support active participation from the service user where possible and demonstrate good person centred values."

People were provided with care by staff who established relationships with people. A team of care staff were allocated to individuals and visited the same people as often as possible. This enabled care staff to get to know people and their needs. A relative told us, "Blue Angel staff have always been courteous and importantly have built a good relationship with my [family member] and therefore a trust has been created which in my view is critical for long term professional care." People told us they usually had the same carers and this had resulted in them making strong relationships with staff.

People's privacy and dignity was preserved by care staff. A relative commented, "The small team that look after my [relative] are all very respectful to [family members]..." Another said, "Yes they treat her with respect and preserve her dignity 100%." Staff described how they preserved privacy and dignity. One said, "The way I speak to them by asking permission to provide the task, to show genuine interest and concern, to protect and respect client privacy, to speak in calm and low voice at all times and to give them time to express and understand their emotional concerns while you reassure them."

People's diversity was recognised and staff diversity was actively sought to meet people's diverse needs. People's diverse needs, religious, cultural and lifestyle choices were noted in care plans, as appropriate to the care package they were receiving. They were met as identified in their individual packages of care. Staff diversity was used to meet people's needs. For example the service had matched staff's language skills, background and interests to people's to better meet their needs. The service had an equality and diversity policy which included people and care staff. The policy noted that equal opportunities were about accepting and embracing people's differences and creating an environment where individuals could thrive. The service adhered to these principles. Staff completed equality and diversity training as part of their induction.

People were encouraged and supported to be as independent as possible. How people should be supported with their independence was documented in care plans. Risk assessments assisted care staff to help people retain and develop as much independence, as was appropriate, as safely as possible. A professional gave an example of a person who had been supported to stay at home with staff support rather than have to be admitted to a care home.

People's methods of communication were noted on care plans, as necessary. They enabled staff to communicate with people in the way they needed to. The service provided staff who used the person's first language, wherever possible. People were encouraged to give their views of the service in various ways. These included the management team completing observations and 'spot checks' on care staff where people were asked their views of the staff. Telephone quality reviews were completed with people and care reviews were held regularly.

People's personal information was kept securely and confidentially in the care office. Most information was kept in an electronic form to which the appropriate people had access. The provider had a confidentiality policy which care staff signed prior to commencing work, understood and adhered to.

Is the service responsive?

Our findings

People were provided with a responsive and flexible service. Their changing care needs and people's requests and preferences were responded to in a timely way. Plans of care included the necessary information for staff to offer people responsive care. People's preferences and choices featured in their individual plans of care. A relative commented, "From time to time requests are made which may strictly sit outside of the remit (unexpected laundry... or if a different arrival time is requested) and wherever possible those requests are completed." Another relative told us, "Yes the carer is responsive and proactive in thinking of ways to make life, better, easier and more interesting for my [family member]." A professional noted, "Blue Angel Care offer a service which is flexible, and the carers who have worked with my customers have been flexible in promoting the best interests of my customers."

The assessment, care planning and review process was inclusive of people and those who they chose to be involved. Care plans noted people's involvement, were detailed and provided enough information to enable staff to meet their needs. However, because they were a computer based system parts of the plans they were not as person centred as they could be. The service had recognised this as an issue and was working with the system provider to improve the person centredness of the plans of care. Daily notes showed that care was person centred. Plans of care were up-dated regularly and reviews were held a minimum of six monthly and whenever people's needs changed or there were any concerns about an individual's well-being. People told us they were fully involved in the care planning process.

People benefitted by the service's use of It systems. People's changing needs were communicated to and from staff in 'real time' via the electronic reporting systems. Office staff were able to be informed immediately if there were any concerns or issues about a person's care. They were able to communicate this information immediately to other relevant parties. Additionally people, other professionals and relatives had access to the reporting system, as appropriate and agreed by the person. Care staff were also texted, e-mailed and/or telephoned if they were required to change their work pattern and/or an individual's care plan to meet people's immediate needs. People and staff told us communication between the office, care staff and people who use the service was very good. A staff member reflected the views of others when they said, "We communicate very well which helps us work as a team and helps us all work very well together."

People's communication needs were met and the service was able to produce information in different formats if necessary. Individual communication plans were developed if people had specific communication needs. The communication systems reflected the requirements of the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The service had a detailed complaints policy and procedure which they followed when they received complaints. Complaints were recorded in detail, investigated and outcomes were provided. These were used for learning and were dealt with in the same way as incidents and accidents by means of the corrective and preventative action system. The service had received three complaints and three compliments since

registration. As professional described the appropriate and immediate action the registered manager had taken when they had made a complaint about care practice.

Is the service well-led?

Our findings

People benefitted from a well-led service. The registered manager had been in post since the service registered on 09 May 2017. The registered manager was also the managing director. He was experienced in care and appropriately qualified. One relative told us, "[Name of registered manager] is kind, efficient and always available to speak to and approachable. He is always extremely conscious of meeting the patient and patient's family's needs." Staff made comments such as, "I get full support during my training and this enables me to meet my client's needs and I always get additional support from my office when needed." "The service is well managed, client's interests are the priorities, concerns are attended to without delay, service users and families are happy and good feedback from clients and families." Another staff member said, "It is really friendly, supportive and a high standards company, who take care about clients and every team member." A professional commented, "The Blue Angel management team are very easy to contact and flexible with changes to care packages."

The staff team were happy, enthusiastic and committed to their work. They understood and embedded the values of the service which were modelled by the registered manager. They told us they really enjoyed their work because they knew they would be supported and helped if they had any concerns. Staff that had worked for other providers told us they were much happier with the values and expectations of Blue Angel who they felt really adhered to the values they set. One staff member said, "This company has really good vibes." This view was supported by all the staff we spoke with or contacted who told us about the open, positive culture which ensured people were well cared for.

People and staff were encouraged to express their views and opinions of the service. They were encouraged to tell the service what they thought about the care provided. People told us they felt comfortable sharing their views with the service, one relative said they were in continual contact with the service who always listened and valued their views. Every staff member contacted told us they felt valued and involved in the development of the service. One staff member gave an example of their idea being taken up and incorporated to improve the safety of lone working staff. They were particularly impressed that they were listened to as they had only been with the company for a short time and were not permanent. The service held monthly staff meetings to which all staff were encouraged to attend. Staff told us they felt very comfortable to raise any issues or concerns they had and to put forward ideas for improving practice.

People benefitted from a service which was well governed. A number of quality assurance systems were in place and were used to review all areas of the service. The service was relatively new but one complete audit of all areas of the service had been undertaken. The audit had identified some areas where governance could be improved and plans were in place to complete this work. An annual survey had been sent out the previous week and there were plans to develop client feedback sessions. Currently, people were telephoned at minimum of three monthly to check they were satisfied with the quality of care they were receiving. Some regular audits of areas such as care plans, medicines and the electronic calls record were undertaken.

Actions were taken as a result of the various auditing and quality assurance processes. These included increasing the medicines administration records audits, developing a medicine error reflection tool, issuing

staff with personal alarms and setting up a client's forum.

People were provided with good care because the service worked with other professionals to ensure people's needs were met. The service engaged with relevant community professionals. A professional noted, "Blue Angel Care work in partnership with other professionals and multi-disciplinary teams to promote the best interests of my customers." Another told us, "I have had a good experience with Blue Angel Care Management team and carers, Communication with client and family members is of a high standard from the team at Blue Angel." And, "Blue Angel work well with all parties involved in a service users care." A staff member commented, "When Health and social care services are integrated, everyone benefits, particularly those with the most complex needs. Blue Angel Care is providing high quality services through reciprocal relationships..."

People's individual needs were recorded on up-to-date care plans which informed staff how to provide care according to people's specific choices, preferences and requirements. Records relating to other aspects of the running of the service such as audits and staffing records were, accurate and up-to-date. All records were well-kept and easily accessible.

The registered manager kept up-to-date with all legislation and good care guidance. For example he fully understood when statutory notifications had to be sent to the Care Quality Commission (CQC), the Accessible Information Standard and the duty of candour.