

Visiting Angels Limited

Visiting Angels Limited - DCA Office

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

Visiting Angels Limited - DCA Office is a domiciliary care agency that provides personal care to people living in their own homes. The service supports older people some of whom have physical disabilities and are living with dementia. At the time of inspection two adults were receiving support with personal care from this service.

This inspection took place on 31 July 2018 and was announced. We gave the registered manager 48 hours' notice of the inspection because the registered manager is often out of the office supporting people. We needed to be sure that someone would be in.

This service has not previously been inspected.

The service had a registered manager in port. 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.

Care plans were not always reflective of people's individual care needs. We made a recommendation about this.

The service had systems in place to support people if a potential harm and abuse was reported to them. Processes were followed to collect information on how to avoid or limit risks to people. Staff were recruited safety which ensured that people had the necessary support. Systems were in place for recording and monitoring incidents and accidents occurring.

Staff used an electronic system to share information effectively. The service monitored people's ability to make decisions for themselves and provided support to people if they were unable to do that themselves as required by the Mental Capacity Act 2005 (MCA). Staff were required to complete a comprehensive training course to have an up-to-date knowledge and skills for the job. The registered manager was looking to arrange the follow-up training courses after staff completed their induction and to carry out the regular supervision and appraisal meetings to support staff in their role.

Staff were friendly, kind and attended to people with patience when assisting them with personal care. People had their preferences identified and respected. People's personal information was protected and only shared with their consent.

People's care needs were assessed to provide staff with guidance on the support people required to stay safe. People were given information on how to raise concerns and complaints and felt confident to approach the registered manager for making changes to their care if necessary.

The registered manager was aware of their responsibilities and led the team effectively. Staff had support and guidance when they needed it. Quality assurance systems were in place but the audits were not completed because the service had only started supporting people recently.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

There was not sufficient evidence to rate this key question as the service had only started supporting people recently.

There were policies and procedures in place to ensure that people were protected from potential harm and abuse and safe from incidents and accidents occurring.

The service followed the necessary staff recruitment processes to employ suitable staff to take care of people.

Is the service effective?

Inspected but not rated

There was not sufficient evidence to rate this key question as the service had only started supporting people recently.

The service knew their responsibilities under the Mental Capacity Act 2005. Staff received a thorough induction training.

The registered manager was in the process arranging regular training courses and supervision and appraisal meetings to support staff in their role.

Is the service caring?

Inspected but not rated

There was not sufficient evidence to rate this key question as the service had only started supporting people recently.

People felt well looked after the staff that supported them. Care records were personalised and information about people's history was available for staff.

People said that staff were friendly and understood what it meant to protect people's privacy and dignity.

Is the service responsive?

Inspected but not rated

There was not sufficient evidence to rate this key question as the service had only started supporting people recently.

Care plans were not detailed enough to provide staff with accurate information on the assistance people required to undertake tasks.

The provider had an appropriate complaints policy in place.

Is the service well-led?

There was not sufficient evidence to rate this key question as the service had only started supporting people recently.

The registered manager had planned to carry out regular quality assurance checks to identify any improvements required after they had sufficient time to support people with their needs.

The registered manager was available to support staff and listen to people's concerns if they had any.

Inspected but not rated

Visiting Angels Limited - DCA Office

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.

This inspection took place on 31 July 2018 and was announced. The inspection was carried out by one inspector.

We gave the service 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that they would be in.

Prior to our inspection we reviewed the information we held about the service. This included any notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also viewed a Provider Information Return (PIR) completed by the provider. 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.

Before the inspection we made calls to one person and one relative of the person that used the service for their feedback.

On the day of inspection, we spoke with the registered manager, deputy manager and the administrator. We looked at the care records for two people using the service, as well as other documents relating to the management of the service including recruitment files, incident and accidents, training records and quality assurance audits.

We contacted health and social care professionals asking for their feedback about the service, but they did

not respond.

Is the service safe?

Our findings

At the time we inspected the service only the register manager was providing personal care to people. They currently supported two people who were referred to the service in the last three weeks. The registered manager told us that when a new person was referred to the service, they supported the person themselves. This helped the registered manager to continue collecting information about the person's preferences and how they wanted to be supported to allocate a most suitable staff member to meet the person's needs, for example in relation to their cultural and religious beliefs.

Systems were in place to protect people from potential harm and abuse. Staff were provided with information on who to contact if they witnessed or suspected a person they supported was at risk of abuse or harm. The registered manager told us they would approach the relevant local authority's safeguarding adults team if they had any concerns about people's well-being to ensure that appropriate actions were taken quickly to protect them. There were no safeguarding concerns raised since the service was registered.

The service had processes in place to support people to manage individual risks safely. The registered manager told us they carried out risk assessments to mitigate any identified risks to people which ensured that people had the necessary support when they required it. At the time of the inspection, the registered manager was in the process completing the risk assessment for the people that they started supporting recently.

The service carried out environmental risk assessments before they started supporting people to ensure their home was safe for people to live in and staff to work at. This included an assessment being carried out to identify any hazards and if people were at risk in case of a fire.

The service followed safe staff recruitment practices to ensure they employed suitable staff to care for people. Records showed that staff were required to fill in an application form, attended an interview, carry out criminal records checks and provide two references before they started working with people. This helped the registered manager to determine if staff had the required knowledge and skills for the role.

Policies and procedures were in place for staff to follow to ensure consistent care for people. We viewed policies in relation to medicines management and health and safety that clearly outlined staff's role and responsibilities in delivering safe care for people. Records showed that staff were booked to complete food hygiene training. At the time of inspection there were no people that required support with the medicines.

The service provided staff with guidance on how to record and report incidents and accidents occurring which ensured that actions were taken quickly to support people as necessary. Staff were required to fill in an incident form and contact the registered manager for advice if they saw that a person had sustained an injury or had an accident. The service had a spreadsheet for recording relevant information on incident and accidents taking place which helped the registered manager to identify and mitigate repeated hazards that caused the incidents. There were no incidents and accidents reported since the service was registered.

Is the service effective?

Our findings

People and their relatives told us that care provided to them was effective and met their needs as required. One person said the registered manager "had skills and knowledge to support me, no question!" A family member told us that the service was, "Very good, reliable and professional." The registered manager told us they approached all relevant parties to collect information about people, including healthcare professionals and families. This meant that people's individual needs were identified and supported as necessary.

The service used an electronic system to share information which helped staff to access data about people quickly as required. People's care plans were electronically recorded and staff had access to this information via their phones. Staff received an automatic notification if any changes were made to people's support. This ensured that staff were provided with up-to-date and accurate information regarding people's care needs.

Staff undertook comprehensive induction training which introduced them to the key elements of the job. This included getting familiar with the service's policies and procedures, shadowing more experienced staff members and training in the areas such as safeguarding and health and safety. During the induction period the management team carried out observations and checked staff's understanding about their role responsibilities.

Staff were required to complete a Business and Technology Educational Council (BTEC) training after they started working for the service. This qualification provides specialist and work-related learning in a range of areas, including health and social care sector. At the time of the inspection staff were in the process completing their training. The registered manager told us they found it challenging to train staff because at the moment they were not able to provide staff with a full-time job. As a result of this, staff had not always fully committed to the training arrangements provided by the service and often left the job when they found a full-time employment.

The registered manager was in the process arranging regular training for staff after they completed the BTEC. They had a deputy manager trained to train staff in Dementia awareness. However, the registered manager was not clear on how often and who would be providing the other regular training courses to the staff team. The registered manager told us this was on their agenda and that they would look to make the necessary arrangement immediately.

The registered manager told us the service was facing a high turnover of staff because they were not able to provide staff with regular shifts. As a result of this, the service was not able to provide staff with regular supervision and appraisal meetings because staff did not stay long enough to have the meeting. However, the registered manager could not tell us how often they planned to meet up with staff on one-to-one basis to discuss their developmental needs. After discussing this with the registered manager they said they would seek guidance for the timescales and review their systems to ensure they supported staff on the job as necessary.

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

The service followed the MCA principles to ensure that decisions made on people's behalf were in their best interests. The registered manager understood their responsibilities around consent and respected people's right to choose how they wanted to be cared for. The registered manager told us they would carry out a mental capacity assessment, considering a person's ability to communicate, understand, weight up and retain information, should they have any concerns related to the person's ability to make a specific decision. A best interests meeting would be arranged after that if it was concluded that the person lacked capacity to make the decision.

Is the service caring?

Our findings

People and their relatives were satisfied with the care provided by the service. They only started receiving support from the service recently and the experiences they had so far were good. One person said about the care they received, "It's been very satisfactory."

People told us that staff attended to their care with kindness and compassion. One person said, "The manager is a very pleasant person. She is very supportive and willing to listen." A family member told us that staff were "friendly" and "see [my relative] as a person not as a client." People were provided with a written guidance to be followed by staff to ensure they maintained people's dignity and privacy as necessary, for example staff were required to knock before entering a person's room.

People's care records were person centred and provided staff with information on people's background and personal history. This information was used by staff to have a better understanding about people's preferences and to have conversations with people. People and their relatives told us that the registered manager was "always available for a chat" and "never rushed to leave."

The service ensured that personal information about people was treated confidentially. The registered manager told us they asked people to consent to share information about them with relevant parties and only used their personal details where this was necessary. People were provided with a copy of their care plan which meant they had access to information about them at any time they needed it. We observed people's records being stored in a lockable cabinet and only accessed by authorised staff.

Is the service responsive?

Our findings

People had support plans in place to guide staff on how they wanted to be cared for. Records showed that individual information about people was collected in relation to their nutrition, hydration and social interaction needs. However, we found that care plans lacked details on the actual support people required, for example if a person needed assistance or prompting to carry out personal tasks. Information was also missing about people's health conditions and how these impacted their daily activities. One of the support plan's we viewed had noted a person living with dementia, but no other information was available about the dementia symptoms, progression and how this condition had affected the person's ability to carry out tasks independently. We discussed this with the registered manager and they agreed to review and update the information recorded about people's care needs.

We recommend that the provider seeks guidance on best practice in relation to the care plans being accurately completed to reflect people's individual needs.

People told us that a comprehensive assessment was carried out before they started receiving support from the service. One person said the registered manager "found every detail about me, she asked me about the allergies, level of mobility and what I can do for myself. It was a lengthy process and lots of questions were asked." A family member told us, "The service knows the needs of my relative, very much so."

People told us they were provided with information on who to contact should they have any concerns about the service delivery. One person said, "The manager explained everything to me, I know how to complain." People and their relatives told us they would approach the registered manager should they have any complaints, but there wasn't anything that they were concerned about at the time of inspection. Records showed that people were given information on the standards of care they should expect and were encouraged to contact the registered manager if these were not met.

Is the service well-led?

Our findings

One person said the registered manager was "very experienced and used the knowledge she had very well." A family member told us the registered manager was "very knowledgeable."

We saw systems available to be used to review the quality of the services provided for people. Auditing forms were in place for checking records related to staffing, safeguarding, complains, incidents and accidents. However, since the service was registered there were no audits carried out to review the service's performance. The registered manager told us this was because so far the service was not able to secure regular clients. There was a big gap between the two people they supported currently and one other person they had at the beginning of the year. Therefore, the registered manager had regularly monitored the systems in place and made changes to improve where required but not completed the auditing forms to record their findings. As already mentioned, we found that people's care plans were not fully updated to reflect people's health and social care needs. The registered manager told us they aimed to complete this action on the same day we undertook the inspection and that they would look to update the systems used to review the care records effectively.

There was a clear management structure in place to guide staff in their role as necessary. The registered manager was supported by a deputy manager and a care co-ordinator. The management team had shared responsibilities and were accountable for certain aspects of the service delivery which included staff induction and recruitment.

The registered manager was aware of their registration requirements with CQC. They knew the different forms of statutory notifications and Provider Information Return (PIR) they had submit to CQC as required by law. Our records showed these were sent to CQC in good time.

Staff had access to on-going support should they require advice or assistance to carry out their duties as necessary. The registered manager was available to guide staff on the phone at any time or day of the week. Staff were provided with the necessary contact numbers should they require to inform relevant agencies about changes to people's health and social care needs, including emergency services and local authorities.

The service used an external consultancy agency to keep them updated with the changes taking place in the health and social care sector. The registered manager told us they had a notification sent to them if there was a change in legislation for updating their policies to reflect these changes. This included updates on General Data Protection Regulation (GDPR).