

## Visiting Angels Care Limited

# Visiting Angels Care

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service:

Visiting Angels Care is a domiciliary care service which provides personal care to adults with a range of support needs, including dementia and physical disability, in their own homes. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care.' Where they do we also take into account any wider social care provided. Visiting Angels Care was providing personal care to 20 people at the time of the inspection.

### People's experience of using this service:

People supported told us they felt safe with the staff that supported them. Staff had undertaken safeguarding training which was regularly refreshed. Staff understood their role and responsibility to keep people safe from harm.

People's care records contained guidance for staff about how to support people safely and minimise risks to people.

Recruitment procedures were thorough and robust, with clear evidence of the pre-employment checks which had been carried out.

The service had systems in place to ensure people received their medicines as prescribed. Staff supported people to maintain their health by making appropriate referrals to community health professionals and acting on any advice they were given.

There were enough staff employed to ensure people received consistent and timely care. People told us staff arrived at their agreed times and did what was expected of them.

Staff were competent, knowledgeable and skilled. They received regular training, supervisions and appraisals which supported them to conduct their roles effectively.

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

People were happy with the support they received from staff with meal preparation. Staff were aware of people's special dietary requirements and where necessary monitored food and fluid intake levels of people who were assessed to be at risk.

People supported spoke highly of the staff that provided support and the office team including the registered manager and the nominated individuals. People told us staff treated them with dignity and respect and were kind, caring and sympathetic to them.

People received personalised support. Staff had built positive relationships with the people they cared for and supported. Staff supported people to retain their independence and to remain involved in planning and reviewing their care. This helped to ensure care was provided in accordance with people's preferences.

The provider had an effective complaints procedure in place. Information about how to complain was given to people when they started using the service. People and their relatives knew how to complain if they needed to.

Staff provided positive feedback about how the service was run. They told us they enjoyed their jobs; their morale was positive and that the staff team worked very well together.

The registered manager operated a governance system which included the completion of several audits. These were to ensure the service was operating within the policies and procedures set by the provider.

We recommend the service have a more thorough system in place to ensure all audits completed evidence the actions taken because of the findings and lessons learnt.

The provider had policies and procedures in place, but these needed reviewing to ensure they reflected current legislation and best practice guidance.

We recommend the policies and procedures are reviewed to reflect current legislation and best practice guidance.

Rating at last inspection:

This service was registered by CQC on 12 January 2018. This was the first inspection of the service.

Why we inspected:

This was a planned comprehensive inspection of the service. All new services are assessed to check they are likely to be safe, effective, caring, responsive and well-led.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe  
Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective  
Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring  
Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive  
Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led  
Details are in our Well-Led findings below.

Requires Improvement ●

# Visiting Angels Care

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection team consisted of two inspectors.

#### Service and service type:

The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides personal care to adults with a range of support needs, including dementia and physical disability.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

#### Notice of inspection:

We gave the service short notice of the inspection because we wanted to visit people in their homes and we needed support from the registered manager to arrange this.

Inspection site visit activity started on 13 February 2019 and ended on 14 February 2019. We visited the office location on 14 February 2019 to see the manager and office staff; and to review care records and policies and procedures.

#### What we did:

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service

does well and improvements they plan to make.

Prior to the inspection visit we gathered information from many sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On the 13 February 2019 we visited two people in their homes to obtain their views about the care they received and to look at their care records.

On the 14 February 2019 we visited the office location to see the nominated individual, the registered manager, the deputy manager, the administrator, a care co-ordinator, a senior care worker and two care workers. We also reviewed three care records, policies and procedures, audits and quality assurance reports, and records of accidents, incidents and complaints,

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People using the service told us they felt safe. Comments included, "Do I think they [care workers] are competent, yes 100%" and "Absolutely I feel safe with them [care workers], they are like a breadth of fresh air."
- The provider had appropriate systems in place to safeguard people from abuse. However, we recommend the providers obtain a copy of South Yorkshires Safeguarding procedures to ensure all staff work in accordance with the current policies and procedures.
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed abuse or had an allegation of abuse reported to them.
- Staff knew about whistleblowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

Assessing risk, safety monitoring and management

- Risks to people's health, welfare and safety were managed to keep people safe.
- Peoples care plans contained risk assessments and detailed the support they required from staff to manage the identified risks.
- Peoples risk assessments were reviewed and changed to reflect their changing needs. For example, when a person's mobility deteriorated, or their health needs changed.

Staffing and recruitment

- People told us there were enough staff employed to ensure people received care and support. People told us there were enough staff employed to ensure people received care and support at agreed times. The registered manager told us, 'The minimum call time a person would receive would be an hour.'
- Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. All the necessary pre-employment and identity checks were completed to ensure best practice.
- The service used an electronic care planning system that could track when staff had arrived and when staff were leaving their planned visit. Staff used mobile phones to log in and out of visits. This was monitored at the office. In the event of a missed call the office where alerted straight away and could take immediate and responsive action to ensure the person using the service received their support.

Using medicines safely

- Improvements were required in the provider's 'Medication Policy.' For example, the medication policy did not refer to the Mental Capacity Act 2005 (MCA). Whilst this had been reviewed in 2018, this was not an effective review, as it did not reflect current legislation.

- We recommend the 'Medication Policy' is reviewed and updated to reflect current best practice and legislation.
- All care workers were trained in the safe administration of medicines. Following induction all staff had a yearly update to ensure their knowledge was up to date. Staff competency was also checked by senior care workers during spot checks. If any issues were identified staff were seen in supervision or required to attend further training.

#### Preventing and controlling infection

- Infection control measures were in place to stop the spread of infection. Staff were aware of and following the infection control policy and procedure.
- People told us that staff wore personal protective equipment (PPE) such as gloves and aprons that reduced the risk of cross contamination.

#### Learning lessons when things go wrong

- Staff took appropriate action in response to any accidents or incidents to ensure people's safety. They told us they immediately reported anything of concern to the office staff and made sure the correct information was recorded. We saw evidence of senior staff visiting people following any accidents or incidents to re-assess them and look at ways of ensuring this was not repeated.
- However, the registered manager did not analyse accident and incident records to show any trends or common causes, for example if incidents were occurring at certain times of the day. We discussed this with the registered manager and they said they would review the process for analysing accidents and incidents to make sure action was taken to prevent the risk of incidents reoccurring.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good:  People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people using the service the registered manager assessed their needs to ensure they could support the person effectively.
- The registered manager told us, "We like to meet the family, capture the information that's important to them and explain our ethos and values. They become part of the visiting angel's family."
- People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.
- People were positive about the care they received from Visiting Angels. One person told us, "They [managers] are very good indeed, they [managers] came and did an assessment to find out what I needed and then they [managers] come and see me if I have any problems."

Staff support: induction, training, skills and experience

- People we spoke with told us staff were well trained. Their comments included, "Yes, definitely they [care workers] are well trained" and "They have a first-class training person, the carers who come really know what they're doing."
- Staff completed an induction programme during which they received training relevant to their roles. Staff were offered a range of training following induction which included practical training and e-learning. Staff told us the registered manager prompted them when they were due to update their training.
- We found staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. It is based on 15 standards; all which individuals need to complete in full before they can be awarded their certificate.
- Comments from staff included, "I have been put forward for a lot of training, I did my induction, and someone shadowed me to see if I was confident and competent." "Since I started I have grown with the company, I have done lots of training. I have done training in safeguarding, medicines, moving and handling and the care certificate. I can honestly say I love working here."
- Staff told us and records we reviewed confirmed staff were very well supported by the registered manager. They said they had plenty of opportunities to meet with them and discuss their work.
- Comments from staff included, "We have regular team meetings and supervisions and there is always someone to talk to." "The registered manager is really good you can talk to them about anything. I would be 100% happy for one of my family members to be supported by the service."
- Staff told us they met for group and individual supervisions, and a range of social activities was organised

to support the development of the team.

Supporting people to eat and drink enough to maintain a balanced diet

- Where appropriate staff supported people with their food and drinks. Staff recorded the food and fluid intake of people assessed to be at nutritional risk. Where people were not consuming enough food and fluid, this was closely monitored, and advice sought from relevant community healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care

- We saw technology and equipment was used effectively to meet people's care and support needs. This was assessed for and then obtained in consultation with other healthcare professionals involved in the persons care.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us staff worked in partnership with other healthcare professionals. This helped to ensure they captured as much information as possible to develop personalised care plans for the people they supported.
- Staff could identify people's changing needs and contacted healthcare professionals such as GP's, occupational therapists and district nurses when required.
- One person told us, "The staff know me so well. They know my routines and they can tell if I'm unwell."

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.
- We found the registered manager and staff were working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. Staff confirmed they obtained people`s consent before they offered any support.
- One staff member said, "We always give people choices, we introduce people to care workers and they can decide if they want that person to provide their support."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People told us care staff were kind and compassionate. They had formed strong relationships with people and clearly knew them well. They used their knowledge of people's personal preferences to care for them in the way they liked.
- People told us staff were very respectful of their privacy and dignity and promoted independence where ever possible.
- People spoken with told us staff were kind, caring and considerate. Their comments included, "I am very happy with the carers. I feel comfortable with the carers they know me very well and are very kind" and "My regular care workers are wonderful, they are very good indeed, nothings too much trouble for them."
- People also told us, "They [care workers] help me where and when needed but they also support me to maintain my independence as much as possible. "The carers help me with my personal care and I feel very comfortable with them [care workers]."

Ensuring people are well treated and supported; equality and diversity

- Through talking with staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- We saw the provider had a policy in relation to equality and diversity and information on the subject was included in the induction, which was delivered to all staff before they started work. Staff could explain to us how they would be able to meet people's specific needs in relation to their culture or religion.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in reviews of their care. People were asked about their likes, dislikes and preferences so they could be recorded in their care plan.
- Each care plan checked contained details of the person's care and support needs and how they would like to receive this.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People spoken with told us they were very happy with the personalised service they received from the care workers.
- When a person started to receive care from the service, the registered manager visited the person and introduced the service. They told people what they could expect and discussed the person's care. One person told us, "They [registered manager] came to see me and we went through my care plan and then if I have any problems I just ring the office and they sort it out."
- People confirmed they had a copy of their care plan and the service user guide to keep in their home.
- People's care plans were person-centred and accurately described the support they needed from staff. They were reviewed every three months or sooner, if a person's needs changed. This helped to ensure they were up to date, so people would receive the correct level of support from staff.
- Care plans clearly documented people's likes, dislikes and social histories. They contained specific details about the person's choices in relation to all aspects of their care. For example, people's preferences for mobility and equipment used and their dietary and cultural requirements. This helped staff provide a more personalised service to each person.
- People said care staff stayed long enough to provide the care they needed, and staff stayed for the required amount of time. People and relatives said care visit times were consistent and care was provided by a group of regular familiar staff.
- Staff told us, "The shortest call we have is half an hour, but our visits are mainly an hour" and "The minimum hour policy means you can get to know people."

Improving care quality in response to complaints or concerns

- People we spoke with told us if they had ever made a complaint or raised a concern, it had been dealt with quickly.
- We saw any complaints had been investigated and addressed providing the complainant with a response.
- The complaints procedure was in a written format and each person had a copy in their care records at home. However, this was only in a written format. The registered manager told us they would review this and make larger prints or other formats available.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care. However, within the care plans there was some information in relation to people's wishes about their end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help registered providers to assess the safety and quality of their services. We found some areas of the service needed improving. For example, accidents and incidents, compliments and complaints records were difficult to navigate and access important information.
- We saw there was not always oversight of accidents and incidents within the service to enable them to identify patterns or trends and to implement lessons learnt to prevent the same incidences reoccurring. Some incidents had resulted in a review and some actions had been implemented, for example a change in times of their visit. However, some incidents had no actions recorded. We spoke to the registered manager about this and they told us they had found a number of areas that needed improvements. The provider had plans to improve the delivery of the service, but further systems needed to be embedded to show continuous improvement of the service provided.
- People did not always have access to information they could easily read or understand. This is a requirement by the Accessible Information Standard. We discussed this with the registered manager and they told us this was an area they had identified that needed to improve.
- We inspected the providers policies and procedures and found that some of the policies needed further review. For example, the providers medication policy did not refer to the MCA and had been issued in 2017 with a review date of October 2019.
- When providers have responsibilities for medicines support they should have a medicines policy that is based on current legislation, best practice and best available evidence. We recommend the provider reviews their policies and procedures to reflect current legislation and best practice guidance.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- During our discussions with the nominated individual and the registered manager they were engaging, transparent and clearly passionate about wanting to provide a high-quality service to the people they supported.
- People using the service told us the service benefitted positively from the registered manager and the way in which the service was run. Staff spoke positively about the registered manager. Comments included, "The registered manager is lovely, they are very knowledgeable, and I can call them at any time. I think they will improve the service even more. I would recommend this service."
- Staff told us, "Communication within the team was very good." Regular hand overs kept staff informed of people's changing situations. Staff told us they had regular team meetings and the registered manager was

always available for support and advice. Meetings gave staff the opportunity to give their views, opinions and share ideas they may have to make improvements to the service. Staff felt they worked well as a team and everyone pulled together to share ideas and resolve problems.

- The registered manager told us they had an 'open door' policy for people receiving a service, their family members and others, such as staff. Staff told us that they felt well supported by the registered manager. They said they felt there was an open and transparent culture in the service and they were comfortable raising concerns.
- The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had regular meetings and opportunities to give their ideas about how the service could improve, what was working and what was not working in the service.
- The service had good links with the local community and the provider worked in partnership to improve people's wellbeing. For example, the provider utilised a community valet to clean care workers cars because they were using them for work.
- The registered manager positively encouraged feedback and acted on it to continuously improve the service.

Continuous learning and improving care

- The registered manager had an overview of the service and ensured staff had the skills to meet people's needs. We saw where people's needs changed care plans were reflective of the person's needs.
- Staff understood the importance of communication and reporting any changes to people's needs.

Working in partnership with others

- We saw evidence of working with other professionals to support people's care needs such as social workers, GP's, occupational therapists and physiotherapists and the local community.