

James Family Care Ltd

# Visiting Angels North Surrey

## 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

### About the service

Visiting Angels North Surrey is a domiciliary care agency providing personal care to people living in their own homes. At the time of inspection, the service supported people with conditions such as dementia, mental health and physical needs. Out of a total number of 32 people, 12 people were receiving personal care.

### People's experience of using this service and what we found

Although staff were provided with guidance on how to mitigate the potential risks to people, there were no risk assessments completed in relation to mental health and the support people required in the event of fire in their homes. This was completed by the provider by the time we finished the inspection.

Staff knew the actions they had to take should they suspected a person to be at risk of abuse. Appropriate recruitment checks were completed before staff started working with people. People had support to take their medicines as prescribed. Infection prevention and control measures were in place and followed by staff to ensure safe care delivery.

Although the provider had followed the Mental Capacity Act 2005 (MCA) in practice, the best interests decisions were not recorded as necessary. Staff received on-going support on the job and had to attend training relevant to their role responsibilities. Staff understood the principals of mental capacity and how they had to support people in the decision-making process. Care records reflected the support people required to attend to their health needs and follow a balanced diet.

People appreciated staff that cared for them and described them as kind and caring. People felt involved and had a say in how they wanted to be supported with personal care. Staff encouraged people to maintain their independence skills so they could carry out activities for themselves.

Care plans were personalised and comprehensive which provided guidance for staff in how people wanted to be supported. Information related to people's communication needs was available for staff who aimed to encourage people to take part in conversations. Systems were in place to gather feedback from people and the information collected was used to improve the service delivery as necessary.

People felt that the leadership at the service was very good. Staff told us that systems in relation to communication between the staff team were well established which helped to share information quickly when necessary. The provider had aimed to improve their systems going forward making sure they achieved consistency and the best outcomes for people they supported. They planned to carry out regular staff meetings and provide staff with opportunities to feedback about the service delivery.

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

### Rating at last inspection

This was the first inspection of the service since it registered with the CQC.

#### Why we inspected

This was a planned inspection based on when the service registered with us.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Visiting Angels North Surrey

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. This is help with tasks related to personal hygiene and eating.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since it had registered with us. We used this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

This inspection took place on 20 September 2021 when we visited the office location and made calls to people that used the service, their relatives and the staff team.

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with the registered manager and three members of staff.

We reviewed a range of records. This included four people's care records and recruitment records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also received feedback from two healthcare professionals.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the actions to take if they felt people were at risk of abuse. One staff member told us, "Examples of abuse would be neglect and financial abuse. I would go to managers about that and if the client is in an immediate danger, I would go to police." Another staff member said, "I've never experienced the whistleblowing, but if I saw something that I am not happy with, like someone mistreating a client, I would contact the Visiting Angels first and if they don't take action, I would go to CQC."
- There were no safeguarding concerns raised since the service was registered with the CQC. The registered manager knew the policies and procedures they had to follow if an allegation of abuse was reported to them, including notifying the safeguarding team and CQC about the incident.

Assessing risk, safety monitoring and management

- People's risk assessments were comprehensive and provided guidance for staff on how to support people safely in relation to their personal care and health needs.
- Although people's care records had identified people's mental health needs and provided information for staff on how to mitigate these risks, there were no risk assessments completed to inform staff on the severity of the identified risks. We also found that people had individual property risk assessments being undertaken with information on the available fire safety equipment, but these had not included guidance for staff on the actions they had to take in the event of fire.
- We discussed these concerns with the registered manager who took immediate action to address this. The registered manager had completed the fire safety and mental health risk assessments before we finished our inspection. We will check their progress at our next planned inspection.

Staffing and recruitment

- People told us that staff had enough time to have conversations with them. Comments included, "We always have a good chat" and "Honestly, [staff] are just so available. It's like a difference between night and day with the last care agency." A staff member said, "[The management team] worked the timings really well. The person I support has enough time allocated to support them with whatever they need help with like to be changed. I feel we are not rushed, and we don't stay any longer than we need. It's very effective."
- Staff arrived on time and stayed for the allocated time. People said that staff were "always punctual" and "I have never known them to be a minute late. [Staff] would stay over the time if needed."
- Robust recruitment checks were carried out by the provider to ensure that staff were fit to work with people. Staff had to complete a job application form, attend an interview, provide references and undertake a Disclosure and Barring Service (DBS) check before they started supporting people. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable people.

#### Using medicines safely

- Care plans included information in relation to the medicines people were taking and the support they required from staff to ensure safe medicines management.
- Staff had to sign electronically when the medicines were given to people and this was monitored by the management team in real time.
- Records showed that regular medicine administration observations took place to ensure people received their medicines as prescribed.

#### Preventing and controlling infection

- We were assured that the provider was effectively managing risks in relation to COVID-19 and infection prevention and control (IPC).
- Staff told us they had been well supported during the pandemic with adequate supplies of personal protective equipment (PPE). One staff member said, "Absolutely enough of PPE, lots of it. We get home delivery sometimes. I generally would wear a mask, gloves and aprons. I change gloves after doing personal care tasks such as supporting with toileting" and "So much PPE. I was given a lot of PPE and [COVID-19] tests to be used weekly."
- Staff were provided with an 'Infection prevention and control policy' that included principles of safe hand washing and waste disposal.

#### Learning lessons when things go wrong

- Staff were required to complete an electronic incidents and accidents form and let the registered manager know if an incident occurred. Incidents and accidents that took place were appropriately monitored by the management team to ensure that appropriate action was taken to prevent future occurrences.
- Actions were taken quickly by the registered manager where during the inspection we identified that improvement was required, including updates of people's care records.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- To ensure that the staff team was able to provide safe and effective care delivery, the registered manager assessed people's care and support needs when people were first referred to the service.
- When staff were allocated to people, they shadowed more experienced staff members and were supervised undertaking tasks to make sure they were confident to provide the care safely before they were left with the person unsupported.

Staff support: induction, training, skills and experience

- Staff received regular support and monitoring on the job to ensure they complied with their role responsibilities. Records showed that all staff had a supervision meeting in the last three months and those who were due for an appraisal meeting had the provider contacting them to arrange a date. Regular spot checks took place to observe staff on the job. A staff member told us, "Every couple of months I have a review of everything I do and how it is going. It is nice to feel you are in touch with somebody who knows what I am doing. It is a good communication we have with the management."
- Staff received training before they started working with people and had to attend refresher courses to ensure they were up to date with the skills and knowledge required to carry out their duties effectively. Training courses completed included safeguarding, medicines management, infection control and fire safety.

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

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- Staff had a good understanding regarding the MCA. One staff member told us, "MCA is whether or not can someone make a decision. We assume that everyone has a capacity if not proven otherwise. If someone can't make a decision, it doesn't mean they can't make other decisions such as what activities to attend or clothes to wear." Another staff member said, "MCA is about giving people their autonomy and right to decide, for instance what they would like for lunch. If someone doesn't have a capacity, I would call the manager and ask for advice."
- We saw that the MCA was appropriately used in practice to support people in the decision- making process. Mental Capacity Assessments were completed where people's capacity to make a decision was in doubt.
- The registered manager told us that so far they only completed the Mental Capacity Assessments in relation to people's consent to care being provided in their own homes and PPE used by staff members. Where it was decided that the person lacked capacity to make the decision, the best interests meeting took place involving the family members, however this was not recorded as necessary.
- The importance of recording such discussions was discussed with the registered manager who told us they would review their systems as necessary making sure the best interests decisions were recorded moving forward. We will check their progress at our next planned inspection.

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

- Staff told us how they supported people to make food choices, with one staff member telling us, "I ask a client about what she wants to have for lunch. We look into the freezer together which encourages her to eat regularly."
- Care plans included information in relation to the food people liked or disliked and support required with eating. Staff were provided with guidance where a person required to follow a diet because they had a health condition that required monitoring.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us they received appropriate care to meet their health needs, including staff requesting for medical support when needed. One family member said that staff took "proactive" actions to support their relative when they required medical care.
- Staff were aware of the actions they had to take in emergency, with one staff member telling us, "If someone was seriously unwell, I would seek immediate help like calling the ambulance and contacting the office for support. It depends on what is going on. I would also fill in the incident form."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff attended to people's support needs with care. Comments included, "[Staff] are kind and caring certainly", "I couldn't fault [the staff member], she is wonderful" and "I have such a good relationship with [staff], they are like part of the family. We can't praise them enough."
- Care plans included information in relation to people's cultural and religious needs and the support they required, if any, to practice their beliefs.
- The registered manager told us that gender specific staff members were requested during the initial assessment process which they fulfilled to meet people's cultural and religious needs.

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

- People told us they were involved in making choices about their care delivery. Comments included, "We discussed [care provision] and [the management team] are very receptive" and "Most definitely, we came up with a structured care plan, including nature of call and duration." A staff member said, "'I don't just impose my views, I find out what [people] want to do."
- The registered manager told us that where they observed a person's health and social care needs changing, this was reviewed with the involvement of the person making sure they were in agreement with the proposed changes to care delivery.

Respecting and promoting people's privacy, dignity and independence

- People told us their independence skills were encouraged and supported by staff, by responding, "Well I have to do that", "oh yes" and "indeed."
- The registered manager told us they encouraged people to maintain their daily living skills by continuing to undertake activities independently, such as aspects of their personal care, mobilising and preparing meals where appropriate.
- Staff knew how to respect people's privacy and dignity. One staff member told us, "We tell clients what we do. I step back so they can shower and dry themselves. I respect when they want to do something for themselves. We let people to make choices."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

- People told us they received the necessary support to meet their needs. They responded "definitely" and "absolutely to perfection" when we asked if staff knew their care and health needs. A family member said, "On the whole [my relative] is getting what she needs."
- Staff told us they used the information contained in people's care plans as guidance. Comments included, "I look at the care plans regularly checking if anything changed and if something significantly changed, I contact the office to discuss. [Care plans] are helpful like that" and "[Care plans] are really really comprehensive. I find the care plans very useful as they tell us what we need to do. I feel very equipped when I am going to clients."
- Care plans were individual to people and provided information in relation to what was important to them. This included social networks, favourite environment and hobbies so that staff could use this information to meet people's wishes and desirable outcomes. Care records included detailed information to guide staff regarding the tasks they had to complete during each visit.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information in relation to people's communication needs was recorded to help staff to communicate with people effectively. This included electronic devices used by a person which supported their social inclusion.
- The registered manager told us they had discussions with staff relating to what was considered good communication with people. They encouraged staff to understand people's communication needs and use open body language during their visits. Where a person had difficulties hearing, staff used notes to prompt their involvement in conversations.

Improving care quality in response to complaints or concerns

- People told us they felt confident to raise concerns if they had any. Comments included, "I would ring the manager, but I haven't had to do that" and "There is no resistance at all, [the management team] act immediately."
- Systems were in place to request people's feedback about the service delivery. People were contacted within the first 24 hours and then monthly after they started receiving support from the service. We viewed the annual anonymous survey for people results which showed that people were happy with the provider and the care being delivered.

#### End of life care and support

- At the time of inspection, the service had not supported people who required palliative care. The registered manager told us they planned to provide staff with training for end of life care so that if a referral was received, they could support people appropriately.
- Care records included information related to the discussions staff had with people about their end of life wishes.
- Information was appropriately recorded and easy to find in an emergency where a person had a Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) order in place so they did not receive any active interventions in the event of a cardiac or respiratory arrest.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were set values by the provider which were based on an open, transparent culture and person-centred care delivery. One person told us, "I can't say anything negative about them. They are outstanding." A family member said, "I would give them flying colours. The model that they have is working well commercially and based on my experience they have the right balance, so I am hoping they are successful."
- Great achievements of Visiting Angels North Surrey were acknowledged by people and their relatives who voted for the service and they had received an award in 2021 of "TOP 20 Recommended Care Provider in South East London."
- Staff told us this was a good provider to work for. Comments included, "The company is extremely good and caring. I recommended them to many people. It is a well-run company. I would recommend them to anyone" and "Fantastic company to work for, so easy to contact, no problems at all."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us there was a good leadership at the service. Comments included, "[Name of the registered manager] is extremely responsive and proactive" and "[The registered manager] seems quite efficient actually and is also very careful that the staff do their job properly."
- A healthcare professional described communication with the service as positive, including the registered manager being "responsive and open to suggestions and advice in helping clients remain safely and independently in their home environment."
- The management team were continuously looking to improve the systems in place to ensure good care delivery. They responded quickly where there was a change needed identified. The registered manager told us they currently worked towards allocating the workload between the office staff team making sure everyone was clear about their responsibilities. A new role was developed where a gap for seeking people's feedback was identified.

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

- Staff received individual support from the management as and when they needed it. One staff member described the registered manager as "Accessible, very caring and responsive and if any concerns they listen." Phones, emails and newsletters were used by the staff team to communicate and to share information as necessary.

- However, there wasn't an established system in place to gather staff's views as a team. In response to that, the registered manager told us that going forward they planned to have regular staff meetings and that they will be carrying out an anonymous staff survey to gather staff's feedback about the service delivery. We will check their progress at our next planned inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems in place ensured that care delivery for people was always monitored. We saw that manual monitor took place to review the activity taking place which the provider recognised as time consuming. Therefore, they worked towards implementation of electronic systems to reduce the workload and ensure consistency.
- An overview report was used by the registered manager to identify overdue tasks and plan the team's workload in relation to staff recruitment processes and people's care delivery records.
- Care plans were reviewed every 6 months and more often if people's circumstances changed.

Working in partnership with others

- The service worked in partnership with the healthcare professionals, including GPs, occupational therapists and district nurses, to support people's health and social care needs as necessary.
- The management team had proactively contacted the healthcare professionals for guidance when needed. They made a referral to the district nurses who supported the staff team to carry out a skin care treatment for a person that required it.