

Friends Care Limited T/A Visiting Angels

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Visiting Angels

Inspection report

Westminster House
Spitfire Close, Ermine Business Park
Huntingdon
PE29 6XY

Tel: 01223455945
Website: www.visiting-angels.co.uk/cambridgeshire

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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

Friends Care Limited T/A Visiting Angels is a domiciliary care service providing personal care to people living in their own houses or flats. It provides a service for older people, and people with dementia, people with a sensory impairment, and people with a learning disability and autistic spectrum. At the time of the inspection 16 people were supported by the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

There were systems and processes in place to help ensure that safeguards were effective in keeping people safe. One person told us, "I feel safe because I trust [staff]. They have never missed my care visit."

Risks were identified and managed including for infection prevention and control (IPC). People were supported to be independent with their medicines. There were skilled and competent staff to support this when needed.

Enough staff with the necessary skills were safely recruited; these staff knew how to effectively meet people's needs. Staff received effective training that supported them in their role.

An open and learning culture was in place and this helped lessons' to be learned and shared amongst the staff team.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. One person said "I like to choose what to eat. Staff help me with shopping, but it is always the choices I want."

Staff supported people to communicate effectively without discrimination, by treating people equally well, and upholding their confidentiality. Staff provided people with care that was kind and centred on the person by being respectful and promoting independence wherever possible.

Technology was used to more promptly and effectively respond to changes in people's independence. Compliments showed what the provider did well, and these were used to inform good practices. There were processes, procedures and staff in place should any person require end of life care.

The registered manager carried out their role effectively and they knew what to report to the CQC. Staff were supported in their role to be open and honest by promoting the provider's values. People had a say in how

the service was run and managed.

The provider's monitoring systems were effective in identifying and implementing improvements. The provider worked well with others involved in people's care to help ensure their care was joined up.

Rating at last inspection

This service was registered with us on 18 August 2020, and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration with CQC.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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?

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 well-led.

Details are in our well-led findings below.

Good ●

Friends Care Limited T/A Visiting Angels

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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

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 four days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. This was as well as ensuring people and relatives could consent to us speaking with them.

Inspection activity started on 11 October and ended on 15 October 2021. We visited the office location on 15 October 2021.

What we did before the inspection

We reviewed information we had received about the service since registration. This included events reported

to us such as deaths. The provider was not asked to complete a 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. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four people's relatives. We spoke with six staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from a commissioner of the service, two social workers and a health professional.

We reviewed a range of records. We looked at three people's care records and two staff files in relation to recruitment and supervision. We also looked at a variety of records relating to the management of the service, including quality monitoring audits, compliments, incidents, staff and management meeting minutes, staff training and supervision planning records and medicines administration records.

After the inspection

We sought further information about the management of risks.

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 knowledgeable about safeguarding and what this meant to the person. They knew how to keep people safe and without discrimination.
- Staff knew what to do if ever they had any concerns, and to whom they would report them. For example, the registered manager. One person told us, "I trust staff to keep me safe. They always lock my door and are very careful when supporting me."
- Staff supported people to be safe and explained to them how to do this such as, eating and drinking enough and taking medicines as prescribed. Equipment for people's safety was put in place, such as for safe mobility.

Assessing risk, safety monitoring and management

- Risks to people including for health conditions, falls, equipment and their home environment were identified and well managed.
- Risks assessments provided staff with detailed guidance how to manage risk. Examples of this guidance included for various health conditions, medicines administration and for any food to be avoided. One person said, "[Staff] check my skin to make sure I am not developing any sores. They apply all my [medicines]."
- Staff understood when to involve external health professionals to help mitigate risks to people including diabetes nurses, occupational therapists, or a GP.

Staffing and recruitment

- The registered manager had a robust recruitment process, and this helped ensure only suitable staff were employed. Checks included in this process were for a full employment history and recent photographic identity. One staff member said, "I was asked to explain a small gap in my employment history. I had to give details of my three previous employers."
- People told us they always had enough staff who undertook their care and support without rushing. One person said, "Staff are never late. If they get delayed slightly due to traffic or at the previous person's home, the [office staff] ring and let me know."
- Staff were deployed in a way which meant they had enough time for travel, to take breaks, and to meet all of people's needs. A relative said, "The staff are very good at time keeping. The new staff are shown exactly how to care for [family member]."

Using medicines safely

- Trained and competent staff safely administered and managed people's prescribed medicines.

- Staff were kept up to date with guidance about administering medicines in the community. This included any side effects of a medicine, and when to administer medicines prescribed to be given "when required," such as for pain relief. One staff member told us they had to prompt some people or apply topical skin creams. The staff had to record they had done this or the electronic records system would highlight this issue. This meant staff couldn't forget to administer medicines on time.
- People also told us they could be supported to administer and manage their own medicines or with some help from staff. One person said, "[Staff] tell me when it's time to take my tablets. They help put these where I can reach them."

Preventing and controlling infection

- The provider's policies and procedures for minimising the risk of infections helped ensure people were kept safe, including staff participating in the COVID-19 testing programme.
- Staff were trained how to prevent infections, how to wear personal protective equipment (PPE) correctly and how to dispose of it safely. One person said, "[Staff] wash their hands after each part of my care. They always have a mask on, sometimes a visor too. They put the used PPE in the black bin outside."
- Staff ensured they maintained good standards of hygiene including for food preparation and personal care. One staff member told us, "Part of my job is to check staff are using PPE, that they never run out and that they know when to change it."

Learning lessons when things go wrong

- The provider had systems in place to identify when incidents occurred, and took action to help prevent recurrences.
- The registered manager told us about how open staff were in reporting incidents, and how swift action was taken as soon as these were identified. For example, people at risk of a pressure sore having the correct equipment, or changes of staff care visit arrival times and durations.
- Staff were kept informed about incidents, changes following these, and how learning was to be shared amongst the staff team. The registered manager told us how they implemented change through staff meetings, by the App on staff work mobile phones and analysis of daily care records. This showed that there was an open learning culture.

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

- A comprehensive assessment of people's needs was undertaken based on national standards, such as for diabetes, dementia care, any specific dietary needs and sensory impairments.
- One relative told us how staff had assessed their family member's needs, and involved the person and staff who would be caring for them. The relative said they wanted to be sure the provider could meet their family member's needs. The relative said, "[Staff] have struck up a good rapport managing to enable my [family member] to shower and be at ease with staff."
- Staff knew people well and how to ensure they were treated equally well without discrimination. One staff member said they used their training and knowledge about good nutrition to ensure these people's needs were safely met.

Staff support: induction, training, skills and experience

- Staff received a range of training based on people's assessed needs, and were supported to further develop their skills.
- Staff told us they did a combination of training, on-line, classroom based and shadowing experienced staff. Staff also undertook training on specialist subjects including diabetes care. This was to ensure they developed skills in line with the provider's policies and effectively met people's needs.
- Staff spoke highly of the support the registered manager provided, including regular supervision. This support was based on staff's individual requirements. One relative said, "[Staff] have good care skills, and from the initial assessment there is a lot of information in the care plan." One staff member told us the support included meant they could develop and learn by sharing good practice and changes to people's needs whilst promoting independence.

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

- People were supported to eat and drink independently and to make healthy choices. One person told us, "I like staff to help me shop as I get out and about. They sometimes need to help me choose what to eat."
- The registered manager told us about how they had supported a person who previously struggled to eat healthily. They had recognised that an important part of the person's eating and drinking was if the person had company. Staff set the table and made the meal an occasion. This resulted in the person regaining a healthy weight and having a more varied diet.
- Systems were in place to ensure people ate and drank enough and to do this healthily, including people who needed a diet specific to their health condition.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live

healthier lives, access healthcare services and support

- The registered manager and staff team took prompt action to support people, by ensuring people had the right equipment, access to a GP, and community nurses.
- Staff knew when to refer people for healthcare support and when to call emergency services. One staff said, "I know what the signs of high, and low, blood sugar are. If the person has any of these, I follow the care plan or call an ambulance." This meant people's treatment was not delayed which helped promote better health.
- Staff and people's representatives, such as family members, supported people to access healthcare services, and also to have support from specialist nurses, such as for diabetes.
- People who had ongoing healthcare support were able to continue living at home. One person said, "I was in hospital, but now I am home now and this is where I'll stay, just some visits from my [community] nurse."
- A health professional told us, "People are referred to us promptly, I would recommend the service to any patient of mine. People live healthier because of what staff do."

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.

- Staff were confident applying the MCA and its five key principles in always assuming people could make decisions. One staff member said, "Some people I support are living with dementia. I use various opportunities to help them make a choice. I eat with them and this encourages a choice of meal but more importantly, they would not eat if I wasn't there with them."
- Staff were skilled in offering people a choice where people could not always make decisions for themselves. A health professional told us how excellent care staff were with a person who was quite particular with their requests. This showed staff respected people's choices by giving various options.
- Decisions were made for people who lacked mental capacity in their best interest. This was with a lasting power of attorney. This allows people to legally give individuals they trust the authority to manage their affairs now and in the future. One relative told us, "I make sure there is enough food in the house, that it is clean and warm. [Family member] couldn't do this for themselves."

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 had a shared passion to support people to live a life they wanted at home. They did this by listening to what people said. Staff also observed people's body language for additional prompts of what people were communicating. For instance, speaking slowly, respectfully, clearly, or writing information down.
- One person told us how staff helped them make a shopping list, what their favourites were and foods they did not like. The person said, "[Staff] help me with all my foods. They listen ever so carefully. They give me time without rushing. We have a system that works well."
- Staff provided people's care by being mindful and respecting any disabilities, or sensory impairments, but also promoting independence.

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

- People's care plans included details of their abilities. Staff provided people with every opportunity to be involved in their care, and ensured people's preferences were acted on without discrimination.
- People were also supported by relatives, LPA, or other advocate to determine how best to support and care for the person. One relative told us how staff always listened to whatever their family member was saying to them. Staff always responded respectfully.
- A staff member said, "We give people every possible chance to tell us what they want, and how we should respond. Just because a person has a disability does not stop us treating them equally well."

Respecting and promoting people's privacy, dignity and independence

- People were cared for and supported with dignity, with respect for their confidentiality, and in a way which promoted independence.
- A staff member said, "I help people to wash, shower, and dress, but always with dignity. I close curtains, blinds, doors, and keep people covered up. I warm clothes on a radiator and get everything else ready."
- Staff were consistent in their approach to people's care by being compassionate, kind, and putting people first and foremost. One person told us, "I was in hospital, but I am improving in what I can do myself. Staff don't rush but they help me with areas I can't reach."

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

- People's care plans were developed with the person or their representative, and gave a detailed record of what individualised care meant to the person. A social worker told us the provider and its staff's approach placed people at the very centre of their care and support. This was by staff who were most suited and matched to people. This helped people achieve their aspirations.
- Staff made a difference to people's lives, and guidance was in place in how to do this. One example included staff supporting a person to regain their strength to use mobility aids. This had enabled the person to go out to a local river, see the animal life and improve their wellbeing. In another, a person had been supported to go to church which was important to them and had resulted in a return visit by church staff. This had meant the world to the person.
- One person told us how they, 'Liked to wash their face without soap, as this was a lovely pleasure.' A relative told us their family member had a keen interest in the news and politics. Staff chatted with the person about news headlines as the person was interested in what was going on in the world. One staff member told us they supported a person with their favourite board game, as the person had a passion for these. Records showed the person enjoying this pastime.

Meeting people's communication needs

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.

- Staff had a good understanding about each person's communication needs, and how best to support people to be listened to. A relative told us, "Staff respect my [family member's] conversation and are interested in what they say and what staff say in response. Staff won't repeat something, they rephrase things, or try a different approach. Staff always try to make sure there is a human rapport before care tasks."
- The registered manager showed us several examples where staff had been successful in enabling people to have a voice. A community nurse had praised staff for adapting their communication style.
- Another person with dementia had benefitted from staff who understood how to communicate effectively with them. A relative said, "Staff are skilled and get some good conversations going. They notice any changes in body language, such as for pain or happiness, and are on the ball looking out for new issues."

Improving care quality in response to complaints or concerns

- Concerns were acted on before they became a complaint. Compliments were used to identify what

worked well. Themes of compliments included the quality of staff and satisfaction with the quality of care.

- People told us that good communications with the registered manager meant that actions were taken to mitigate any future risk of recurrence of incidents. One person told us, "I have never had any issues with anything. I made a few suggestions to the [provider], and these were acted on."
- The provider and registered manager identified what worked well and shared this across the staff team. For example, how well staff had got to know people, the level of trust established and how this had led to people being able to access a favourite café or shop.

End of life care and support

- At the time of our inspection no person was in receipt of end of life care. However, policies and procedures were in place, and staff were able to support people if this was needed.
- Staff also had knowledge or previous skills, as well as access to palliative care teams and health professionals. This meant people's end of life care wishes would be upheld.

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

- The registered manager told us how they supported people to live a full and meaningful lives. Examples included one person who had decided that community care suited their needs better. Staff had enabled the person to regain strength and confidence to go for walks. Another person was similarly supported by staff to be able to garden safely.
- Staff felt at ease reporting any issues. This open and learning culture placed people first and foremost. One staff member said, "I have never had such good support. I know that I am always listened to. [Registered manager] gives you encouragement how to improve people's lives."
- People and their relatives praised the provider for promoting and enabling favourite pastimes such as, a person supported by staff to gain enough independence to go to their favourite café. One person's family member was overcome with emotions knowing the relative had been supported by staff to go out as this helped improve the person's sense of wellbeing.

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

- The registered manager told us how they had identified, and made, improvements the provider needed to be aware of. For example, with staff recruitment and the quality of records. Actions taken were effective.
- Records showed where the provider had responded to concerns raised and had put actions in place to prevent similar occurrences.
- The registered manager monitored the culture of the service and staff team, such as unannounced observations of staff providing care. One staff member said, "As well as being observed to check we are doing everything right, we get unannounced checks to see how we care for people."

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

- The registered manager was supported by a team leader and senior care staff. They all set a high standard of care and supported staff to have the same standards and values. For example, with mentoring and coaching.
- Actions had been taken following incidents and accidents, such as contacting the local safeguarding authority. The registered manager told us actions taken included monitoring people's actions for anything that was inappropriate or unsafe.
- Staff were reminded of their responsibilities, as well as being praised when things went well. For instance,

one staff member had been successfully coached on their care approach. Another had been complimented for 'an ability to strike an immediate rapport with people, and having a very positive effect on them.'

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

- People, their relatives or advocate were involved in how their care and support was provided, by whom, and how and when this occurred. People's relatives, with the person's consent could access care plans electronically and suggest changes if needed. Any changes could be implemented immediately, and staff made aware of these by the App on their work mobile phone.
- A range of options were available for people to influence the quality of their care. These included face to face meetings, and staff interactions with people during the provision of care. One relative told us the nominated individual was very professional in ensuring they got the right staff. These staff had been skilled in starting meaningful conversations with a family member. They said they kept the person 'at the forefront of their minds all the time in cheering them up no end.'
- The registered manager ensured people were treated equally well and without discrimination. One person told us, "I went through my care plan with [provider]. The reason I went with them is they could do an early slot for my [healthcare needs]. I had a follow up phone call to check everything was to my satisfaction. It always is."

Continuous learning and improving care

- Audits, monitoring systems and governance of the service were effective in driving and sustaining improvements.
- Areas monitored included care visit duration and quality, staff recruitment, incidents and compliments. The provider analysed these areas so they could take the most appropriate actions and ensured care records were an accurate reflection of people's needs.
- The registered manager responded to issues as far as practicable where this was under their control. People told us that the systems in place for monitoring the quality of care were accessible. One relative said, "Staff are very professional, and respect confidentiality. Little things have been ironed out. I am full of admiration for what they do. I trust the staff as does [family member]."

Working in partnership with others

- The registered manager worked successfully with a wide range of stakeholders involved in people's care. These included occupational therapists, health professionals and safeguarding authorities.
- The success of this joined up working meant people could remain living safely at home. The registered manager told us the key to successful joined up working was to seek support when needed, and act on guidance.
- A health professional had complimented the provider for their strong leadership and a unique skill in connecting with others. They added that the provider, "Had been extremely approachable and doing everything, and anything needed to ensure people receive the best service possible."