Meekin-Brooks Homecare Ltd

Visiting Angels Northamptonshire

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 Northamptonshire is a domiciliary care service. The service provides care and support to people living in their own home. 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. At the time of our inspection five people were receiving support with personal care.

People's experience of using this service and what we found
Everyone we spoke with about the service were consistently complimentary about the care provided, and the quality of the service. A family member told us. "We're very satisfied with the service we get. I don't think we could do any better. The service is excellent in every way." People and their family members said they had or would recommend the service to others. When asked why, a person told us. "Everyone who works for the service, both in the office and care staff do an excellent job, they're all kind, efficient and caring. The service is 100% reliable, which is reassuring."

Systems and processes were in place to support people's safety. People were supported by staff who had undergone a robust recruitment process. There were sufficient staff to meet people's needs and people and family members spoke of the reliability of the service. People received the support they required with their medicines. Staff worked consistently within the providers policy and procedure for infection prevention and control and followed government guidance related to COVID-19.

People's needs were assessed and kept under review. People and family members contributed to the assessment process. People's health care needs were documented. Staff had the required experience, knowledge and training to meet people's needs.

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.

People spoke of the kind and caring approach of staff and the supportive relationships that had developed through having a small team of staff caring for them. People's told us they were actively involved in decisions about their care, and that their views were respected by staff.

People were involved in the development and reviewing of their care and support. A person-centred approach to care meant people received a tailored support package, provided by staff who supported them to maintain their independence. People's care records were electronically stored and were accessible to people, including their family members. Family members spoke positively about the records kept by staff.

Staff spoke of their appreciation in the leadership and management of the service. People had regular

contact with the registered manager and director, who responded to queries or concerns promptly. People's views were regularly sought about the quality of the care they received. The providers systems and processes monitored the quality of the service being provided, and information which included positive feedback and areas for improvement were shared with staff.

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

Rating at last inspection
This service was registered with us on 15 August 2020 and this is the first inspection.

Why we inspected
This was a planned inspection.

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 Northamptonshire

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
The 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 home.

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 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.

Inspection activity started on 27 October 2021 and ended on 3 November 2021. We visited the office location on 27 October 2021.

What we did before the inspection
We reviewed information we had received about the service since its registration. We sought feedback from the local authority. 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. We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service and five family members about their experience of the care provided. We spoke with the registered manager, a team leader/care co-ordinator and two care staff.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including quality monitoring, minutes of meetings, and the training and supervision matrix.

After the inspection
We continued to seek clarification from the provided to validate evidence found by looking at quality audits carried out by the registered manager, which included information to support quality monitoring.

Good

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 had been trained in safeguarding procedures and knew what action to take to protect people from harm and abuse. This included who to report concerns through both within the service and the local authority safeguarding team.
- People were given a welcome pack which included information about safeguarding when they began to use the service.

Assessing risk, safety monitoring and management

- Risks were managed and monitored effectively. Environmental risk linked to people's homes were considered as part of the assessment process. For example, potential trip hazards. To support people's safety, key information was recorded within people's records. For example, the location of gas and water valves should these need to be accessed by staff in an emergency.
- Potential risks were considered as part of the assessment process. The person or their representative were involved in any decisions to minimise potential risk. For example, by identifying any equipment, and how it was to be used safely to support people with their mobility.
- Staff monitored potential risks. For example, people who were at risk of developing pressure sores were monitored to ensure their skin remained intact and any areas of concern were documented and reported.

Staffing and recruitment

- Staff underwent a robust recruitment process. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.
- Staff undertook a period of induction where they worked alongside experienced staff. Ongoing support was provided through supervision and observed practice. This ensured staff had the appropriate support, knowledge and competence to promote people's safety and well-being.
- People told us the service was very reliable, staff arrived on time and stayed for the agreed length of time. Any unexpected changes, such as a member of staff being unwell, and an alternative staff member being allocated, were communicated effectively by the management team.

Using medicines safely

- People's medicine was managed safely. People's needs around medicine were considered as part of the assessment process. People were encouraged to maintain independence in managing their own medicine. People's records included the name of the medicine, the dosage and time it was to be given, and the level of support the person required and the role of staff.

● People's preferences on how they liked to take their medication was recorded for staff to follow. For example, a person's records stated they preferred to take the small tablets first.
● People told us staff prompted them to take their medication, and that staff recorded the support provided. A family member said. "The staff record whether [name] has taken their medication.
● Staff who administered medication undertook medicines training, and had their competency checked.

Preventing and controlling infection
● Staff had received training about COVID-19 and infection prevention and control.
● People told us that staff wore PPE, which included masks, aprons and gloves. They told us staff frequently washed their hands and/or used hand sanitising gel.
● Staff were routinely screened for COVID-19, consistent with government guidance.

Learning lessons when things go wrong
●The provider responded to incidents or accidents to promote people's safety. Staff completed accident and incident forms electronically. For example, if a person was found on the floor of their home the person's records were reviewed and updated, to help reduce further risk.

Good

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

● People's needs were assessed. People and their family members spoke of the extensive assessment process, which included a discussion about all aspects of care to support staff in the provision of person-centred care. Family members told us the assessment process provided an opportunity to really 'get to know each other' by sharing information and agreeing the care to be provided.

● People's records were stored electronically, which included their assessments, risk assessments, care plans and daily notes documenting people's daily care. Family members, with the consent of their relative, had access to the records. A family member told us. "It means I can see within minutes of the staff leaving how my relative is, what care has been provided, and whether there were any concerns."

Staff support: induction, training, skills and experience

● There were sufficient staff who had the right skills to meet people's needs. Staff had been trained in to promote people's safety, health and well-being, which was regularly updated to ensure staff had the appropriate knowledge. Training was provided in a range of formats which included e-learning, workbooks and classroom based.

● People we spoke with, and their family members said staff were introduced to them before they started providing their personal care. A person told us. "Staff shadow each other, watching what and how my care is provided. It's nice to be introduced to people first."

● Staff told us they were supervised through 'spot checks' where their interactions with people were observed by the registered manager. Staff spoke about attending regular supervision sessions, which were used to discuss any areas of concern, people's welfare, training and the sharing of ideas.

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

● People's dietary needs were met. People's care plans contained information as to people's likes for food and drink and included information to ensure people had sufficient to drink and eat. For example, by stating staff needed to ensure drinks were placed within reach of people, who could not independently make drinks for themselves.

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

● People's care recorded provided information as to people's health care needs, which included health care professionals involved in their care, including their contact details.

● People's records included an 'emergency services information sheet.' The document provided key information about a person. For example, date of birth, details of medication prescribed and an overview of

known medical conditions, name and contact details of a person's next of kin, and an outline of the care and support required. This was shared for example with paramedics in the event of an emergency.
● Staff fully understood people's health care needs, and spoke of how they liaised with health care professionals, such as district nurses where they had concerns about people's well-being

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.
● People, and family members were involved in all decisions related to people's care. As part of the assessment process where people had an LPA (Lasting Power of Attorney) arrangement in place these were recorded, including the type of LPA. For example, whether they were in place for financial, or care and welfare decisions, or both.
● Where people had made an advanced directive for example DNAR's and living wills, copies and details were recorded within people's records. This enabled staff to share key information with emergency services and health care professionals.

Good

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

- People were treated with kindness and compassion. A family member told us how the supportive and caring approach of staff promoted their relative's well-being they told us. "I can hear them [relative and staff] talking, sharing stores. They have a good giggle and laugh. It's very nice to know they get on so well."
- Staff fully understood people's personal histories, which included information about their hobbies and interests, family and work life. This supported staff in developing positive and supportive relationships with people.
- People were supported by a small team of staff who they had developed trusting and caring relationships with. People spoke positively about the support and care they received. A family member told us. "The girls [staff] are lovely, they're kind, caring and respectful."

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

- People and their family members told us they were fully involved in all decisions related to their care, both on a day to day basis and when their care package was reviewed.
- People and their family members were provided with information when they began to use the service, which included the provider's ethos and values.
- People, and where appropriate their family members had access to their care records. Records were accessed electronically, detailing the care both agreed within their care plan and a record of the care provided at each visit.
- The minimum call time for a visit was an hour, this enabled staff to support people in a person-centred way, at a pace suitable to them whilst providing time for social interaction. For example, a person's care plan for the first part of the call was for the purpose of allowing sufficient time for the person to wake up and gather their thoughts, before getting up from their bed.

Respecting and promoting people's privacy, dignity and independence

- Everyone told us staff treated them with respect and promoted their independence. We asked a person why they felt respected. A person told us. "Because they [staff] treat me like an ordinary person, not someone who is poorly."
- People or their family member were informed as to the circumstances when personal information maybe be shared. For example, with health care professionals.
- Care plans provided information for staff as to their role in promoting people's privacy and dignity, which had been developed with people's involvement.
- Staff encouraged people to be as independent as possible. People's care records contained clear information as to what people could do independently and where support was required.

Good

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; End of life care and support

- People's plans were personalised. People and family members were involved in developing and reviewing their package of care. People's records provided a clear overview as to their needs and the role of staff. People's care records were signed by the person and their family member where appropriate.
- People's records detailed how they wanted their support to be provided. For example, a person's care plan stated they preferred to have their shower before they ate their breakfast, including the order of personal care such as having a shower before they brushed their teeth.
- People's records reflected a holistic approach to care, which included support to promote people's well-being to maintain their lifestyle and choices. For example, staff spending time with people to engage in activities of interest such as completing a crossword and raising the importance of styling of hair or the wearing of makeup.
- The electronic monitoring system enabled family members, with the consent of their relative to access information recorded by staff about the care they provided on a daily basis. Family members told us this provided information as to when staff arrived, and departed the person's home, and a clear record as to the care being provided. Reassuring them that their relative was safe and well.
- At the time of the inspection no one using the service was in receipt of end of life care. Any advanced decisions about accessing health care services, and decisions related to resuscitation were documented within people's records.

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.

- People's communication needs were considered as part of the assessment process and documented within their care records. For example, whether assistance with communication was needed such as the wearing of glasses or hearing aids. A further example was a person's care plan detailing the volume a person liked to have their TV, so it could be heard by them.
- People's health conditions which impacted on people's ability to communicate were documented. For example, people living with dementia. A person's care records stated. 'I do have memory loss and difficulty concentrating at times, so I don't like to be rushed. I enjoy singing, as this can help my thought patterns.' The person's records went onto to document the songs which they liked to sing.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

● The assessment and care planning processed considered whether people needed support to stay in contact with family and friends. For example, a person was supported by staff to maintain contact with family who lived overseas by supporting them to use technology.

Improving care quality in response to complaints or concerns

● People and their family members were aware of how to raise concerns or complaints. People who had raised concerns told us these had been responded to well by the management team, and any issues quickly resolved. A family member told us they had contacted the registered manager to ask if staff could encourage their relative's independence. The registered manager met with the family to review the package of care. The person told us their independence had increased.

● A record was kept of all concerns and complaints, which included the detail of the concern, who raised the concern and the action taken to bring about improvement, and the outcome which included feedback to the complainant.

Good

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

● A positive culture within the service achieved good outcomes for people. People and family members told us they would recommend the service, when asked why, they spoke of the openness and transparency in the leadership and management of the service, the services reliability and the caring and supportive approach of staff. A person told us. "I certainly would recommend, no doubt about it." A family member said. "I have a lot of faith in them because I speak to the care manager and directors and they keep me well informed, which reassures me."

● The provider has systems and practices in place to continually review and support all staff to promote positive outcomes for people. This was achieved through informal support sessions and formal supervision, the assessment of staff competency and effective communication.

● Newsletters for staff provided reminders for staff of the key values of the provider, and the importance of key issues. For example, updates to changes in policy and procedure, dress codes and update on all matters related to COVID. Newsletters were also used to acknowledge and praise staff who had excelled in their work and had been mentioned by those who they cared for as part of the providers quality monitoring approach.

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 understood their role and responsibilities, and a policy and procedure detailed how the provider would meet its obligations under the duty of candour. No incidents had met this criterion. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.

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

● People and family members spoke positively about the leadership and management of the service, stating the registered manager was approachable and responsible. A person told us, "[registered manager] is very prompt and efficient."

● Staff spoke highly of the registered manager. A staff member told us. "[The registered manager is always there; she is supportive both personally and professionally." Staff told us there was always someone from the management team who they could contact in an emergency, or to ask questions of if they were unsure.

● The provider had a robust quality monitoring system with identified staff having responsibility for quality and monitoring. This was achieved through the completion of audits, the monitoring of the electronic

recording system and robust staff recruitment, training and ongoing monitoring of staff.
● The registered manager and their fellow directors worked collaboratively to promote good outcomes for people, they regularly met to review the quality of the service provided and agreed strategies for the development of the service.
● The registered manager understood their legal obligations. CQC had been informed about events they were required to by law.
● The provider had a business continuity plan in place, which detailed how people's needs were to be met in the event of an emergency.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People's views about their quality of the service, and the care they received were sought both in person and by telephone. Records collated by the registered manager showed a high level of satisfaction with the service. Questionnaires were being put together as an alternative method of seeking people's views.
● People were complimentary about the service, a key factor was their confidence in the leadership and the management of the service, all spoke of having met both the registered manager and the director. Conversations showed people were fully aware of the roles of the management team, and the providers future plans for the service.

Continuous learning and improving care; Working in partnership with others
● The registered manager was committed to their personal development and that of their staff to ensure good outcomes for people, and the continuous improvement of the service.
● The provider and registered manager worked in partnership with others to develop the service. This was achieved by liaising with other key organisations. For example, by attending conferences, reading CQC newsletters, liaising with the local authority and by accessing good practice guidance through Skills for Care and other leading organisations.
● The provider and registered manager were proactive in making changes to improve the service. For example, by reviewing staffing policies relating to the timeliness of staff reporting their absence due to sickness. This was to ensure sufficient time to identify alternative staff, so as not to impact on people's care.
● The provider's quality management system supported staff to learn from events, including safety incidents and concerns. Information from incidents and accidents were shared electronically, or within staff bulletins or meetings to ensure opportunities were provided for staff to discuss and learn from events.
● Staff across the service had taken part in fund raising events for charitable causes.
● The provider acknowledged staff achievements through a recognised award scheme. This included an annual event where carers were nominated for the annual year award at the carer's festival.