

Murray Moments Limited

Visiting Angels - South Middlesex

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 – South Middlesex is a domiciliary care agency providing personal care and support to people living in their own homes.

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 the inspection, 12 people were receiving support with personal care.

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

People using the service, their families and staff were happy with the care provided. They liked the care givers (staff employed by the agency) and had good relationships with them. They had been involved in planning and reviewing their care and felt their decisions were respected.

The staff felt well supported. They had a range of training and were able to discuss their roles with the management team. There were systems for recruiting staff to make sure they suitable and had the skills and knowledge needed to care for people.

The registered manager and directors worked closely as a team, managing the service and delivering care. They had a good knowledge of the people using the service and staff. They dealt with incidents, accidents and complaints appropriately and had effective systems for monitoring the quality of the service.

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.

Rating at last inspection

This service was registered with us on 28 April 2021 and this is the first inspection.

Why we inspected

We inspected the service based on the date they were registered with us.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Visiting Angels - South Middlesex

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 Health and Social Care Act 2008.

Inspection team

The inspection was conducted 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 and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service short 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 21 June 2022 and ended on 22 June 2022 We visited the location's office on 22 June 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We looked at all the information we held about the provider including information submitted when they registered with us.

During the inspection

We met the registered manager and two of the directors. We looked at the care records for four people and records for four members of staff. We also looked at other information held by the provider for managing the service, including audits and records of how they dealt with adverse events.

We spoke with one person who used the service, the relative of another person and one care giver (staff employed by the agency) on the telephone.

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 of 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; Learning lessons when things go wrong

- There were systems to help safeguard people from the risk of abuse. The provider had policies and procedures for reporting and responding to potential abuse. They had also obtained copies of the local authority procedures.
- Staff completed training regarding safeguarding adults and their knowledge about this was tested to make sure they understood how to recognise and report abuse.
- The provider had investigated and responded appropriately to all complaints, incidents and allegations. They had liaised with other professionals when needed and shared learning with all the staff so improvements could be made to the service.
- The registered manager and directors attended meetings with other managers to share their experiences and learn from each other.
- People using the service and their relatives told us they felt safe.

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing had been assessed and planned for. The agency had assessed the risks in people's home environment, with equipment they used, regarding their health, medicines, nutrition and choking risks. There were clear plans about how people could be supported to be independent whilst mitigating risk.
- Assessments were regularly reviewed and updated. People using the service and/or their representatives were involved in creating and reviewing risk assessments.
- Staff received training to help make sure they knew how to care for people safely. For example, how to use different equipment and how to help people move safely.

Staffing and recruitment

- There were enough suitable staff working at the service to meet people's needs and care for them safely. The provider did not take on additional care packages unless they had the staff available to care for people. The directors were also care givers, working directly with people providing care.
- The staff told us they had enough time allocated at each visit to give the care needed. They also had enough travel time between visits.
- There were systems to make sure staff had the right skills, knowledge, competencies and attitude. The provider undertook checks as part of their recruitment and provided a range of training, which included assessments of their competencies and skills.

Using medicines safely

- People were given safe support with their medicines when needed. The provider had assessed risks relating to people's individual medicines needs. They recorded clear information about people's medicines and how these should be administered.
- The staff received training to understand about safe handling of medicines. The management team tested their knowledge and observed them giving people medicines to make sure they had understood the training.
- Staff kept records to show when medicines were administered. The management team checked and audited these so that any problems would be identified and could be addressed.

Preventing and controlling infection

- There were systems to help prevent and control infection. The staff had training about this and understood about good hygiene practices. People using the service and their relatives told us staff wore PPE (personal protective equipment) such as gloves and masks. The management team carried out spot checks which included checks on hand hygiene and good infection control practices.
- There were procedures regarding infection prevention and control as well as COVID-19. The provider had assessed the risks relating to COVID-19 for people using the service and staff. They had followed national guidance about COVID-19 testing and provided a range of information to staff and other stakeholders.

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 of 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

- The provider assessed people's needs before they started to use the service and used these assessments to develop care plans.
- People's views and choices were represented within their needs assessments.
- Assessments were regularly reviewed and updated.

Staff support: induction, training, skills and experience

- The staff had opportunities for training. One of the directors was a qualified trainer and provided all the training for individual and groups of staff. There was a well-equipped training room and training reflected good practice and national guidance.
- All staff undertook an induction into the service and completed regular training updates.
- Staff told us the training was good and provided them with the skills and knowledge they needed.
- The management team organised meetings for individual and groups of staff to discuss the service. These helped to make sure staff were well informed.
- The management team carried out observations of staff providing care to help make sure they were doing this well and following procedures.

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

- People were supported to have enough to eat and drink. The provider had assessed and planned for people's nutritional and hydration needs. They supported some people with meal preparation and people were happy with this support.

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

- People's healthcare needs were assessed and there was information for the staff about how to make sure people remained healthy and signs to be aware of which would indicate a deterioration in health.
- The staff monitored people's health at each visit and had liaised with other healthcare professionals when needed to help ensure people received the treatment they needed.

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 MCA 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.

- The provider was working within the principles of the MCA. They had assessed people's mental capacity to make decisions. They had asked people to consent to their care and treatment. They had also liaised with people's representatives to ensure decisions were made in their best interests.
- People told us the staff asked for their consent and respected their decisions.

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 of 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 well treated and supported. They/or their representatives were involved in planning their care. People had a good relationship with the staff. They told us they liked them and knew them well. They also knew the management team.
- One person using the service told us, "They are very good really." A relative commented, "They are brilliant, we have got to know them all well. They always do extra, like washing or cleaning. I can't recommend them highly enough."

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

- People were able to make decisions about their care. They were involved in creating and reviewing care plans. Their preferences were recorded. They confirmed they were given choices during care visits and these were respected.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff had training to understand about this. People told us staff cared for them respectfully and made sure care was delivered in private.
- People's care plans stated what they could do for themselves and where they would like to be independent.

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 of 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 needs were met in a personalised way. They were asked about their preferences and what they wanted to achieve from care. Care plans reflected their needs and preferences. People told us, and the provider's own feedback showed, people felt their needs were met and they received personalised care.
- Staff kept a record of care provided each visit. These records were checked and audited by the management team to make sure care plans were being followed. The agency also contacted people for regular feedback.
- Care plans and assessments were regularly reviewed and updated.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were included in their care plans.
- The provider was able to produce information in different formats for those who needed this.

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 agency offered people companionship visits and support with leisure activities if they wanted and needed this.

End of life care and support

- No one was receiving end of life care at the time of our inspection. However, the assessment of needs including asking people about any important factors to consider and any needs for this time.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints procedure and this had been followed. Concerns and complaints were investigated and responded to. The provider demonstrated learning from these.

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

- There was a positive culture where people were involved in planning their care and felt they received good care.
- The management team were directly involved in providing care and gathered feedback through their visits and using formal systems such as telephone monitoring, surveys and spot checks.
- Staff felt well supported and enjoyed working for the company. They felt the management team were supportive and accessible.
- People using the service, relatives and staff would recommend the agency to others.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others; 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 was appropriately experienced and qualified. They had worked in other care companies. The directors worked alongside the registered manager providing care and managing the day to day operations.
- There were a range of policies and procedures which reflected good practice guidance and legislation. One of the directors was a qualified trainer and ran training sessions for all staff.
- The management team worked in partnership with others sharing ideas and lessons learnt through a network of registered managers. They also worked with local charities and the registered manager was a member of a board reviewing policies and procedures for the organisation.
- The provider understood their responsibilities under duty of candour. They had investigated concerns and reported back to the complainant, apologising for things that went wrong and taking steps to make improvements.

Continuous learning and improving care

- The provider had systems for monitoring the quality of the service. They undertook regular audits and asked stakeholders for feedback.
- There were action plans when the provider identified improvements were needed. These were monitored.