

Two Fifty Four Ltd

Two Fifty Four Ltd T/A

Visiting Angels

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

Two Fifty Four Ltd T/A Visiting Angels provides 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. The service was supporting 14 people at the time of our inspection, 10 of whom received personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care for or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People received a reliable service from staff who knew how to provide their care in a safe way. Risk assessments had been carried out to identify and mitigate any risks involved in people's care. Medicines were managed safely. Staff helped keep people's homes clean and wore personal protective equipment (PPE) when they carried out their visits.

Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had. The provider's recruitment procedures helped ensure only suitable staff were employed.

Staff received an induction when they joined the agency and had access to ongoing training. The agency supported staff through supervision and opportunities to work towards relevant qualifications. Staff felt valued for the work they did and told us good care was recognised and rewarded.

People's needs were assessed before they began to receive care. People's preferences about their care were listened to and incorporated into their care plans. Care plans were reviewed regularly to take account of any changes in people's needs.

Staff monitored people's health effectively and responded promptly if people became unwell. Staff worked well with other professionals involved in people's care to ensure they received the support they needed.

People received their care from consistent staff who knew their preferences about their care and respected their choices. Staff treated people with respect and maintained their dignity when providing care. People

were supported to be as independent as possible.

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 receiving care and their relatives knew how to complain and were confident any concerns they raised would receive an appropriate response. Any complaints received had been managed in line with the agency's complaints procedure.

People had opportunities to give feedback about their care and their views were listened to. Relatives said the agency communicated well with them and kept them informed about their family members' health and wellbeing.

The agency's quality monitoring systems enabled the office/management team to maintain an effective oversight of the service. These included regular audits and spot checks to observe the care people received.

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 5 July 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 ●

Two Fifty Four Ltd T/A Visiting Angels

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service, their relatives and staff.

Inspection team

Two inspectors carried out the inspection.

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 a short notice period of the inspection because we needed to ask the registered manager to send

us information and to obtain people's consent to receive a telephone call from us.

Inspection activity started on 2 September 2022 and ended on 7 September 2022.

What we did before inspection

We reviewed information we had received about the service since its registration, including notifications of significant events. 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 used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager via Teams meetings about how the service was run.

We spoke with two people who used the service and six relatives to hear their feedback about the care the agency provided. We received feedback from a professional who had worked with the service and from four staff about the training, support and information they received.

We reviewed information sent to us by the registered manager, including care plans and risk assessments for three people, medicines administration records for one person, recruitment records for three staff, training records, accident and incident records, quality audits, meeting minutes, the complaints log and the agency's business continuity plan.

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.

Staffing and recruitment

- The provider employed enough staff to meet the service's care commitments. People told us they received a reliable service and said staff usually arrived on time for their care visits. One person told us, "Their timekeeping is generally very good."
- The office team was able to monitor staff arrival and departure times via an app. This meant the office team could take action if a member of staff failed to arrive for a visit. The agency's supervisor and registered manager kept their training up to date so they were able to cover care visits if required.
- The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff completed application forms and attended an interview. The provider requested references for staff prior to employment and obtained a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- Staff attended safeguarding training and understood their responsibilities in protecting people from abuse. The agency had a safeguarding policy which had been developed in line with local authority safeguarding procedures.
- Staff were clear about how to report any concerns they had. One member of staff told us, "We know how to report abuse because we have all trained in safeguarding in our induction. We are reminded at monthly staff meetings to pay attention to any suspected abuse, neglect and changing needs of our customers." Another member of staff said, "I have never had a safeguarding issue but I am aware how to report any situation."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe when staff provided their care. They said staff knew how to use any equipment involved in their care. One person told us, "I am confident they do everything safely." Relatives confirmed staff provided their family members' care in a safe way. One relative said, "[Family member] requires hoisting; they do that safely." The healthcare professional we spoke with told us, "I have had no concerns about them. They make sure all the staff have manual handling training."
- Assessments were carried out to identify and mitigate any risks to people. The care records we checked contained risk assessments in relation to moving and handling, skin integrity and the environment in which care was to be provided. These were reviewed regularly to take account of any changes in people's needs.
- No accidents or incidents had occurred since March 2022 but there were systems in place to ensure that learning took place from any adverse events. This included audits to check whether the investigation of accidents and incidents identified the root causes and that lessons learned were recorded and shared with staff.

- The service had a business contingency plan to ensure people's care would not be interrupted in the event of an emergency, such as extreme weather, infectious disease outbreak, or loss of utilities.

Using medicines safely

- The service supported one person with their medicines. The medicines administration records we checked demonstrated that the person received their medicines as prescribed. We saw evidence that the person's medicines were audited each month.
- Staff attended training before being authorised to administer medicines and their practice was assessed before they were signed off as competent. Some staff had attended further training in medicines management to develop their knowledge and skills in this area.

Preventing and controlling infection

- Staff received training in infection prevention and control (IPC) and people told us staff wore personal protective equipment (PPE) when they carried out their visits. One person said of staff, "They always wear gloves, aprons and masks."
- People receiving care and their relatives told us staff helped them keep their homes clean. One relative said, "They maintain good hygiene and keep the place clean."
- The minutes of staff meetings demonstrated staff were reminded to ensure they wore and disposed of PPE appropriately and to ensure any equipment used in providing people's care, such as slings, was kept clean and washed when necessary,

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.

Staff support: induction, training, skills and experience

- People were confident in the skills of the staff who supported them. One person said of their care workers, "I have a lot of confidence in them."
- Staff had an induction when they started work, which included mandatory training and shadowing colleagues to understand how people preferred their care to be provided. Staff told us their induction had prepared them well for their roles. One member of staff said, "I found that I was prepared to meet clients' needs as I had a lot of training before going out and I also shadowed people for a while." Another member of staff told us, "I did two days of induction training before starting. It helped me to better understand the rules of the company, and my role and responsibilities."
- Staff had access to refresher training in key areas, including moving and handling, safeguarding, fluids and nutrition, and communication. Staff told us the agency supported them to attend further training and to work towards relevant qualifications. One member of staff said, "I had all the training that I needed in my induction and the manager has booked me for extra training on dementia, end of life and medication." Another member of staff told us, "I have all the training required and I'm working on my NVQ3."
- Staff met regularly with their managers to discuss their roles and any support they needed. One member of staff told us, "I had a supervision last month. I talked face to face with the manager about my job, how I feel in the company, if I need more support or more training. It is done to understand our needs and aspirations." Another member of staff said, "I have supervision with my manager to see if I'm happy with my rotas, travel time, training, colleagues, and if there is anything they could do better for us."

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

- People's needs were assessed before they used the agency to ensure staff had the skills and training they needed to provide their care. Assessments considered areas including healthcare, mobility, continence, skin integrity and personal care.
- Relatives told us they and their family members had been encouraged to contribute to their assessments and their views had been listened to. One relative said, "The first visit was all about [family member]. They asked, 'What can we do for you?' It was really positive. I was very impressed with their approach."
- Staff told us they received enough information about people's needs before they began to support them. One member of staff said, "We get comprehensive information in both written and verbal form before supporting and assisting clients with their needs." Another member of staff told us, "We have enough information about our clients. Before starting a new client, we must read the care plan and if we have any doubts, our manager is happy to clarify it for us."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- Relatives told us staff monitored their family members' health and took prompt action if they became unwell. One relative said, "The carers are really on top of [family member's] skin condition; they will check for any sign of deterioration." Another relative told us staff had responded appropriately when their family member suddenly became unwell. The relative said, "They once called an ambulance for [family member] and went with him to A and E, which was reassuring for the family."
- People's healthcare needs, including the support they needed to maintain good oral health, were considered at their assessments and detailed in their care plans.
- The healthcare professional we spoke with told us staff worked well with them to ensure people's needs were met. The healthcare professional said staff implemented any guidance they put in place and provided feedback about whether this was proving effective.

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

- People who received support with meals told us they were happy with this aspect of their care. They said staff supported them to choose the meals they wanted.
- People's nutrition and hydration needs were discussed at their initial assessments. If needs were identified in these areas, such as allergies, these were recorded in people's care plans.
- Relatives said staff encouraged their family members to maintain adequate nutrition and hydration. One relative told us, "One week, [family member] was not drinking much. A carer took the time to sit with her and encourage her to take another sip until she had finished her drink. She made sure that [family member] drank the whole drink on really hot days."

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.

- People were asked to sign their care plans when these had been developed to record their consent to their care. Where necessary, mental capacity assessments had been carried out to determine whether people had capacity to consent to their care. None of the people being supported by the agency were subject to deprivations of their liberty.
- Staff understood how the principles of the MCA applied in their work. People told us staff asked for their consent before providing their care on a day-to-day basis. This was confirmed by relatives, one of whom said, "They explain to [family member] what they are doing. They are very considerate of his needs."

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 told us the staff who supported them were caring and helpful. One person said of staff, "They are all very friendly."
- Relatives confirmed the staff who cared for their family members were kind and polite. One relative told us, "All the ladies who care for [family member] do it very well and are very polite." Another relative said of the agency, "I have noticed that they are not driven by cost, but are driven first by the care of the person."
- Examples of feedback relatives had sent to the agency included, '[Family member] looks and is doing great thanks to your awesome care team. They are so lovely with her', 'So far I have to say the Visiting Angels have been a gift from heaven. They are polite, professional and their timekeeping is immaculate,' and, 'When we visit [family member] now, she always seems to be more content than before.'
- Relatives told us staff took an interest in their family members' lives and respected them as individuals. One relative said, "The carers have learned to understand [family member's] needs and the best approach to encourage her engagement." Another relative told us, "They have taken the time to understand [family member] as an individual."
- The agency recognised people's individual interests and provided opportunities for them to pursue these. For example, one person had previously enjoyed speaking to groups as a tour guide. The agency had arranged for the person to speak to staff about their experience of living with a specific condition.
- People's religious and cultural needs were met. One person receiving care was no longer able to attend church independently. The agency matched the person with a care worker who shared their faith, who accompanied the person to church each month.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us staff listened to and respected their views about their care. They said they saw the same care workers regularly, which meant staff understood their needs and preferences.
- People told us staff maintained their privacy and dignity when providing their care and relatives confirmed staff treated their family members with respect.
- Relatives told us staff supported their relatives to be as independent as possible. One relative said, "They encourage [family member] to be independent. [Family member] had gone downhill after the hospital admission, but with the care has bounced back, and is aware of things much more." Another relative told us, "They encourage [family member] to do as much as she can for herself."

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

- Each person had a care plan which was developed from their initial assessment. Care plans were person-centred, setting out what people could do for themselves and how they preferred their care to be provided.
- Relatives told us staff understood their family members' needs well and provided care in the way their family members preferred. One relative said, "They pay attention to the specific things [family member] wants and how he likes things to be done."
- People's care plans were regularly reviewed to make sure they accurately reflected their needs and preferences. Care plans were available to staff via an app on their phones. This system meant the office team were able to update people's care plans straight away if their needs changed.
- Staff told us they had enough time at each visit to provide the care people needed and to spend time engaging with the people they supported. One member of staff said of the agency, "They give us time to care and travel time so we can spend quality time with the client." Another member of staff told us, "I have plenty of time to complete all the tasks and have a little bit of chat at the end with the clients."
- Relatives said the agency had adapted the support provided if their family members' needs changed, increasing or decreasing the numbers of visits each day as required. One relative told us, "We had a review about a month ago when [family member] wanted to reduce the daily visits from four a day to two." Another relative said, "We have progressively increased the amount of care as [family member's] needs have changed."
- Relatives told us the agency responded to any changes they requested whenever possible. One relative said, "There has been the odd occasion I want to take [family member] out and do not want to rush back. Visiting Angels are very good at adjusting the schedule."

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 individual communication needs were discussed and recorded during their initial assessment. Any needs identified were then documented in people's care plans. Staff attended communication training and people told us their care workers understood their individual communication needs.
- The provider information return (PIR) confirmed information could be provided to people in different formats if necessary, stating, 'Visiting Angels can provide documentation to people in formats that meet their requirements such as Braille, audio, large font and language of their preference.'

End of life care and support

- People were asked during their initial assessment whether they wished to record their wishes about their care towards the end of their lives.
- The agency had access to support and advice from specialist healthcare professionals in the provision of end of life care if necessary. No one using the service was receiving end of life care at the time of our inspection.

Improving care quality in response to complaints or concerns

- People receiving care and their relatives told us they knew how to complain and said they would feel comfortable raising concerns if necessary. One person told us, "My experience of them has been positive but if I were not satisfied, I would let them know." A relative said, "We have not needed to complain but I have no doubt they would take complaints seriously."
- The provider had a complaints procedure which set out how any complaints received would be managed. Any complaints received had been managed in line with this procedure. The registered manager was able to demonstrate that action had been taken to resolve complaints and that learning had been implemented following investigations when concerns were raised.

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

- People receiving care and their relatives told us communication from the office team was good. One person said, "They are well-organised. They are easy to deal with." A relative told us, "They told us on the one occasion [care worker] was running late, which was great because otherwise we would have been wondering if she was going to turn up."
- Relatives said the management team were approachable and responsive to any issues they raised. One relative told us, "The management are very approachable. If we ever have a query, we get a very good response from the office." Another relative said, "[Registered manager] is great; she is very helpful."

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

- Members of the office team had clearly defined roles, which helped increase accountability for key areas of the service. For example, the agency's supervisor was responsible for shadowing and observing new staff, spot checks, reviews of care packages, and introducing new staff to people.
- The agency benefited from support provided by Visiting Angels head office. For example, the registered manager had attended training provided by Visiting Angels designed to equip branch managers for the registered manager role. Visiting Angels also supplied the agency's policies and procedures and kept these up to date, informing the registered manager about any amendments.
- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised. When necessary, notifications of significant events had been submitted to CQC and the local authority.
- There were systems in place to monitor the quality and safety of the service. This included regular audits of key areas of the service and spot checks to observe the care people received. These checks assessed whether people's care had been provided in line with their care plans and appropriately recorded.
- In addition to internal audits, a regional quality manager carried out audits periodically and a care consultancy had been commissioned to carry out a thorough assessment of quality and safety in July 2022.

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

- People receiving care and their relatives told us the agency contacted them regularly to ask for feedback. One person said, "It is usually by telephone but sometimes I have visits." A relative told us, "The team often

ask for feedback, although nine times out of 10 I have nothing to say because it's all good."

- Staff told us they received good support from the office/management team. They said their managers were available for support and advice when they needed this. One member of staff said, "I have always had all the support necessary to do my job in the best possible way and satisfy the needs of our customers. I know that I can always talk to the management team at any time about anything." Another member of staff told us, "The management team are all approachable and considerate."
- Staff told us they were able to speak up about any concerns or suggestions they had and said the management/office team were responsive to their feedback. One member of staff told us, "I have raised concerns and they have been dealt with immediately and I feel that my suggestions are listened to. We feel free to do this and we are encouraged to do so." Another member of staff said, "I feel I have a voice and if I have any suggestions or concerns that I am listened to by my managers."
- Team meetings took place regularly, which staff said were used to welcome new colleagues and to discuss training and development opportunities. One member of staff told us, "There are team meetings talking about how we feel about our job and introducing new team members. They talk about achievements, events and upcoming training opportunities."
- Staff felt valued for the work they did and said achievements and good practice were recognised and rewarded. One member of staff told us, "At each [staff] meeting the Carer of the Month is announced and given a certificate and a gift." Another member of staff said, "Visiting Angels value their carers. They even gave more petrol money when the price went up."

Working in partnership with others; Continuous learning and improving care

- The agency had established effective working relationships with other agencies and professionals involved in people's care, such as GPs, district nurses and occupational therapists. The professional we spoke with praised the attitude and approach of the registered manager, saying, "The registered manager impressed me. She is a can-do person." The professional added that, when a person receiving care and their family had a specific request that was challenging to accommodate, "They found a way around it."
- The agency had been proactive in contacting professionals to explore ways in which people's physical or mental health could be improved. For example, the agency had contacted a person's GP and placing authority seeking advice about a person who became distressed when receiving care. As a result, the GP prescribed medication to alleviate the person's anxiety and distress, which enabled staff to provide the care the person needed.