

Together at Home Ltd

Together at Home Ltd T/A Visiting Angels

Inspection report

Suite 205 Boundary House
Boston Road
London
W7 2QE

Tel: 02031438878
Website: www.visiting-angels.co.uk/westlondon

Date of inspection visit:
13 May 2021
18 May 2021

Date of publication:
28 June 2021

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?	Outstanding ☆

Summary of findings

Overall summary

About the service

Together at Home Ltd T/A Visiting Angels is a domiciliary care agency providing personal care and support to people living in their own homes. They are registered to provide care to all adults including those who may be living with dementia and have disabilities.

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 they were offering personal care to 18 people, some of whom had live in care workers.

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

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 and their relatives spoke very positively about the service they received and described care workers as kind and respectful and the registered manager as very approachable, enthusiastic and efficient.

The provider invested in their care workers and recruited staff who they assessed as having the right aptitude to be good care workers. They carefully matched care workers with people so there was the best chance of a good working relationship. They had arranged small teams of staff who worked "around" each individual. This offered consistency and promoted a good working relationship between people and their relatives.

There were excellent lines of communication within the service. The provider had facilitated systems which allowed people, relatives, care workers and the management team to communicate both as a small team for each person and as a part of the larger service.

Care plans were written in a personalised manner with the full involvement of people and their relatives. The registered manager contacted people and their relatives each week to ask if they were satisfied with the service they received. They were responsive in reviewing and adapting care plans according to people's changing support needs and preferences.

They worked closely with community health professionals and were proactive in eliciting medical advice and support. They contacted health professionals to establish good working relationships and facilitated visits from physiotherapists who they felt would improve people's mobility and independence and make a difference to the quality of their lives. Care workers were keen to learn new ways to support people to mobilise and encouraged exercise in line with physiotherapist recommendations.

The registered manager completed assessments to identify risks to people and provided guidance for staff so they could mitigate the risk of harm. People and relatives told us they felt safe with the care provided. The provider had systems to identify and report possible abuse. The care workers had received safeguarding adults training and demonstrated they could recognise signs of abuse and knew what action they must take.

Medicines were administered in a safe manner by staff who had received training to do so.

The provider had systems and procedures to monitor, check and audit care provided to ensure they provided a high level of personalised support. They were open to input from people, relatives and their staff and were continuously reviewing what had worked well and what required improvement so they could provide a high -quality service.

The provider had worked closely with health and social care professionals and liaised with charities for both the benefit of those people to whom they provided a service and for people living in the local community. Throughout the pandemic they had provided a variety of voluntary services which had included shopping, collecting medicines and companionship. In addition, they had facilitated talks on a variety of topics which had included falls prevention and nutrition and hydration. They had utilised the knowledge from these talks for the benefit of people they offered a service to.

This service was registered with us on the 19 March 2020 and this was the first inspection.

Why we inspected

We undertook this comprehensive inspection because the provider had not been inspected since they had registered with CQC.

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.

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

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 exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Together at Home Ltd 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

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

Service and service type

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

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

This inspection was announced.

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

What we did before the inspection

We reviewed information we held regarding the service. This included notifications the provider is required to send us by law. We used all this information to plan our inspection. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

On the 13 May 2021 we visited the site office and met with the registered manager, operations manager and business manager. We reviewed a range of records. This included three people's care record and their medicines records. We looked at part of a fourth person's records. We reviewed three staff files in relation to recruitment, training and staff supervision. A variety of records relating to work undertaken with the local community, the management of the service including policies and procedures were also reviewed.

On the 18 May 2021 the Expert by Experience telephoned and attempted to speak with 14 people and/or their relatives who used the service. They were successful in speaking with four people and six relatives about their experience of the care provided.

After the inspection

We wrote to twelve staff and received responses from ten staff. We wrote to nine health and social care professionals and received responses from four of them. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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; Learning lessons when things go wrong

- The provider had monitoring systems and procedures to identify and report abuse. The registered manager reviewed accidents and incidents. They had reported any concerns to the appropriate bodies and had kept detailed records of concerns and actions taken. They spoke with people and their relatives on a regular basis to check their wellbeing.
- Staff had received safeguarding adults training and were able to demonstrate an understanding of signs of abuse and knew what actions to take to prevent and report abuse. People told us they felt safe with the care provided by the care workers. Their comments included, "I am okay, I am being looked after, feel safer when carers are with me" and "Carers are very trustworthy, I feel safe."
- The registered manager described how they and their team learned from incidents and near misses which had taken place. They had reviewed protocols and shared with the person's allocated care workers and other care workers through the staff care planning mobile application and in team meetings to ensure there was no similar occurrences.

Assessing risk, safety monitoring and management

- The registered manager assessed to identify the risks to people and measures were put in place to minimise the risk of harm. Risk assessments were undertaken on an individual basis and contained relevant information to describe each risk and to give specific guidance to staff to provide safe care. Risk assessments were reviewed on a regular basis and reflected changes of circumstances.
- Relatives said staff knew how to keep their family members safe. Their feedback reflected the measures stated in the risk assessments. One relative told us, "I am always concerned about my family member's safety, as they have poor health. Very pleased with the carers as they always make sure they put all the equipment in a safe place to prevent any falls."

Staffing and recruitment

- The recruitment of staff was undertaken in a safe manner with measures to ensure staff suitability. There were enough staff employed to meet people's care and support needs in a timely and caring manner.
- The provider undertook checks of references; proof of identity and criminal records checks prior to employment being offered. The staff records reviewed demonstrated care was taken to recruit staff with the right aptitude for a caring role. Staff submitted an application form, attended an interview, completed personality profiles, and literacy tests to ensure they would be able to meet the standard of care required.
- The registered manager described all staff who "lived in", (provided care and support on a 24- hour basis by living in and sleeping at the person's home) were given adequate cover to have suitable breaks during the day and worked for two weeks and then had two weeks not working. One care worker confirmed cover was

provided as stated, "Yes I do have two hours break every day for myself and normally my schedule is two weeks on and two weeks off."

Using medicines safely

- Medicines were administered in a safe manner by staff who had received appropriate training. The provider observed staff to ensure they were competent and audited medicines administration records to check errors were not being made.
- Each person's care plan stated the level of support they required with their medicines and gave instructions about what they could do for themselves, where medicines were stored in their home, and specific instruction about how medicines must be taken, for instance with or after food.
- People's preferences about how they liked to take their medicines were recorded. For example, with what drink, if the medicines should be put into their hand or on a saucer. Their medicines risk assessment stated what measures staff needed to take to support the safe administration of medicines.

Preventing and controlling infection

- The provider had protocols to manage the risk of cross infection. They provided care workers with relevant information and equipment. They monitored to ensure good standard of infection control was being maintained.
- People's care plans contained guidance for staff to support them to have safe infection control in their homes. Care workers worked in small teams built around one person to lessen the risk of spreading COVID-19. We noted COVID-19 risk assessments for people had not been completed however, guidance and strategies to keep people safe from COVID-19 were in place. Once we had made the registered manager aware of this oversight, they provided COVID -19 risk assessments the day following our site visit.
- The provider ensured care workers always had an adequate supply of PPE and gave training and information about how to use PPE effectively to maintain good levels of infection control. They equipped care workers with hand sanitisers and sanitising spray which they could use both in people's homes and their own transport to prevent cross infection.
- Staff confirmed they had been supported and equipped by the provider to maintain safe levels of infection control. Their comments included, "Yes, I do have everything that is necessary to keep our clients safe. I wear a mask, an apron and gloves, I always remember about washing hands before the visit."

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

- The registered manager met with people and their relatives prior to offering a service to assess their care needs, understand their preferences and ensure they would be able to meet their support requests.
- People and their relatives told us care was being provided as they wanted it to be done. There were regular reviews of the care plans and risk assessments to ensure all changes of circumstances were reflected and to accommodate changes requested by people.

Staff support: induction, training, skills and experience

- The provider and registered manager ensured staff received relevant training and support to undertake their role. Staff completed orientation training to embed the ethos and values of the service. The training programme was designed to encompass knowledge and care skills the care workers required and included safeguarding adults, the requirements of the Mental Capacity Act, dementia awareness, basic life support, moving and handling, medicines, communication and dignity in care.
- Training was supported by new staff shadowing established care workers, observations were undertaken to check they were using their care skills effectively, a probationary period reviewed their work and regular supervisions gave opportunity for both management and care worker to address concerns and reinforce learning.
- Relatives confirmed staff were well informed. One relative described to us how understanding and patient their care worker was with their family member who had dementia. They found the care worker was knowledgeable and knew how to work with their family member.
- All staff told us they were well supported by the registered manager and the managerial team. They confirmed they had found the training useful and relevant to their role. Their comments included, "My [registered manager], has been great and my supervisor [co-ordinator] has been a big help. Honestly, they are fantastic. no concerns management is very supportive and easy to talk to. Visiting Angels academy was the first training I had as a carer and I feel it set me up very well and I felt confident going out to clients."

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

- Care workers supported people to eat healthy foods and drink sufficient fluids. Care plans detailed what support people required to eat and drink enough and described what their dietary preferences were.
- Some people receiving care had a diagnosis of diabetes. Their care plan gave guidance about their dietary requirements. Care workers had received training during their induction to recognise symptoms of high or low blood sugar which could adversely affect the person and stated what actions to take.

- When fluid intake was a concern, care workers ensured people were supported to drink enough and completed fluid charts so they could monitor the person's fluid intake and raise with relevant health professional as stated in their care plans. One care worker told us, "With service users I worked with I kept fluid chart records, and I keep records of everyday visit of [health professionals]."

Staff working with other agencies to provide consistent, effective, timely care

- The care staff and management team worked closely with health and social care professionals and kept records of any interactions with them. They followed up any concerns they saw or were reported to them and recorded actions taken. Health professionals told us, "The client's immediate carer comes to any appointments at our clinic and the manager usually contacts us to discuss clients' care after any appointment."

- Staff demonstrated they understood the importance of their role in raising concerns. Their comments included, "We have the GP and pharmacy contact details for a client in the care notes. These are accessible to us so that if there are any issues or if the client wants assistance with talking to them, we are able. We are sometimes the [go between] booking appointments or for example, if the nurse comes and mentions a concern, we work together to get it all sorted with hospital or doctor," and "We keep notes on our a care planning app as well as having a physical folder kept at the client's residence. We will write what happened throughout the visit and [record] any medical checks e.g. blood pressure."

- Relatives and people told us care workers were proactive in getting appropriate medical support. Their comments included, "Once my [family member] went into coma and the care staff immediately called the ambulance and also informed me. When I reached my [family member's] home, I noted the care staff had explained the whole situation to the paramedic and also accompanied my [family member] to the hospital," and "The manager took all the responsibilities, talking to my [family member's] GP, sorting out prescriptions and making necessary medical appointment to ease lot of the pressure for me."

Supporting people to live healthier lives, access healthcare services and support

- Care plans specified the support people needed to live healthier lives and the management and care workers encouraged people to take actions which would improve both their physical health and mental well-being.

- Care workers had worked with physiotherapists to engage people in regular exercise and encouraged them to maintain or improve their mobility. They listened to the physiotherapists' instructions and were committed to improving their person's level of health. For example, one care worker told us, "Currently I am working with a physiotherapist, they come once a week to train me on how to do my client's daily exercises, each week they observe and corrects me."

- Both people and their relatives commented the care workers had improved people's physical and mental health through their support. Their comments included, "Carers have exceeded my expectations," and "Staff also encouraged [family member] to do simple exercise to keep them fit and healthy." During our site visit we read positive feedback and noted one person had told the registered manager, "I started walking downstairs for my breakfast. When I have carers around, I feel like I can do so much more. The carers give me the reason to get up and start my day. It's nice to have someone to talk to."

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 found the service was being provided within the principles of the MCA. The registered manager was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. They had ensured people had consented to their care and support. They respected people's right to make decisions and had checked if relatives held Lasting Power of Attorney (LPA). (LPA gives a nominated individual the legal right to make decisions on the person's behalf should they no longer have the capacity to do so.)
- Care workers had received training in the MCA and were able to describe to us how they gave people choice and respected people's decisions within their day to day life. People's care plans and systems were designed to ensure people's right to make a decision about their care was promoted and respected.
- We saw examples of when care workers had advocated on behalf of people. One care worker had appropriately raised a safeguarding concern when they felt a person they were supporting's human rights were being breached.

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

- The provider had systems to ensure their care workers treated people in a respectful manner and provided care as people wanted it to be provided and met their diverse support needs.
- The registered manager described they recruited new care workers and developed a one- page profile with them. This was shared with people and their relatives who required a care worker so they could choose staff they thought they would get on well with and who had similar interests. Staff teams were "built around" each person, to provide consistency and staff were familiar with and to the person promoting a positive working relationship.
- Care workers demonstrated they recognised the importance of understanding what was important to each person this included celebrating and understanding their culture and heritage. One care worker told us, "I have a German client, every visit they teach me a different German phrase and meaning. They teach me about the Holocaust and the impact it had on everyone."
- People were positive about their care workers. Their comments included, "Carers are like our family" and "Care staff are very kind and friendly." One person told us, "Due to my old age and I am very slow, but care staff have a patience to deal with it...we both get on well each other, I am used to them and they used to me."
- Relatives also spoke well about the approach of the care workers. Their comments included, "Carers are very sympathetic, thoughtful and sociable with my [family member], who is able to understand them, despite the fact, that my [family member] has issues, they manage to communicate effectively."

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

- People's care plans prompted staff to give people choice and respect their decisions. Care workers told us how they supported people to express their views. Their comments included, "By talking to my clients, asking them about their preferences: food, clothes, everyday activities, even if I already know them, I want to give them a choice because every day is different so maybe something has changed...communication is the key, so I talk to them, ask about their preferences and make sure that I did my best to make them feel happy and satisfied."
- Feedback from health and social care professionals was positive about support provided by care workers. One professional told us, "The carers who have worked with our mutual client have been caring and appropriate in their communication. A lot of patience is shown, and they are caring in their communication without being patronising. Good humour is also shown when the client is in a lower mood and this improves the situation."

Respecting and promoting people's privacy, dignity and independence

- Staff had received training about providing personal care to promote privacy and dignity. They demonstrated they understood why privacy and dignity was important when they provided care for people. One care worker's comments included, "I protect their privacy by knocking on the door before I enter their houses, asking for consent before any personal care, explaining all the procedure before any personal care, closing doors and curtains before any personal care."
- The provider put a strong emphasis on promoting independence. The registered manager told us, "I tell people, 'Care is not the end of the road,' I always stress you can improve. It is about empowering them. I am really honest about that."
- Personalised care plans stated what people could do for themselves even if a small part of their care routine. We saw several instances where the provider had encouraged people to use physiotherapy to support greater independence. The registered manager gave an example of one person who, although frail and bed bound, had received physiotherapy exercises with care worker support and could now move themselves a little to facilitate getting dressed. The registered manager said, "It is the smallest of things that matter. I tell care workers we fill the gaps we are not taking over their life completely."
- Staff encouraged people to continue to take an interest in activities of daily living. One care worker told us during the COVID-19 pandemic lockdown they continued to encourage independence, "Because we are confined mostly to the house, I try and do activities around the house with my client. I will try to engage my client by asking to help me with light jobs around the house which my client seems to enjoy and get excited about. I also get my client to sit outside in the garden and we both do garden activities together."

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

- Care plans were person centred, developed with the person and tailored to meet their care needs. They contained background information which included their social network, life achievements, preferences and interests so the care workers could understand the person within the context of their life.
- The care records included the person's daily routine and was full of details to tell staff about how each person wanted their care provided. This included bathing preferences and grooming such as oral care, beard and fingernails trimming.
- Care plans were reviewed with the person on a regular basis. A care worker told us, "I work on service users` behalf because we built a care plan based on the client`s preference and if the client would like to request any changes, I introduce the change as soon as possible."
- All people and relatives confirmed care was provided as they wanted it to be done. They described being involved in reviews. One person told us their care plan had recently been reviewed by one of the management team, "We discussed about my needs and what is important to me etc. I was satisfied with them."

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.

- Care plans were completed and shared with people and their relatives to read through and agree. The registered manager explained they read through and explained to people and their families what the plan contained and explained any supporting documents they needed clarified.
- People's care plans recorded what support people required to communicate well and understand what was being said to them. This included to ensure people had access to their glasses and/or hearing aids. When one person had two sets of glasses for different purposes these were labelled, and staff checked their hearing aids were working and changed the batteries if necessary. Care plans contained guidance for staff to help them communicate clearly with each person, so they had the best opportunities to understand what staff were saying.

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

- Care plans contained people's preferred pastimes and interests so staff knew what they might enjoy doing

and encouraged them to keep interested and motivated with activities throughout the pandemic lockdown.

- Staff told us how they kept people engaged with meaningful activities, their comments included, "Instead of taking walks in the park we went into the garden, did meditation, yoga, and indoor activities," and "I have ensured my clients have had their hobbies and social care needs met, by asking them what they would like to do. I take my clients for walks when they want and give them the space and time to talk to people such as their neighbours. I do some flower arranging with one of my clients as this is a great hobby of theirs. I also do puzzles and help them watch tv."

- People and relatives confirmed staff supported their family members to enjoy activities. A relative told us, "My [family member] likes games and watches certain TV shows. Staff at the agency encouraged them to be involved in variety of games on the computer to stay occupied."

- Staff supported people to remain in contact with their relatives through phone calls and virtual meetings and they demonstrated they understood the impact the pandemic had on people when not seeing their close family. A staff member told us, "I had a client that has not seen their family due to the pandemic and them living in another country, we used an office [electric tablet] and had a [virtual] meeting with their family so they were able to see and speak with them."

Improving care quality in response to complaints or concerns

- The registered manager had policies and procedures to acknowledge, investigate and address any complaints. They had systems ready which would give them oversight and allow them to identify trends in the service provision.

- There had been no complaints made. The registered manager described how they would investigate and would be honest and open about their findings. They would apologise if a mistake had been made or there had been poor practice and take action to address and ensure there were no similar occurrences.

- The provider had supported people and relatives to know how to complain. People had been given a copy of the complaints procedure when they were assessed for a service. Weekly phone calls made by the registered manager to people and/or their relatives established quickly if there was a concern and supported the registered manager to be proactive in taking action before a general concern became a complaint.

End of life care and support

- The registered manager told us at the time of our inspection they were not currently providing end of life care to any people using the service. They described they offered the care workers additional training in end of life care and discussed palliative care with them. They had end of life care plan templates which they would use to record people's wishes and would expect to work in partnership with the palliative care health professionals.

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 outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager and management team were exceptionally good at engaging people and relatives who used their service. They delivered a truly personalised service which was tailored to meet people's individual preferences. The registered manager kept people and relatives well informed and checked at least once a week they were satisfied with the care they had received. They acted immediately to make changes and responded to concerns or issues promptly on behalf of people.
- People and relatives were all very positive about the service provided. Their comments included, "A very efficient service. The manager is over and beyond, very passionate about the care, they make it so easy for us... professional communication with manager, always eager to offer help and support", and "This is new service and have capacity, they are learning how to develop the service, also adopting different things... the manager has regular contact with me via the phone to make sure I am okay," and "An extremely proactive and brilliant well-led service... [the registered manager] is highly approachable, emotional and passionate [about the service provided]."
- The registered manager took care to recruit a suitable small team of staff who would get on well with the person to whom they provided care. They set up an individual chat group application on their mobile phones for each small team so they could share information with the registered manager, each other, with the person and their relatives. This promoted very good communication with all parties. A relative told us, "The manager also set up a [chat group] with care staff, myself and manager, which is fantastic, and we all are aware of what is happening and easy to remember the messages to follow up."
- Throughout the COVID-19 pandemic the provider and their team had worked with the public as they recognised elderly people were struggling with everyday tasks and many had become isolated as their loved ones were unable to visit them. Supported by local places of worship and voluntary organisations they reached out to people and provided a variety of voluntary services which had included shopping, collecting medicines and companionship.
- They used their skills to sign post and direct people to services. They offered support to some people whose first language was not English and were able to communicate with them in their preferred language. They travelled to specialist shops for them to obtain ingredients for meals which were not readily available at local shops.
- The service facilitated talks by experts in their field on a variety of topics which had included falls prevention, nutrition and hydration and financial support. They invited people who use the service, their relatives and the public. They then utilised this new knowledge to benefit people they provided a service to.

For example, following a talk on falls they had reviewed care plans and added further details. This included recognising the importance of nutrition and hydration in falls prevention.

- The registered manager described they were, "Carer (staff) centric" in their view of the team. They welcomed feedback and staff input. As part of team meetings they asked staff for their views on how they could improve their business.
- Staff spoke very positively about the support of the registered manager and felt valued as part of the team. Their comments included, "I was working in many different places but I have never had that helpful, open-minded and available 24/7 manager as I have here," and "I can honestly say that Visiting Angels is the most welcoming, client orientated, family like company. They have made me feel like I am part of a family, we always keep in contact with each other and if I have not spoken to anyone in the office, I always get a phone call just to check up on me and how I am getting on. I see a future and a career with Visiting Angels, that is something that I could never see with any other care company."

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 described how they would be open and transparent if an error or shortfall was made. They demonstrated they understood their duty of candour to people and their relatives.
- During monthly team meetings mistakes or near misses were discussed for the whole teams learning. They went through safeguarding adult scenarios to reinforce learning points and to refresh the procedures for care workers reference.

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

- There was a management structure, each manager had clear designated responsibilities and were accountable for their area of work. The management team met informally frequently and held weekly formal meetings to discuss what was working well, to plan, and to share ideas.
- The registered manager was very clear about their role in ensuring quality performance. They were enthusiastic and proactive in their approach. They made sure they were accessible to people, relatives and staff. They monitored staff performance closely through spot checks, calls to people and relatives and through supervision and competencies checks. A care worker told us, "As carers we are spot checked monthly with different clients. I had my supervision in the first month of employment. We have monthly [virtual] meetings to keep everyone connected and for the carers to discuss anything they would like to, issues, preventions, etc."
- The provider understood their role in promoting care worker good practice through recognition and reward. Care workers' contributions were acknowledged, and their outstanding work celebrated through "Angel of the month" staff recognition reward. This was awarded at team meetings and the good practice shared to inspire the staff team and promote a high standard of care.
- Checks of care worker's attendance and completion of records including daily notes and medicines administration records were undertaken in "real time" through electronic systems. Any concern was addressed immediately with the care staff and shared with the team to avoid a reoccurrence. People's care records and risk assessments were reviewed promptly in response to changing preferences and circumstances.

Working in partnership with others; Continuous learning and improving Care

- The provider had worked closely in partnership with health and social care professionals for the benefit of people who used their service. They had recognised when people might be able to develop their independence skills or have a better quality of life with professional advice and support.
- One health professional told us, "I liked Visiting Angels policy of trying to find health professions such as

our company and reaching out to meet us and find out more about us, so they could recommend to their clients. I thought it showed both good business sense and was proactive to be able to help clients in a timely way to find health professionals." Records kept demonstrated they worked also closely with community health professionals including GP and district nurses to provide health support and treatment in a timely manner.

- The management team had contacted local charities and had fund raised through sponsored walks, cake sales and had supported the NHS by delivering cakes to staff to boost their morale in the pandemic. They had facilitated social events including a party for older people. They had used those contacts with the local charities to supplement their own knowledge about relevant issues affecting people in their care. For example, they had become dementia champions and had updated their knowledge for the benefit of people using their service.