

Ardis Services Ltd

# Visiting Angels Warwickshire

## Inspection report

6 Ardent Court  
William James Way  
Henley-in-arden  
B95 5GF

Tel: 01564331242

Website: [www.visiting-angels.co.uk/northwarwickshire](http://www.visiting-angels.co.uk/northwarwickshire)

Date of inspection visit:  
03 November 2023

Date of publication:  
04 December 2023

## 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 Warwickshire is a community-based care provider that provides personal care to people living in their own homes. At the time of inspection, the registered manager told us they supported 16 people but not everyone received a regulated activity.

Three people were in receipt of the regulated activity of personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. People received care calls that were a minimum 1 hour in duration per call.

### People's experience of the 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 assessment 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 or support for 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.

### Right Support

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's freedom was not unnecessarily restricted, and people were not physically restrained. People's support was provided in their own homes that were assessed as safe, clean, equipped and maintained. Staff worked with people, their relatives and health and social care professionals to maintain people's overall health and wellbeing. Staff supported people to take their medicines safely and as prescribed.

### Right Care

People were supported by staff who arrived at preferred times, knew them well and were kind and attentive to their needs. People's safety and care needs were identified, their care was planned, and their needs were met. There was an approach to supporting people so their individual preferences and lifestyles were respected, whilst their safety needs were balanced with supportive risk management. Staff understood how to protect people from abuse and were confident the registered manager would take action to protect people, should this be required. Robust recruitment checks made sure staff were of suitable character to support people.

### Right Culture

We found there was a positive and person-centred culture at the service, which focused on meetings people's needs. A relative spoke positively about the service and staff team and written feedback from people showed they appreciated the support they received. This meant people received compassionate and empowering care that was tailored to their needs. The registered manager and provider regularly checked the quality of people's care and used their findings to improve the quality of the service and to take learning from incidents. The provider invested in staff and provided opportunities and financial incentives to staff to reward their individual efforts and commitment.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The service was registered with us on 04 November 2022 and this is their first inspection.

### Why we inspected

This was a planned inspection based on the date the service was first registered with the CQC.

### 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 Warwickshire

## **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 team consisted of 1 inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

The inspection was announced. We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 03 November 2023 and ended on 07 November 2023.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We reviewed information held in our systems as well as any notifications sent to us by the provider.

During the inspection

We spoke with 1 relative to get their experiences about the quality of care received. Two people were not able to speak with us, however one person had written feedback about the care they had received which we included in our judgements about the quality of care people received.

We spoke with three members of care staff, a deputy manager and the registered manager. We reviewed a range of records. These included examples of 2 people's care records, as well as associated records that included daily report logs and medicine administration records. We reviewed 2 staff recruitment files, policies and procedures and examples of quality assurance checks and meeting minutes.

# 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 and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff told us they knew what signs to look out for and what they would do to report poor practice. One staff member said, "I would make the client safe, call my manager. If nothing was done, I would go to the regional manager and report it as well as to the local authority and CQC."
- A relative told us they were confident their family member was safe because staff knew what levels of care were required at each care call.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risk management guidance was available to staff to refer to. Staff had this information within each care call, so they knew how to keep people safe from risk. We reviewed people's risk assessments and found staff had the information they needed.
- Staff understood how to manage risks. One staff member said, "[Person] is uneasy when showering, so we wait just outside to give them confidence. To help them mobilise, we make sure they have their walking frame."
- A relative said they were confident staff managed risks well. They had the right information and worked with their relative to enable them to do what they needed to do safely.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- A relative confirmed staff were usually the same and they had built up a good relationship with their family member. The relative said, "[Relative] gets on well with [staff name] and is sad to see them leave."
- A relative, a person and evidence gathered showed care calls were allocated to a consistent staff team and calls took place at people's preferred times.

Using medicines safely

- People were supported to receive their medicines safely.
- The registered manager completed regular checks to ensure medicines were given safely and as prescribed.
- Staff were trained and assessed as competency to administer medicines safely.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Accidents and incidents were reviewed regularly so any patterns or trends to help prevent similar incidents from reoccurring.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- Each care plan we reviewed showed assessments were completed, with the person and family to ensure people's needs and preferences were considered and supported.
- One relative told us they met the registered manager, discussed what was required and they were involved in the completion of the care plan.
- Staff conversations showed they knew people's individual choices and how they wanted their care provided in a personalised way.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff told us they received training in a variety of topics including safeguarding, dementia and moving and handling. One staff member said, "I did lots of training, it was very good and gave me confidence."
- The registered manager told us they completed observed staff practice and on the spot checks to ensure staff applied their training correctly.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Staff knew how to prepare people's meals and drinks in line with people's preferences.
- A relative said they helped prepared some meals and staff were able to heat them up or to give them to their family member during specific care calls.
- Staff told us it was important to leave people with fluids during the day and night.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- The registered manager planned care calls in line with people's preferred times and the staff team who supported people were consistent, meaning they knew the people they supported.
- A relative said good relationships had been built because the same staff supported their family member.

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

- People were supported to live healthier lives, access healthcare services and support.

- Staff supported people to access health appointments. One relative told us how staff took their family member to a hospital appointment.

#### 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked within the remit of the Mental Capacity Act and understood the importance of gaining consent from people related to supporting them with personal care, for example.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported.
- Staff told us they treated people respectfully and as individuals. Staff knew people's routines and over time had got to know what things people liked. This helped build professional relationships.
- A relative said their family member was very fond of those staff who supported them. This relative said how the right staff had been matched extremely well.

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

- People were supported to express their views and make decisions about their care.
- People's individual preferences and routines were documented and known to staff. Reviews and checks of the quality of care were completed with people and relatives' involvement.
- If people needed additional or to cancel planned calls, this was facilitated. If people needed more time, staff told us they were given the extra time. One staff member told us they had recently done this because they did not want to rush the person. They had time to do this without it affecting the next call.
- The registered manager showed us one person's written feedback, explaining how the support this person received improved their overall health and wellbeing. One comment the person made was, "It is evident that they (staff) want to be in my home, looking after & getting to know me whilst helping me to live the best way that I can."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff understood the importance of promoting people's privacy and dignity. One staff member said, "I make sure curtains closed and doors shut, I might have a privacy towel so I can cover them up once I have finished. Another staff member said it was important to ask people if they wanted to do things themselves – to help with dignity and privacy as well as maintaining the person's independence.
- A relative said they were asked about the gender of care staff and their choice was respected. This relative also told us, "Staff hit the right tone between support and independence, which helped [Person] maintain their privacy and dignity."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- Staff had the right information and knowledge to provide care to people in their preferred way. Information in the persons home guided staff on what to do and how to do it at each care call.
- A relative told us staff did exactly what was asked and because the staff team were consistent, they were confident to know what was required.
- At our visit we identified 1 care plan required further information. After our visit, the registered manager sent us an updated plan that captured the information that would help staff continue to provide the right support.

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.

- The provider was meeting the Accessible Information Information.
- People's communication needs were understood and supported. If people needed alternative languages or larger print documents, this could be provided.

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

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- In addition to providing personal care, staff also provided companionship calls to people to help reduce social isolation. One relative said their family member was lonely and really appreciated the time staff spent with them.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- The service had a complaints policy and people had information telling them how to complain if they were not satisfied.
- A relative told us they knew how to complain but said how pleased they were with the service and support provided to them.

- At the time of this inspection, the service had not received any complaints since their registration with us.

#### End of life care and support

- The service did not support anyone at end of life at the time of our visit. The registered manager said this could be provided and the service would work with the person and family to meet their wishes.

# 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

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- A programme of checks was regularly completed, for example around medicines, incidents, daily records and care calls to ensure people continued to receive a service they were pleased with.

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 provider understood their responsibilities under the duty of candour.
- The registered manager's approach was if anything had gone wrong, anyone affected would be informed and solutions would be put in place.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Staff knew their responsibilities and what was required from them.
- Staff told us they enjoyed working with at the service. Staff were complimentary of the training; the support they got and it was a good company to work for.
- The registered manager showed us how they rewarded staff and provided opportunities for new and existing staff to help with pay and benefits.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- The registered manager sought feedback from people and their relatives. The registered manager told us and records showed, they acted upon feedback where any improvements or changes were required. Feedback from people and a relative to us was very positive and complimentary of the care provided.
- The registered manager held supervisions and spot checks on staff practice to check they supported people correctly.

#### Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The registered manager was supported by internal management and regular checks helped ensure expected standards were maintained. The registered manager said any learning identified across the providers other locations was shared.

#### Working in partnership with others

- The provider worked in partnership with others.
- In 1 example, the registered manager told us how they supported one person with seeking specialist support. Staff supported people to GP and hospital appointments where necessary.
- The registered manager had formed local links with Warwickshire Fire Service, a local school and local charities. Community links helped keep people connected with local churches, events and local groups to help reduce maintain social contact.
- A relative said they worked well with the registered manager, especially at the start when the care package was being considered. The relative said, "The registered manager asked lots of questions - they listened to us. It was a conversation and it didn't feel like a quiz or a tick sheet."