Visiting Angelz
Housing Support Service

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Type of inspection:
Unannounced

Completed on:
15 October 2024

Service provided by:
Angela Magee trading as Visiting Angelz

Service provider number:
SP2009974065

Service no:
CS2010270240

About the service

Visiting Angelz have a combined registration with the Care Inspectorate for both care at home and housing support. Care and support is offered between the hours of 07:00 and 22:00 over 7 days a week.

The service operates within the Renfrewshire area and covers towns such as Erskine, Paisley and Johnstone.

Visiting Angelz are based in an easy access office space in the centre of Paisley.

At the time of inspection the service was supporting 70 people.

About the inspection

This was an unannounced inspection which took place on 9, 10 and 11 October 2024 between the times of 08:00 and 18:30. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 20 people using the service, nine of their family, and had a further 17 responses to questionnaires
- spoke with 12 staff and management, and had a further 13 responses to questionnaires
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals and had a further four responses to questionnaires.

Key messages

- The provider, and staff team, showed care and compassion for people.
- Staff knew people well and relationships were positive between them.
- Quality assurance was not carried out effectively. This meant that health and well being concerns for people were not always recognised.
- Training for new and existing staff was insufficient and out of date. This placed people who were supported at risk.
- Personal plans did not contain enough information about people's needs for staff to carry out safe and effective support.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People's health and wellbeing did benefit from the care and support provided by the service, and staff that we observed presented in a professional manner. They were respectful, friendly and showed warmth to people, and people really enjoyed their visits. It was good to see that staff made time to have meaningful conversations with people, and this helped people relax and feel comfortable.

People told us that they valued their support from Visiting Angelz. They felt that support staff knew their likes and dislikes well, and appreciated the reliable service. They told us they had "really positive relationships" with staff, and several people told us that they "couldn't cope without them". Relatives we spoke with told us that staff were "a breath of fresh air" to their loved ones and that they were always "respectful and spent quality time" with them. We were told that they had made a "real difference" to their loved ones, and their, lives, and they looked forward to the visits each day.

Some people required support with the administration of medication and we could not find any details of this in their personal plans. When medication was administered there was no system in place to show what dose should be given, how often or at what time of day. This lack of information was unsafe and placed people at risk of harm. To ensure safe administration of medications, and to keep people safe there must be a system used that shows people are receiving medication as prescribed, and that it's the right medication at the right time. Recording systems should be robust and staff observations should be carried out for medication administration to ensure knowledge and practice competency. There should also be audits carried out for medication processes, and effective oversight by senior staff (see requirement 1).

We spoke with external health professionals, such as social workers and health practitioners, and they told us that the service made relevant referrals to them. Managers also contacted them to share information when it was required. Health professionals were confident that staff acted upon their advice and guidance.

There was communication with families and social workers about people's changing needs and support. However, there was poor communication between both staff and management about the changing needs of people. When information is not shared or updated about peoples health or declining health this places people at risk and could impact poorly on their wellbeing (see area for improvement 1).

Requirements

1. By 20 January 2025, the provider must ensure people receive the right medication at the right time, and that a robust system is implemented for recording all medication that is administered by staff. The level of support a person needs with medication must be clearly recorded in personal plans, and records of medication administered completed accurately.

This is in order to comply with Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:
'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

Areas for improvement

1. To ensure people receive appropriate and safe care the provider should ensure that there are effective, timely, open and transparent communication methods in place between management and staff when people's' needs change.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:
'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership? 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

The service had an improvement plan in place which had only recently been developed and had not been implemented. There was insufficient detail in the plan to demonstrate the impact of any planned improvements.

Robust quality assurance systems are required to identify and implement improvements in any service, and they are more effective if recognised through self evaluation. We signposted the management team to our good practice guidance on self evaluation which should support them moving forward. https://hub.careinspectorate.com/resources/quality-frameworks-and-kq7s/). There was very little evidence of quality assurance systems in the service, which we discussed in detail with the management team (see requirement 1).

People being supported, and families, told us that they were clear about how to make complaints or raise concerns, and that they felt they would be listened to. No formal feedback had been sought from people supported or their families and this meant the service was unable to use their views to guide improvements across the service (see area for improvement 1).

There were occasions when senior staff went out to people's homes with support workers and most people we spoke to enjoyed this. During these visits there should be a process in place where staff practice is observed and recorded by senior staff. A requirement was made at the last inspection of the service which said that training must include evidence of regular observations and competency assurances of staff. (for action taken please see, what the service has done to meet any requirements made at or since the last inspection). Outcomes and learning needs identified from observations of practice should be discussed between seniors and staff. This would ensure that people could be confident they were being supported by skilled and competent staff.

We were shown details of supervision that had recently taken place with staff. This was of a good standard and gave staff an opportunity to discuss or raise concerns, as well as reflect on their practice.

Policies and procedures in the service need to be further developed by the manager/provider. There was a lack of clarity within some of the policies we viewed, in particular around recruitment, quality assurance and service user/staff finances. Staff not having clear guidance to follow could place both people being supported, and staff, at risk.

We viewed recruitment files and had discussion with the manager/provider about these. Overall, the proformas used were not aligning with safer recruitment guidance. They were missing a lot of required information, for example: who carried out the interviews, who was providing references or verifying them. There was also no question on application forms asking about any gaps in employment that could be discussed at interview. It is important that employers have knowledge of gaps in employment to ensure safer recruitment and the safety of people using the service. Some elements of 'Safer recruitment through better recruitment' had been followed, however we could not be not confident that there was no risk in the recruitment process. A comprehensive policy and procedures must be developed that will ensure recruitment and selection is safe (see requirement 2).

Right to work checks had not been completed in line with Home Office guidance; overseas workers with student status or "right to remain" had not been identity checked using the correct process. During discussion the manager told us she was not fully aware of relevant Home Office guidance; Employers Guide to Right to Work Checks (see requirement 2).

We spoke with staff about the managers of the service. Most told us that they felt comfortable in approaching the manager or senior carers to discuss any personal needs or changes. They felt they were understanding and would do what they could to resolve any concerns.

Requirements

1. By 20 January 2025, the provider must ensure that there are robust quality assurance systems in place. They must be carried out competently and effectively, and in a manner which achieves improvements in the provisions of the service.

To do this the provider must ensure:
a) Routine and regular management audits are being completed across all areas of the service being provided.
b) Internal quality assurance systems effectively identify any issue which may have a negative impact on the health and welfare of people supported.
c) Clear action plans with timescales are devised where deficits and/or areas for improvement have been identified.
d) Action plans are regularly reviewed and signed off as complete once achieved by the appropriate person.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:
'I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. By 20 January 2025, the provider must ensure that people using the service are kept safe and not at risk by implementing and completing safer recruitment processes in compliance with their legal responsibilities.

To do this, the provider must ensure, at a minimum:
a) Recruitment processes follow good practice guidance from the Scottish Social Services Council (SSSC) and the Care Inspectorates' Safer Recruitment Through Better Recruitment, September 2023.

b) Right to Work checks are completed in line with Home Office guidelines (https://www.gov.uk/uk-visa-sponsorship-employers).

c) That they demonstrate an understanding of the potential risks to people caused by not following safe recruitment practice.

This is to comply with Regulation 9(1) (Fitness of Employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:
'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 3.14).

Areas for improvement

1. The provider should ensure that people, their closest relatives and staff are able to participate and be involved in feedback about the service. The provider should then act on the feedback and be transparent about actions taken.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:
'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

How good is our staff team? 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Staff we spoke with all told us that they had completed Moving and Assisting training recently, however we were unable to see any other significant training that had taken place. For those staff new to the service there was basic training on Infection Prevention and Control, Moving and Assisting and Adult Support and Protection. However, the Adult Support and Protection training was not aligned to Scottish legislation. We discussed this with the training manager and they then took action by "buying In" the correct training from external sources. The plan for training hadn't been updated for a long time, and as such it was difficult for them to recognise when updated training may be needed in order to provide the best care for people. There was little mention to staff of Scottish Social Services Council (SSSC) codes of practice and their importance to inform good care and support.

Staff meetings are often a chance for leaders to feed into the team any new practice guidance, discuss challenging areas and give updates that need to be shared about people's care. Team meetings had not been held often or regularly and this meant staff did not get opportunities to discuss best practice or consolidate knowledge.

Staff should be consulted around the training that they need and what would benefit them in their work. This would help provide an effective training analysis for the service and individual staff. The training plan and records we saw were incomplete and held in a format that did not show any priorities. It gave management no information on what training had been achieved by staff, or what was still outstanding.

There was an induction procedure in place for staff, however it was not robust. Staff were not signed of as competent (by a senior person) in areas of care at the end of the induction period. There was a requirement made at the last inspection around training for staff (for action taken please see, what the service has done to meet any requirements made at or since the last inspection). Some areas were met and others were not. We have incorporated outstanding elements of requirements and areas for improvement into a new requirement (see requirement 1).

Staff shared concerns with us that when their support runs were arranged there was no time built in for moving from one person's home to another. When staff are having to rush between peoples homes it impacts on the care and support they can give. Managers should look at building in transport times between visits when providing staff duty rotas.

Staffing arrangements are relatively stable in the service, and those staff that we observed and spoke with seemed to work well together. Staff were supportive of each other in our discussions with them. There were several long-standing staff in post, and their overall opinion was that it's a good service to work for, and they are good employers.

Feedback from people using the service was that staff were great, and they were always pleased to see them. They preferred when it was the same team of people that supported them but did say that even when it was someone new to them, they felt that they got the same good service.

Requirements

1. By 20 January 2025, the provider must ensure all staff are provided with appropriate resources and training to allow them to develop the skills necessary to undertake their role safely.

To do this, the provider must, at a minimum ensure:
a) All staff receive essential training. This should include, but not be limited to Moving and Assisting, Adult Support and Prevention, Dementia, and Infection Prevention and Control.
b) A training needs analysis is carried out and takes into account what staff identify as important training to them.
c) Accurate and up to date records are held of staff training for all staff employed in the service, including management.
d) A robust induction process is provided for all new staff. This should include evidence of competence assessment and sign off.
e) Medication training and competence assessment must be undertaken by all staff who may administer medications.

This is to comply with Sections (7) and (8) of The Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:
'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

How well is our care and support planned? 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Personal plans that were written in the service were basic documents. They were rarely available in people's homes which meant that people had very little access to them. They contained little information in them other than relevant contacts and the person's daily routine. Those that we did see had not been updated for some time. We know that people's needs change and this must be reflected in the personal plan, otherwise support staff do not have the right information and may not provide the full or correct support needed.

Risk assessments should be carried out for people being supported. These apply to support being received, such as with mobility aids, medications and skin/pressure sores. They explain what the risk may be, how to minimise these and how to keep people and staff safe. There were no risk assessments available in personal plans. We observed staff using equipment to move people, however we could not see evidence that risk assessments had been carried out or recorded. This meant that staff were not always aware of the safest way to support someone or use their equipment. This gave us concerns that people were at high risk of injury. There was an area for improvement regarding personal plans and risk assessments made at the last inspection, this was not met and it has now been incorporated into this requirement (see requirement 1).

Staff could access updates on personal plans in their electronic Web Roster. However, we could not be confident that staff were reading these for updates before going to provide support.

We saw no multi-disciplinary professional involvement in the personal plan, or within the review process. Care reviews did take place six monthly, however changes in care needs were not always shared as they should be. We saw a few copies of reviews that had been written, however the information gathered at the review was not widely shared with staff. This meant that staff were seldom aware of the changes in care and support needs. This could impact on the safety and wellbeing of people receiving support (see requirement 1).

People receiving support (and their closest loved ones) should always be consulted when preparing a personal plan. Some people, and relatives, we spoke with told us they had been involved in preparing their personal plan, but others told us they had not been consulted. This was a risk that could lead to the wrong information in personal plans. It meant that personal desired outcomes and wishes were not recorded as the person wanted them to be (see requirement 1).

We did receive positive feedback from external health professionals who told us they were satisfied that the service contacted them when needed, and they were complimentary about the service.

Requirements

1. By 20 January 2025, the provider must ensure that each person's personal plan and daily recordings reflect their current individual care and support needs.

To do this, the provider must, at a minimum ensure:
a) Documentation is sufficiently detailed and reflects the care and support planned or provided. Any changes to personal plans should be clearly documented.

b) Personal plans must be evaluated to ensure the care and support remains relevant and is effective.

c) Risk assessments should be used correctly and be present in personal plans.

d) Processes should ensure all personal plans and care are reviewed at a six-month interval, or earlier if a significant change in need occurs.

e) Personal plans and daily recordings are outcome focused, and written in a person-centred manner. They must include people's choices, and who is important to them.

f) Conversations with families, professionals and significant others are included in daily recordings with clear evidence that people are being kept informed of key events.

This is to comply with Regulation 5 (1) and (2) (a) (b) (ii) and (iii) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:
'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSC 1.15).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 30 September 2022, the provider must ensure all staff have access to regular planned mandatory, refresher and infection prevention and control (IPC) training.

This is to ensure staff have the correct knowledge, skills, and qualifications for their roles. Training must include evidence of regular observations and competency assurances of staff. The provider must formulate a plan to inform statutory training required for staff who need to comply with Scottish Social Services Council (SSSC) conditions of registration.

This is in order to comply with: Regulation 15(a) Staffing of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:
'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSC 3.14) and 'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13).

This requirement was made on 26 April 2022.

Action taken on previous requirement

We were able to view training records for staff and we saw no regular planned mandatory or refresher infection prevention and control (IPC) training for staff. Some staff told us they had completed online training for IPC, but they could not be sure when this had taken place. Staff had occasionally been observed by senior staff when providing support, however there was no focus on IPC at these times. There were no plans in place regarding statutory training required for staff who need to comply with Scottish Social Services Council (SSSC) conditions of registration.

Some parts of this requirement have been met, and a new requirement has been made to address those areas still outstanding. It has now been re written and updated, and is included in this report in "How good is our staff team".

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service should continue to review and improve people's care and support plans to ensure they are complete. For example, care plans need to include information and evidence of risk assessments for:
- medication management,
- moving and assisting with safe working practices,
- environmental, general, and specific risk assessments and
- individual's legal status such as end of life care choices (DNACPR),
- power of attorney (POA) and if an adult with incapacity (AWI).

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:
'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1.15), and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 26 April 2022.

Action taken since then

We viewed people's personal plans and saw that the service had not updated personal plans in the way that they should. There were still large gaps in risk assessments as well as personal plan information.

This area for improvement is no longer in place and has been incorporated into a new requirement under Key Question 5- How well is our care and support planned.

Previous area for improvement 2

The service should review the current guidance around notifications to the Care Inspectorate to ensure they are conforming to the document 'Records that all registered care services (except childminding) must keep and guidance on notification reporting.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:
'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 26 April 2022.

Action taken since then

We viewed incidents and other notifiable events that had taken place in the service. We were able to compare these to the notifications received by us. In doing this we saw that notifications were up to date and the service was following current guidance.

This area for improvement has been met.

Previous area for improvement 3

The management team should ensure that staff use PPE in accordance with current guidance and best practice.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:
'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

This area for improvement was made on 26 April 2022.

Action taken since then

We observed staff throughout the inspection and saw that they were using Personal Protective Equipment (PPE) in accordance with current guidance and best practice.

This area for improvement has been met.

Previous area for improvement 4

The provider should ensure people benefit from a service which develops quality assurance management systems for all aspects of the service. Management should ensure information is gathered from audits, meetings and surveys and used to improve practice. Examples of quality assurance systems and audits should include for example:
- visions and aims
- roles and responsibilities
- key policies and procedures
- staffing, recruitment, supervisions, observations, and appraisals
- staff training internal and external
- service delivery and review
- internal and external audits
- participation, involvement, and feedback

- information management and archiving.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:
'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 26 April 2022.

Action taken since then

We had discussions with the management team and viewed documents, however we saw that the service had not developed the effective quality assurance systems that were required.

This area for improvement is no longer in place and has been incorporated into a new requirement under Key Question 2 How good is our leadership.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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