

## Visiting Angelz Housing Support Service

Suite 1008 Mile End Mill 12 Seedhill road Paisley PA1 1JS

Telephone: 0141 8125232

## Type of inspection:

Announced (short notice)

#### Completed on:

5 May 2025

## Service provided by:

Angela Magee trading as Visiting Angelz

#### Service no:

CS2010270240

Service provider number:

SP2009974065



## Inspection report

## About the service

Visiting Angelz have a combined registration with the Care Inspectorate for both care at home and housing support.

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.

## About the inspection

The focus of this inspection was to look at progress in responding to a requirement which was made on 27 January 2025 following a complaint investigation by the Care Inspectorate.

To follow up this requirement we contacted the owner/manager, reviewed the action plan submitted by the service and the supporting documentation and evidence.

## Key messages

The service had made progress, we found the requirement made following a complaint investigation had been met.

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

## Requirements

#### Requirement 1

By 28 February 2025, the provider must ensure people's health needs are met. To do this, the provider must at a minimum ensure:

- a) prompt medical advice is sought when there has been any accident/incident which has caused a change to an individual's normal presentation
- b) protocols and training are made available to staff regarding the escalation of concerns and obtaining medical advice following an accident/incident.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

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

This requirement was made on 27 January 2025.

#### Action taken on previous requirement

Following our complaint investigation, the service submitted an action plan to the Care Inspectorate.

Since this requirement was made, the service has sourced further training on moving and assistance, adult support and protection, and medication administration. All staff have completed these training courses.

Staff have also received further guidance on how to manage accidents/incidents, and any concerns regarding an individual's presentation/medical concerns, such as pain management.

Plans are also in place for staff and supervisors to undertake further SVQ training during 2025.

A new software system went live in November 2024. This has improved the communication between staff and managers/supervisors.

Met - within timescales

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#### Requirement 2

By 31 May 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).

This requirement was made originally made on 11 October 2024, the timescale for completion was extended on 28 February 2025.

This requirement was made on 28 February 2025.

#### Action taken on previous requirement

This requirement has been extended until 31 May 2025.

Not assessed at this inspection

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 manager should implement an effective system to ensure notification as set out in the document entitled, "Records that all registered care services (except childminding) must keep and guidance on notification reporting". This includes making sure notifications are submitted within the expected timeframe.

This is to ensure care and support is consistent with Health and Social Care Standard 4.23: I use a service and organisation that are well led and managed.

This area for improvement was made on 27 January 2025.

#### Action taken since then

This area for improvement was not assessed at this time.

#### Previous area for improvement 2

To ensure that risks to people's health and wellbeing are reduced, the provider should ensure control measures are in place to reduce the likelihood of harm as far as possible. This includes the development of robust risk assessments in line with the Health and Safety Executive (HSE) guidance. Risk assessments should be made available to staff providing support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event (HSCS 4.14) and My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 28 February 2025.

#### Action taken since then

This area for improvement was not assessed at this time.

#### Previous area for improvement 3

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).

This area for improvement was made on 11 October 2024.

#### Action taken since then

This area for improvement was not assessed at this time.

## Complaints

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

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