

 MOCK INSPECTION REPORT	
Registered Location & Address:	Visiting Angels Manchester South, Suite 2, Ashfield House, Ashfield Road, Cheadle, SK8 1BB
Registered Provider Name:	Manchester Roses Homecare Limited
Registered Manager Name:	Matthew Hartley (awaiting registration)
Nominated Individual Name:	Miss Elmira Khoshrouz
Dates of Site Visit & Report Writing:	5 th July 2024
Verbal Feedback Given:	N/A
Date of Feedback:	N/A
Date Report Shared:	29 th August 2024

CQC Scoring Percentages			
INADEQUATE 25% - 38%	REQUIRES IMPROVEMENT 39% - 62%	GOOD 63% - 87%	OUTSTANDING > 87%

Kata Care Rating Overview			
Key Questions	Score	%	Rating
SAFE	13.58/28	48.51	R/I
EFFECTIVE	13.50/20	67.5	Good
CARING	6/8	75	Good
RESPONSIVE	11.60/16	72.50	Good
WELL-LED	13.67/20	68.33	Good
OVERALL RATING	Good		

Safe maximum score has been reduced from **32** to **28** as we did not review **Maintaining safe environments** quality statement.

Effective maximum score has been reduced from **24** to **20** as we did not review **How staff teams and services work together**.

Caring maximum score has been reduced from **20 to 8** as we did not review ***Treating People as Individuals, Responding to peoples Immediate needs and Workforce well-being and enablement.***

Responsive maximum score as been reduced from **28 to 16** as we did not review ***Equity in Access, Equity in experience and Outcomes and Planning for the future.***

Well-led maximum score has been reduced from **32 to 20** as we did not review ***Governance management and sustainability, workforce equality diversity and inclusion and Environmental sustainability.***

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Introduction to the Service, Methodology & Evidence Gathered

Kata Care was commissioned by Visiting Angels Manchester South to conduct a quality audit of the service, which is registered with the Care Quality Commission (CQC) to provide the regulated activity of personal care in peoples own homes. At the time of the service review there were 9 service users 2 of which were in receipt of personal care. The service has a manager in post who has submitted their CQC registration and Nominated Individual, in post.

The CQC's website currently states: "This service was registered by CQC on 18 August 2023. New services are assessed to check they are likely to be safe, effective, caring, responsive, and well-led."

This visit was announced to the service at the request of the provider.

This report will not identify any persons. Kata Care aims to reduce the risk of any personal identifiers when describing examples of any findings.

The auditor used the following methodology and sources of evidence to make their judgment:

- Kata Care scoring framework in line with CQCs sector guidelines.
- A review of the environment internally and externally. Including but not limited to records, risk assessments and legal checks / testing such as gas and fire.
- A review of service records including and not limited to deployment of staff, staff training, staff recruitment and care records.
- Discussions with people who live in the service, staff, and visitors.
- Observations of staff interactions with people and visitors.
- A review of systems and processes to determine and develop quality including records not limited to: Policies, procedures, guidance, investigations, auditing, and governance systems.

Brief Summary of Service Strengths, Including Areas of Best Practice

- The office location is accessible to people with a physical impairment and centrally located.
- There are systems and processes in place.
- Policies are reviewed frequently and accessible to staff at all times.

Brief Summary of Concerns, Areas for Development and Recommendations

- Alerts are not always recorded as being actioned in a timely manner.
- The training matrix did not contain any information for the staff working within the service or the current management team.
- Risk assessments and risk management plans are not always in place on the Birdie system.
- Mental Capacity is reviewed and updated on the care planning system

There are more details within the main body of this report in the relevant sections and added actions to the advised actions at the end of this report.

Audit Findings

For the below sections, the following scoring criteria will be used:

Scoring Criteria			
1 = Evidence shows significant shortfalls	2 = Evidence shows some shortfalls	3 = Evidence shows a good standard	4 = Evidence shows an exceptional standard

Find out [what we look at when we assess these](#) and [How we calculate these scores](#).

*Regulations: * = To be considered*

SAFE

SAFE – People are protected from abuse and avoidable harm			
Rating	Score	%	Total possible score for SAFE: 28 (32)
Requires Improvement	13.58	48.51	

Learning Culture				Score (1-4):	3
We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
<ul style="list-style-type: none"> - 12: Safe care and treatment - 16: Receiving and acting on complaints - 17: Good governance - 20: Duty of candour 	<ul style="list-style-type: none"> - Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care 	<ul style="list-style-type: none"> - Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing 	N/A	N/A	<ul style="list-style-type: none"> - Duty of candour records - Evidence of learning and improvement - Incident, near misses and events records
<p>The manager is new to post they are fully aware of the auditing process required and that a robust auditing process is required to be put into place and embedded.</p> <p>There have been no reported incidents or accidents during the time the service has been registered. The manager was confidently able to explain the lessons learned process and how they would learn from analysis and any reoccurring trends or themes identified and produce reports to ensure that trends and themes do not reoccur wherever possible.</p>					

Safe Systems, Pathways and Transitions				Score (1-4):	2
We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored, and assured. We ensure continuity of care, including when people move between different services.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
<ul style="list-style-type: none"> - 9: Person-centred care - 12: Safe care and treatment - 17: Good governance 	<ul style="list-style-type: none"> - Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care 	<ul style="list-style-type: none"> - Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing 	<ul style="list-style-type: none"> - Commissioners and other system partners - Health and care professionals working in or with the service 	N/A	<ul style="list-style-type: none"> - People's care records or clinical records - Records of referral, transfer, and transition of care
<p>There is an overarching auditing process in place as to which there have been no complaints, safeguarding alerts or accidents and incidents at the time of the quality review.</p> <p>The manager is aware of the policies and systems and processes that are required to be in place and followed.</p> <p>Although initial assessments are being completed for people wanting to use the service, these do not contain personalised details surrounding health conditions to include diagnosis of a dementia.</p> <p>Alerts are set on the electronic care planning system there is no formal audit of trends and themes, or robust actions taken at the time of the review. We saw that calls are sometimes being attended over 30 minutes late, on occasions alerts were actioned over 4 hours after the visit should have taken place.</p>					

Safeguarding				Score (1-4):	1.25
We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect. We make sure we share concerns quickly and appropriately.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
<ul style="list-style-type: none"> - 9: Person-centred care* - 10: Dignity and respect - 11: Need for consent - 12: Safe care and treatment - 13: Safeguarding service users from abuse and improper treatment - 17: Good governance* - 20: Duty of candour* 	<ul style="list-style-type: none"> - Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care 	<ul style="list-style-type: none"> - Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing 	<ul style="list-style-type: none"> - Commissioners and other system partners - Health and care professionals working in or with the service 	<ul style="list-style-type: none"> - Staff practice (including how they deliver care, staff culture and behaviours) 	<ul style="list-style-type: none"> - People's care records or clinical records - DoLS and Court of Protection (POA) records - Mental Capacity Act records and training - Safeguarding policy, records, and training
<p>There have been no reported or logged safeguarding alerts since the registration of the service.</p> <p>We reviewed the care notes and did not identify any safeguarding concerns or unreported accidents or incidents.</p> <p>There is only one member of staff working for the service at the time of review they on the training matrix viewed we did not see that the branch manager, Nominated Individual or the staff member had a date of completion for their mandatory training included on the training matrix. We did look on the electronic system and saw that the staff member and manager has completed safeguarding training, it has not been documented on the system or on the matrix as to whether the nominated individual has completed safeguarding training.</p> <p>Evidence that people are completing care visits that do not document or evidence safeguarding training is a potential breach in the regulations.</p> <p>We did not speak to people working within the service surrounding safeguarding as they requested an email instead of a telephone conversation.</p>					

Involving People to Manage Risk				Score (1-4):	2
We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
<ul style="list-style-type: none"> - 9: Person-centred care - 10: Dignity and respect* - 11: Need for consent - 12: Safe care and treatment 	<ul style="list-style-type: none"> - Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care 	<ul style="list-style-type: none"> - Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing 	N/A	<ul style="list-style-type: none"> - Staff practice (including how they deliver care, staff culture and behaviours) - Equipment - The care environment 	<ul style="list-style-type: none"> - People's care records or clinical records - DoLS and Court of Protection (POA) records - Arrangements to respond to emergencies - Identify people in need of urgent medical treatment - Records of restrictive practice
<p>We viewed peoples risk management plans on the electronic care planning system 'Birdie' we saw that risk assessments in place were not always detailed to safely support staff to provide support for people using the service. One person had a diagnosis of a dementia this was not stated throughout the care planning or medical risk assessments.</p> <p>When looking at the initial assessments surrounding the environment risk to staff who are carrying out lone working were not documented.</p>					

Safe Environments				Score (1-4):	N/A
We detect and control potential risks in the care environment. We make sure that the equipment, facilities, and technology support the delivery of safe care.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
<ul style="list-style-type: none"> - 12: Safe care and treatment - 15: Premises and equipment - 17: Good governance 	<ul style="list-style-type: none"> - Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care 	<ul style="list-style-type: none"> - Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing 	N/A	<ul style="list-style-type: none"> - Staff practice (including how they deliver care, staff culture and behaviours) - Equipment - The care environment 	<ul style="list-style-type: none"> - Business continuity plans (including in response to extreme weather events) - Environmental risk assessment - Equipment maintenance and calibration records - Health and safety risk assessments - Infection prevention and control audit and action plans
We did not review this section at the time of the audit.					

Safe and Effective Staffing				Score (1-4):	1.67
We make sure there are enough qualified, skilled, and experienced people, who receive effective support, supervision, and development. They work together effectively to provide safe care that meets people's individual needs.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
<ul style="list-style-type: none"> - 12: Safe care and treatment - 18: Staffing - 19: Fit and proper persons employed 	<ul style="list-style-type: none"> - Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care 	<ul style="list-style-type: none"> - Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing 	N/A	<ul style="list-style-type: none"> - Staff practice (including how they deliver care, staff culture and behaviours) 	<ul style="list-style-type: none"> - appraisal and supervision records - recruitment records - staff vacancy and turnover rate - staffing and staff skill mix records - training in comms with people with a learning disability and autistic people - training, development, and competency records
<p>The staff files were viewed on the electronic system, we saw that not all training had been documented for people who are delivering care and support. We could not identify that staff are in receipt of COSHH, Fire and Infection Control Mandatory training for example. It is regulation that staff receive mandatory training units prior to completing any care and support for people.</p> <p>Upon looking at one person's staff file we did not see that the references have been verified and that their proof of address was not documented on the staff file system. Upon looking at another staff file there were 4 references all verbally verified, there was proof of DBS and driving checks, there was no information uploaded to evidence that proof of address had been obtained.</p> <p>Staff had contracts in place and a full job description recorded alongside expiry dates of when identification expires.</p> <p>One staff comment stated "Amazing company to work for! Very professional and well-run company. Both [name] and [name] make it as easy and as comfortable as possible to integrate into the team. They are both very helpful and always encourage and promote good working practices to ensure staff and clients are happy.</p>					

Infection, Prevention, and Control				Score (1-4):	1.67
We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
<ul style="list-style-type: none"> - 12: Safe care and treatment - 15: Premises and equipment - 17: Good governance 	<ul style="list-style-type: none"> - Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care 	<ul style="list-style-type: none"> - Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing 	N/A	<ul style="list-style-type: none"> - Staff practice (including how they deliver care, staff culture and behaviours) - Equipment - The care environment 	<ul style="list-style-type: none"> - Infection prevention and control policy
<p>There is an infection control policy in place which staff have access to.</p> <p>Upon viewing the electronic system and the training matrix we could not confirm that staff are in receipt of Infection Control training.</p> <p>Staff receive onsite observations to ensure that they are using personal protective equipment correctly, staff have access to PPE when required they can collect directly from the office, or the management team will deliver to the caregiver.</p>					

Medicines Optimisation				Score (1-4):	2
We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
<ul style="list-style-type: none"> - 9: Person-centred care - 11: Need for consent - 12: Safe care and treatment 	<ul style="list-style-type: none"> - Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care 	<ul style="list-style-type: none"> - Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing 	N/A	<ul style="list-style-type: none"> - Staff practice (including how they deliver care, staff culture and behaviours) - Equipment - The care environment 	<ul style="list-style-type: none"> - Administering and dispensing medicines - Medicines audits and action plans - Medicines reviews - PRN protocols - People's care records or clinical records
<p>Staff receive training in medication administration which is to be refreshed annually. There is a medication policy in place.</p> <p>We looked at two people's medication records.</p> <p>One person has refused medication for a weekly patch to be applied the application of this has been refused we saw that there were no notes on the system of advise obtained from a health professional of the impact of refusal of this medication.</p> <p>Another person is in receipt of PRN medicated topical cream upon viewing the PRN protocol this was not completed in its entirety to give staff clear instruction of when to apply and when to contact a health professional. In retrospect this medication has not been applied however, the details are required to be available for the staff team in the instance of application being required.</p>					

EFFECTIVE

EFFECTIVE – People’s care, treatment and support achieve good outcomes, promote a good quality of life, and are based on the best available evidence			
Rating	Score	%	Total possible score for EFFECTIVE: 20 (24)
Good	13.50	67.5	

Assessing Needs				Score (1-4):	2.50
We maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, well-being, and communication needs with them.					
Regulations	People’s Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
- 9: Person-centred care - 10: Dignity and respect* - 11: Need for consent* - 12: Safe care and treatment - 17: Good governance*	- Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care	- Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing	N/A	N/A	- Assessments and records of meeting needs under the Equality Act 2010 - Assessments and or best interest decisions under the MCA - Clinical tools to assess pain and monitor risk - People’s care records or clinical records
<p>People receive a initial assessment prior to starting with the service upon viewing the records for one person we saw the answer ‘don’t know’ surrounding mental capacity and ‘don’t know’ if there is a DNACPR in place it would be recommended that this area is revisited to ascertain capacity and should an emergency occur whilst in receipt of care that the staff are aware as to whether the person is for resuscitation.</p> <p>Within the same care plan documents, we saw that the person does not have any sensory impairments. Although within the care plan it states to ensure that the person always has their glasses.</p> <p>In parts the initial assessments are detailed and contain a person likes and dislikes, there is information of who a persons close support network is also.</p>					

Delivering Evidence-Based Care and Treatment				Score (1-4):	3
We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
<ul style="list-style-type: none"> - 9: Person-centred care - 10: Dignity and respect - 11: Need for consent* - 12: Safe care and treatment - 14: Meeting nutritional and hydration needs - 17: Good governance 	<ul style="list-style-type: none"> - Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care 	<ul style="list-style-type: none"> - Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing 	N/A	N/A	<ul style="list-style-type: none"> - People's care records and clinical records - Quality improvement activity
<p>Peoples likes and dislikes are written within the care plans. In one person care plan that we viewed the level of detail of where they like to visit for their social support was outstanding.</p> <p>Another care plan we viewed had very personalised details in and evidenced what the person would like to achieve from their care and support visits, again the level of detail is exceptional surrounding peoples likes and dislikes.</p>					

How Staff, Teams and Services Work Together				Score (1-4):	
We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
<ul style="list-style-type: none"> - 9: Person-centred care - 12: Safe care and treatment - 17: Good governance 	<ul style="list-style-type: none"> - Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care 	<ul style="list-style-type: none"> - Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing 	<ul style="list-style-type: none"> - Commissioners and other system partners - Health and care professionals working with the service 	N/A	<ul style="list-style-type: none"> - Information sharing and transfer of records across or between services - Multidisciplinary team meeting records - People's care records or clinical records
We did not review this quality statement at the time of the review.					

Supporting People to Live Healthier Lives				Score (1-4):	3
We support people to manage their health and wellbeing so they can maximise their independence, choice, and control. We support them to live healthier lives and where possible, reduce their future needs for care and support.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
<ul style="list-style-type: none"> - 9: Person-centred care - 10: Dignity and respect* - 11: Need for consent* - 12: Safe care and treatment 	<ul style="list-style-type: none"> - Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care 	<ul style="list-style-type: none"> - Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing 	<ul style="list-style-type: none"> - Commissioners and other system partners - Health and care professionals working with the service 	N/A	<ul style="list-style-type: none"> - Information sharing and transfer of records across or between services - Multidisciplinary team meeting records - People's care records or clinical records
<p>We saw that people have access to the local community. One person stated at their assessment that they would like to go outside into their garden.</p> <p>Another person has frequent access to the local community with the support of the caregivers.</p> <p>One person using the service relative stated: Really pleased with the level of care, there is nothing else that can be done differently. Dad loves the meals that are cooked. Thank you for taking care of dad, we don't have to worry about him.</p>					

Monitoring and Improving Outcomes				Score (1-4):	3
We routinely monitor people's care and treatment to continuously improve it. We ensure that outcomes are positive and consistent and that they meet both clinical expectations and the expectations of people themselves.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
<ul style="list-style-type: none"> - 9: Person-centred care* - 12: Safe care and treatment - 17: Good governance 	<ul style="list-style-type: none"> - Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care 	<ul style="list-style-type: none"> - Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing 	N/A	N/A	<ul style="list-style-type: none"> - People's care records or clinical records - Provider led audits and action plans
<p>We saw that people are receiving reviews and care plans are being updated when a change occurs. With the new manager in place, we were assured that all care plans will be reviewed and reflective of peoples desired goals and outcomes.</p>					

Consent to Care and Treatment				Score (1-4):	2
We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
- 9: Person-centred care* - 10: Dignity and respect* - 11: Need for consent	- Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care	- Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing	N/A	N/A	- Best interest meetings, evidence of power of attorney - Capacity assessments and DNACPR decision records - Consent policy - People's care records and clinical records
<p>We saw answers of don't know within the electronic system as to whether people had capacity. Within the care planning documents historic assessments did not contain information about if the person had a lasting power of attorney in place, this is to ensure that any information shared about the person is on a need-to-know basis with the legally responsible individuals.</p> <p>Not all staff files viewed evidenced that people are receiving training in mental capacity.</p>					

CARING

CARING – The service involves and treats people with compassion, kindness, dignity, and respect			
Rating	Score	%	Total possible score for CARING: 8 (20)
Good	6	75	

Kindness, Compassion and Dignity				Score (1-4):	3
We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
- 9: Person-centred care - 10: Dignity and respect - 12: Safe care and treatment	- Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care	- Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing	- Commissioners and other system partners - Health and care professionals working in or with the service	- Staff practice (including how they deliver care, staff culture and behaviours) - Equipment	N/A
<p>"They have been absolutely wonderful with my parents. They were very nervous and finding it hard to adapt to a change in health. Visiting Angels helped them to relax and learn to look after themselves with reduced assistance. They have been wonderful. Cannot recommend them highly enough." Was a comment received from a relative.</p> <p>Peoples feedback of the service stated that the staff are caring and respect people's privacy and dignity. Care plans viewed reflected this information.</p>					

Treating People as Individuals				Score (1-4):	N/A
We treat people as individuals and make sure their care, support and treatment meet their needs and preferences. We take account of their strengths, abilities, aspirations, culture, and unique backgrounds and protected characteristics.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
- 9: Person-centred care - 10: Dignity and respect - 14: Meeting nutritional and hydration needs - 15: Premises and equipment	- Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care	- Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing	- Commissioners and other system partners - Health and care professionals working in or with the service	- Staff practice (including how they deliver care, staff culture and behaviours) - Equipment	- People's care records or clinical records
We did not review this quality statement at the time of the review.					

Independence, Choice, and Control				Score (1-4):	3
We promote people's independence, so they know their rights and have choice and control over their own care, treatment, and wellbeing.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
- 9: Person-centred care - 10: Dignity and respect* - 12: Safe care and treatment	- Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care	- Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing	N/A	- Staff practice (including how they deliver care, staff culture and behaviours) - Equipment	- People's care records or clinical records
<p>We saw through care planning documents and peoples feedback that people are given choice and control over the people who provide their support and how they choose to receive support.</p> <p>People are encouraged to take positive risks one person's relative stated. I cannot praise Visiting Angels enough. My 85-year-old father needed help after an operation. He was nervous and upset. Visiting Angels calmed him down, provided a truly caring environment and helped them to regain much of their independence. I cannot recommend them enough.</p> <p>People's right to refuse is also documented throughout the care notes.</p>					

Responding to People's Immediate Needs				Score (1-4):	
We listen to and understand people's needs, views, and wishes. We respond to these in that moment and will act to minimise any discomfort, concern, or distress.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
- 9: Person-centred care - 10: Dignity and respect - 11: Need for consent - 12: Safe care and treatment - 16: Receiving and acting on complaints*	- Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care	- Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing	N/A	- Staff practice (including how they deliver care, staff culture and behaviours) - Equipment - The care environment	N/A
We did not review this quality statement at the time of the review.					

Workforce Wellbeing and Enablement				Score (1-4):	
We care about and promote the well-being of our staff, and we support and enable them to always deliver person-centred care.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
- 9: Person-centred care - 12: Safe care and treatment - 17: Good governance - 18: Staffing	N/A	- Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing	N/A	N/A	- Mechanisms to monitor, improve, and promote staff safety and wellbeing - Staff management policies - Staff sickness, vacancy, and turnover rates
We did not review this quality statement at the time of the review					

RESPONSIVE

RESPONSIVE – The service meets peoples' needs			
Rating	Score	%	Total possible score for RESPONSIVE: 16 (28)
Good	11.60	72.50	

Person-Centred Care				Score (1-4):	2.60
We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
- 9: Person-centred care - 10: Dignity and respect - 11: Need for consent - 12: Safe care and treatment - 14: Meeting nutritional and hydration needs	- Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care	- Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing	N/A	- Staff practice (including how they deliver care, staff culture and behaviours) - The care environment	N/A
<p>The initial assessments and details about a person's preferences, likes and dislikes are well documented within the about me sections. The information is not always transcribed into care planning documents. We did identify the use of institutionalised language such as strip-wash it would be recommended and more dignified to use full body was.</p> <p>Within the care plans on occasions the information did not always advise staff of what a person is physically able to do for themselves.</p> <p>People that mattered to a person using the service were documented.</p>					

Care Provision, Integration, and Continuity				Score (1-4):	3
We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
- 9: Person-centred care - 10: Dignity and respect* - 12: Safe care and treatment - 17: Dignity and respect	- Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care	- Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing	- Commissioners and other system partners - Health and care professionals in or with the service	N/A	- Arrangements to ensure continuity of care - People's care records or clinical records
<p>People have a regular team of caregivers; we saw through the care notes that changes to people's mental health and wellbeing is recorded.</p> <p>We saw the collaboration from a case study of the service working with health professionals to ensure that a person remains empowered and as independent as possible during a change to their health condition.</p> <p>We are very happy with our caregiver. She goes above and beyond. A true angel. We feel safe when she is around, and she treats us with respect. She involves me in every decision and always double check if I'm happy to do it. She is amazing and wouldn't change anything about her or the care. Can't even compare you with the other care company!! It's like comparing day and night. a person using the service gave the feedback. Indicating that choice is given throughout.</p>					

Providing Information				Score (1-4):	3
We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
- 9: Person-centred care - 17: Dignity and respect	- Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care	- Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing	N/A	N/A	- Arrangements to: Explain fees Ensure continuity of care (supported living services only) Identify people's communication preferences - Information sharing with people using services and those close to them - Meeting the Accessible Information Standard
<p>People have access to the local community and the service works alongside external partners. To provide information for services available in the local area such as collaboration with Age UK to inform people of how to obtain a blue badge and local Dementia partnerships to inform relatives and people using the service of signposting and organisations that can provide support and information.</p> <p>There is a client guide to which people are provided with detailing who to contact and if they have any concerns the people responsible.</p> <p>Each person receives a contract to ensure the fee structure and charges are clearly explained at the beginning of peoples care journey.</p>					

Listening to and Involving People				Score (1-4):	3
We make it easy for people to share feedback and ideas or raise complaints about their care, treatment, and support. We involve them in decisions about their care and tell them what's changed as a result.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
- 9: Person-centred care* - 10: Dignity and respect* - 16: Receiving and acting on complaints - 17: Dignity and respect	- Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care	- Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing	N/A	N/A	- Advocacy and support service records - Collecting people's feedback, taking action, and sharing learning - Complaints records and outcomes - Improvement plans and audits
People receive regular courtesy calls and feedback is received informally by the care givers; we did not have access at the time of the review to see the feedback.					

We were assured that once received this will be analysed and a report will be produced to inform people of the results.

Through information provided people and their relatives are very pleased with the quality and level of support that they are receiving.

Equity in Access				Score (1-4):	N/A
We make sure that everyone can access the care, support, and treatment they need when they need it.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
- 9: Person-centred care* - 10: Dignity and respect* - 12: Safe care and treatment - 13: Safeguarding service users from abuse and improper treatment - 17: Dignity and respect	- Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care	- Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing	Care Homes Only - Commissioners and other system partners - Health and care professionals in or with the service	N/A	- People's care records or clinical records - Provider led audits of processes - Records and risk assessments about accessible facilities and premises
We did not review this quality statement at the time of the review.					

Equity in Experiences and Outcomes				Score (1-4):	N/A
We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support, and treatment in response to this.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
- 9: Person-centred care* - 10: Dignity and respect* - 12: Safe care and treatment - 17: Dignity and respect	- Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care	- Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing	N/A	N/A	- People's care records or clinical records - Provider led audits of processes - Improvement plans and audits
We did not review this quality statement at the time of the review.					

Planning for the Future				Score (1-4):	N/A
We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
- 9: Person-centred care - 10: Dignity and respect - 11: Need for consent*	- Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Feedback on care	- Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing	N/A	N/A	- DNACPR and ReSPECT decisions - End of life care planning - People's care records or clinical records
We did not review this quality statement at the time of the review.					

WELL-LED

WELL-LED – Leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture			
Rating	Score	%	Total possible score for WELL-LED: (20) 32
Good	13.67	68.33	

Shared Direction and Culture				Score (1-4):	2.33
We have a shared vision, strategy, and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
- 9: Person-centred care* - 10: Dignity and respect - 12: Safe care and treatment - 17: Good governance - Registration regulations 2009 – 12: Statement of purpose*	N/A	- Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing	N/A	N/A	- Business plans - Equality, diversity, and inclusion policy - Monitoring service objectives - Vision, aims, and strategy
Throughout our visit that the management team want to work together to provide an inclusive quality service for people within the local area and are striving to grow the service.					
We did not see a service improvement plan at the time of the quality review. The manager was new to post this is something that will be completed following their induction period.					

Capable, Compassionate, and Inclusive Leaders				Score (1-4):	2.33
We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience, and credibility to lead effectively. They do so with integrity, openness, and honesty.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
<ul style="list-style-type: none"> - 4: Requirements where the service provider is an individual or partnership* - 5: Fit and proper persons - directors* - 6: Requirement where the services provider is a body other than a partnership - 7: Requirements relating to registered managers - 18: Staffing - 19: Fit and proper persons employed - Registration regulations 2009 – 14: Notice of absence*, 15: Notice of changes* 	N/A	<ul style="list-style-type: none"> - Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing 	N/A	N/A	<ul style="list-style-type: none"> - Evidence of compliance with schedule 3 and Fit and Proper Person Requirements - Leadership development and training - Recruitment and induction records - Registered manager status and changes
<p>The manager is experienced and understands their roles and responsibilities to provide an inclusive service.</p> <p>They have hands on experience and previously held and understand how to promote a positive culture alongside an open-door policy. Their skills and knowledge will drive the service forward.</p>					

Freedom to Speak Up				Score (1-4):	3
We foster a positive culture where people feel that they can speak up and that their voices will be heard.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
<ul style="list-style-type: none"> - 9: Person-centred care* - 10: Dignity and respect - 12: Safe care and treatment - 13: Safeguarding service users from abuse and improper treatment - 16: Receiving and acting on complaints - 17: Good governance 	N/A	<ul style="list-style-type: none"> - Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing 	N/A	N/A	<ul style="list-style-type: none"> - Mechanisms for seeking and responding to staff feedback - Whistleblowing records
There is a whistleblowing and complaints policy in place.					

Staff are made aware of the whistleblowing policy we could not access any of the staff to confirm this, however we saw feedback from staff to confirm that they are encouraged to provide information to the management team.

Workforce Equality, Diversity, and Inclusion				Score (1-4):	N/A
We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
<ul style="list-style-type: none"> - 17: Good governance - 18: Staffing 	N/A	<ul style="list-style-type: none"> - Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing 	N/A	N/A	<ul style="list-style-type: none"> - Equality, diversity and inclusion policies and training - Flexible working arrangements - Reasonable adjustments and assistive technology for staff - Records of incidents towards staff - Workforce or EDI strategy and associated objectives and action plans
We did not review this quality statement at the time of the review. Due their only being one member of staff.					

Governance and Assurance				Score (1-4):	N/A
We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
- 17: Good governance - 12: Safe care and treatment* - Registration regulations 2009: 14: Notice of absence* 15: Notice of changes* 16: Notification of death of service user* 17: Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983* 18: Notification of other incidents* 22A: Form of notifications to the Commission*	N/A	- Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing	N/A	N/A	- Business continuity plans and risk register - Governance arrangements and organisation structure (roles and responsibilities) - Information security, data protection and GDPR arrangements - Quality management, systems, and reporting - Workforce planning
We did not review this quality statement at the time of the review.					

Partnership and Communities				Score (1-4):	3
We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
- 9: Person-centred care* - 12: Safe care and treatment - 17: Good governance	- Feedback from people collected by CQC, the provider, local community groups and other stakeholders - Give feedback on care	- Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing	- Commissioners and other system partners - Health and care professionals in or with the service	N/A	- Examples of sharing, learning and best practice - Records of collaboration - Trusted Assessors/Discharge to Assess schemes
We saw that there is evidence of partnership working with healthcare professionals and organisations within the local community.					

Learning, Improvement, and Innovation				Score (1-4):	3
We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome, and quality of life for people. We actively contribute to safe, effective practice and research					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
- 16: Receiving and acting on complaints - 17: Good governance	N/A	- Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing	N/A	N/A	- Evidence of embedding learning and making improvements - Evidence of engagement in innovation initiatives
<p>The management team are keen to learn new systems and processes to safely support the required governance and safety when supporting people in their own homes.</p> <p>The newly appointed manager has experience within the franchise model and is aware of the carer centricity of the Visiting Angels model.</p> <p>The manager has been booked to attend their induction at the head office and is looking forward to learning the culture and processes of the visiting angels brand.</p>					

Environmental Sustainability – Sustainable Development				Score (1-4):	N/A
We understand any negative impact of our activities on the environment, and we strive to make a positive contribution in reducing it and support people to do the same.					
Regulations	People's Experience	Feedback from Staff and Leaders	Feedback from Partners	Observations	Processes
- 17: Good governance	N/A	- Feedback from staff collected by CQC and the provider - Feedback from leaders - Whistleblowing	N/A	N/A	- Green and carbon reduction plans and policies - Processes for recycling - Staff training in environmental sustainability
We did not review this quality statement at the time of the review					

Areas for Action

Enforcement Action & Breaches - The quality and safety of the service has fallen to unacceptable levels.	
Related Key Domain	Action
Safe	<ul style="list-style-type: none"> Alerts for times of visits are monitored at all times and actioned to demonstrate that calls are not late and missed to prevent safeguarding alerts.
Safe	<ul style="list-style-type: none"> All mandatory training modules completed are available on a training matrix or within the electronic training system area to evidence that staff receive training including the safeguarding of adults.
Safe	<ul style="list-style-type: none"> As per regulation 19 all information is evidenced within a staff file for example right to work and proof of address alongside verification of references.

Immediate actions to be taken as risks to people living and using the care service. These areas will be regulation breaches or potential offenses against regulations where there is the possibility of enforcement action to be taken by CQC.	
Related Key Domain	Action
Safe	<ul style="list-style-type: none"> PRN protocols to be reviewed and to contain all relevant information and fields.
Effective	<ul style="list-style-type: none"> Care plans are reviewed to ensure they do not contain conflicting information and are accurate to peoples required needs.
Effective	<ul style="list-style-type: none"> Mental Capacity, LPA and consent is reviewed.

Moderate risks to service delivery - Aim to be completed within 4 – 8 weeks. These areas will be in line with CQC requirements where this is a potential breach of regulations that is not sufficient to demand enforcement action	
Related Key Domain	Action
	<ul style="list-style-type: none"> N/A

Development of service – no current risks to people living and using the care service. To be completed within 6 months. These areas will be in line with CQC recommendations where if continued they could lead to a breach of regulations or good practice	
Related Key Domain	Action
	<ul style="list-style-type: none"> N/A

Appendix

Resources

We advise the Registered Manager to read guidance on all regulations which can be found both in the list below (*Regulations List*) and in the following links:

[2015024 Guidance for providers on meeting the regulations UPDATED 2022 and 2023 \(cqc.org.uk\)](https://www.cqc.org.uk/publications/2015024-Guidance-for-providers-on-meeting-the-regulations-UPDATED-2022-and-2023)

[Regulations for service providers and managers: relevant guidance - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications/regulations-for-service-providers-and-managers-relevant-guidance)

[Regulations for service providers and managers | Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications/regulations-for-service-providers-and-managers)

All Managers should access the following support resources:

[Social Care Institute for Excellence \(SCIE\)](https://www.skillsforcare.org.uk/) and [Skills for Care - Home](https://www.skillsforcare.org.uk/)

[Good and Outstanding care \(GO\) \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk/good-and-outstanding-care-go)

[Services for autistic people and people with a learning disability - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications/services-for-autistic-people-and-people-with-a-learning-disability)

Key Question Summaries

SAFE

Safety is a priority for everyone, and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse, and discrimination. Their liberty is protected where this is in their best interests and in line with legislation.

Where people raise concerns about safety and ideas to improve, the primary response is to learn and improve continuously. There is strong awareness of the areas with the greatest safety risks. Solutions to risks are developed collaboratively. Services are planned and organised with people and communities in a way that improves their safety across their care journeys. People are supported to make choices that balance risks of harm with positive choices about their lives. Leaders ensure there are enough skilled people to deliver safe care that promotes choice, control, and individual wellbeing.

EFFECTIVE

People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflect these needs and any protected equality characteristics. Services work in harmony with people at the centre of their care. Leaders instil a culture of improvement. Where understanding current outcomes and exploring best practice is part of everyday work.

Everyone is supported to see what works well and not so well based on indicators of quality. Continuous improvement is always guided by this insight.

CARING

People are always treated with kindness, empathy, and compassion. They understand that they matter and that their experience of how they are treated and supported matters. Their privacy and dignity are respected.

Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. This includes supporting people to live as independently as possible.

RESPONSIVE

People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood, and they are actively involved in planning care that meets these needs. Care, support and treatment are easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics.

People, those who support them, and staff can easily access information, advice, and advocacy. This supports them in managing and understanding their care and treatment. There is a partnership working to make sure that care and treatment meet the diverse needs of communities. People are encouraged to give feedback, which is acted on and used to deliver improvements.

WELL-LED

There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred, and sustainable, and to reduce inequalities.

There are effective governance and management systems. Information about risks, performance and outcomes is used effectively to improve care.

Regulations List**Health & Social Care Act 2008 (regulated Activities) Regulations 2014**

- Regulation 4 – Requirements where the Service Provider is an individual
- Regulation 5 – Fit and Proper Persons: directors
- Regulation 6: Requirement where the Service Provider is a body other than a partnership
- Regulation 7: Requirements Relating to Registered Manager
- Regulation 8: General
- Regulation 9: Person-centred Care
- Regulation 10: Dignity & Respect
- Regulation 11: Need for Consent
- Regulation 12: Safe Care & Treatment
- Regulation 13: Safeguarding
- Regulation 14: Meeting Nutritional and Hydration Needs
- Regulation 15: Premises & Equipment

- Regulation 16: Dealing with Complaints
- Regulation 17: Good Governance
- Regulation 18: Staffing
- Regulation 19: Fit & Proper Persons EMPLOYED
- Regulation 20: Duty of Candour
- Regulation 20A: Display of Ratings

CQC (Registration) Regulations 2009

- Regulation 12: Statement of Purpose
- Regulation 13: Financial Position
- Regulation 14: Notice of Absence
- Regulation 15: Notice of changes
- Regulation 16: Notification of death of a service user
- Regulation 17: Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act
- Regulation 18: Notification of other incidents
- Regulation 19: Fees

Terminology

- **CQC** – Care Quality Commission
- **DoLS** – Deprivation of Liberty Safeguards
- **DNACPR** - Do not attempt cardiopulmonary resuscitation
- **MCA** – Mental Capacity Act
- **POA** – Power of Attorney
- **PRN** - As and when required medication
- **ReSPECT** - Recommended Summary Plan for Emergency Care and Treatment
- **EDI** - Equality, Diversity, and Inclusion
- **GDPR** - General Data Protection Regulation

Additional Report Materials (Images, Document links etc.)

N/A

Disclaimer

This quality audit was carried out by Melissa Meakin on behalf of Kata Care. This reflects our professional opinion based on evidence we have examined at the time. Kata Care will not be responsible for any discrepancy between this report and any CQC report which may be published.

Document Control

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