

Visiting Angelz Housing Support Service

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Type of inspection:
Unannounced

Completed on:
16 June 2025

Service provided by:
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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 seven days a week.

The service operates within the Renfrewshire area and covers towns such as Erskine, Paisley and Johnstone. Visiting Angelz office base is located in the centre of Paisley.

At the time of inspection the service was supporting 71 people.

About the inspection

This was an unannounced inspection type which took place on 9, 10, 11 and 12 June 2025 between the hours of 9:00 and 17:30. The inspection was carried out by two 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 15 people using the service and 12 of their family
- spoke with 16 staff and management
- observed practice and daily life
- reviewed documents
- spoke with four visiting professionals.

Key messages

- Feedback from people using the service was mainly very positive.
- Quality assurance showed improvement which meant that leaders had a good overview of service delivery.
- There was consistency in staff teams who provided support.
- We followed up on one requirement from the previous inspection which was met. We also followed up on two areas for improvement. These were not met and a new area for improvement will be made.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People's health and wellbeing did benefit from the care and support provided by the service. Staff that we observed presented in a professional manner. They were respectful, friendly and showed warmth to people. People really enjoyed their visits. We heard from a few people that they would enjoy some better communication from staff, and we discussed this with managers. However, overall staff made time to have meaningful conversations with people, and this helped people relax and feel comfortable.

We heard from people that the service was reliable and that there was a core group of staff providing support to people. This meant there was consistency for people. Consistency in staff teams helps in building trusting relationships with both people being supported and their families.

Most families that we spoke with were very complimentary about the service. They enjoyed the reliability of staff and told us that managers were also easy to speak with, they were always accommodating and would do what they could to help. People and their families had access to electronic recording system, which meant they could access this at anytime to see how their loved one had been on any day.

People have the right to receive their medication given safely and at the right time. We saw there were systems in place to support the safe administration of medication, which were recorded in electronic recording systems. The service was very clear about different methods of support with medication. For some people this meant being supported by a prompt to take it at the right time, and for others it was recorded that their medication/s had to be administered at specific times of the day. For those who required it there was an electronic medication recording system (MARS) showing when it was given and who administered it. It would be good to see some further information on medication assessments within people's personal plans. (see "How well is our care and support planned"). We discussed this with managers and they have taken this on board to include it when updating people's personal plans.

People did look forward to their visits from staff and some saw this as an opportunity for new or different conversation. For some people the service provided social support, with people being accompanied to activities, of their choosing, within their local communities. This helped promote mental and physical wellbeing for people, giving them something different to look forward to and become involved in. A small number of people were supported with financial transactions. The management team should ensure there is clear information recorded in relation to this support and oversight of these arrangements. (See area for improvement 1).

External professionals fed back to us that they had confidence in the staff team and managers to recognise changes in people and to follow their guidance with any treatment plans. This meant that people could be assured their physical well being was cared for appropriately. There was regular contact and good communication between the service and external health and social care professionals. We were assured that staff shared concerns appropriately with leaders, who in turn made contact with the relevant professional to update them.

This was not always recorded within the electronic recording system. To ensure consistency of support, this should be more clearly noted to ensure that all staff supporting people are aware of it. (See area for improvement 2).

Areas for improvement

1. The provider should ensure they are aware of any support provided involving finances. To keep people safe, effective support planning and recording in relation to managing people's finances should be in place.

This should include, but not be limited to:

- a. a clear finance support plan being in place where support is provided with finances,
- b. clear recording in relation to finances, with receipts available for spending which staff have responsibility for,
- c. regular auditing processes to ensure the safe handling of finances, which adheres to organisational policy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'Any treatment or intervention that I experience is safe and effective' (HSC 1.24).

2. To ensure that all staff supporting individuals are fully aware of external professional involvement or any changing needs, this information should be timeously recorded within the personal plan. The role of the external person should be clearly noted, and any follow up in the change in health recorded in the electronic recording system.

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 because people have the necessary information and resources' (HSCS 4.27).

How good is our leadership?

3 - Adequate

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

Robust quality assurance systems are required to identify and implement improvements in any service. There had been significant improvement of this, and the management team were building their knowledge of the new quality assurance system, which had resulted in significant improvement in the monitoring of key aspects support. Regular audits gave the manager a good overview of the service. To enable the manager to continue the improvement journey, it is important senior staff are enabled to be involved in the quality assurance process. (See area for improvement 1).

The manager was identifying areas for improvement and creating action plans, which were then shared with the senior team. However it was not always easy to track actions that had been taken and then signed off when complete. To streamline the process, it would be beneficial to have an action plan template, which was kept up to date. This would enable clearer oversight of the improvement journey. (See area for improvement 1).

The service has good clear policies in place covering areas such as Complaints, Whistleblowing and Health and Safety. A robust induction process is in place for new staff, where they are given a staff handbook containing policies and procedures. The manager ensures that staff complete specific mandatory training before going to support people. Mandatory training includes areas such as adult support and protection, medication and moving and handling.

Some staff received formal supervision regularly, however not all. Team meetings were informal with no agenda or notes taken. Over the course of the inspection, the management had developed an action plan to improve the frequency and format of team meetings. Individual and group discussion with staff is necessary as it promotes staff reflection and development. Staff benefit from the input of their colleagues, have opportunities to discuss current practice and look at future practice.

There was a service improvement plan in place which was regularly reviewed by managers. It would be good to see the reviewing and developing the plan, alongside the feedback received. This would ensure, and evidence, a culture of continuous improvement within the service.

The management culture in the service was good. Staff, families and people being supported all commented on how approachable managers were and that they were happy to discuss any concerns with them.

Areas for improvement

1. The provider should ensure that they continue to further develop and embed a quality assurance framework, which details what is required to be done, when and by who. This includes, but is not limited to:

a) Following the quality assurance framework timescales.

b) Developing a template for recording and reviewing action plans showing the improvements needed, the timescale to achieve and the sign off once achieved.

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).

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We saw that staffing levels were appropriate to cover the amount of contracted hours the service provided. We shadowed staff as they were attending supports. The staff that we saw worked well together and were part of a cohesive team. Staff we spoke with, and families who responded to questionnaires, said (with very few exceptions) that they felt the service provided good quality care to people, and that staff were responsive and caring. Staff themselves all told us that they enjoyed their work.

The induction process worked well for new staff and good information was shared regarding the organisation, as well as information about the Scottish Social Services Council (SSSC). Staff working as support workers/carers in services must be registered with the SSSC). The manager had good oversight that staff were registered as required.

The induction process also covered mandatory training that must be completed by staff before they start to support people, such as medication and moving and assisting people.

There was a training plan in place for all staff that covered many areas, such as Infection Prevention and Control and Dementia awareness. We saw in staff personnel files who had completed what training, as well as when their next refresher training was due. There was an alert sent to managers via the electronic recording system that showed when staff were due to complete refresher training. This ensured that staff were a knowledgeable team who knew how to provide good care and support to people.

There was a process in place for observations of staff practice. These should take place in order to give staff opportunities to reflect on their practice, give praise and recognition when it's deserved and encourage further professional development.

Observations of practice did take place regularly and focused on particular tasks carried out by staff supporting people. As medication support is provided, it is important the management team have assurances regarding staff practice. Observation of medication practice should be carried out prior to staff supporting with this independently and then at regular intervals. (See area for improvement 1).

Staff told us that they felt valued as a member of the team and they felt listened to when they had something to say.

Areas for improvement

1. The provider should ensure that staff have effective and regular opportunities to encourage staff development and reflection including one to one supervision, team meetings and observations.

To give assurances regarding staff practice in relation to medication, all staff should have robust observations of medication support prior to carrying this out independently and routinely inline with organisational policy following this.

This is to ensure that care and support is consistent with the 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).

and

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.29).

How well is our care and support planned?

3 - Adequate

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

Each person had a personal plan in place, however the content of each plan was variable. We understood that most staff know people well and therefore may not use the care plans as much to allow them to direct support, however they should be up to date, giving relevant details in order to provide consistent support from all staff.

Some plans gave a little background information, which was good to see as this helps staff to get to know people and develop relationships, although this was not consistent across all plans.

A small number of care plans sampled had been updated and included much clearer information, providing guidance on how support would be provided. There were a number of care plans where we were not able to see information regarding support required and how people wanted this to be carried out. It is important that information regarding people's strengths, or how they could be supported to develop or maintain their skills is recorded. This encourages people's independence and ability to complete tasks on their own. Without this information it meant that staff completed tasks for people that they may have been able to achieve on their own. (See area for improvement 1).

While we appreciate that this had been an area of ongoing work, it is important that there is a clear plan of when all care plans will be up to date and give accurate reflection of the support to be provided. This will minimise the risk of inconsistencies in support.

Some risk assessments were in place and accessible for staff to access whilst supporting people. However, these were not recorded for all people supported, or sufficiently detailed to guide and direct staff on support. This would minimise the impact of risks for people. (See area for improvement 1).

Reviews of personal plans were happening regularly for most people. We could see that there was discussion at reviews about people's satisfaction with the service, however they were not recorded with much very detail. This was a missed opportunity to gather feedback on the service being provided, and any changes required for support to continue to meet peoples needs. (See area for improvement 1).

Some people are unable to express their views and rely on family to represent their wishes. Therefore it is appropriate that, with the persons agreement, that they are invited to attend review meetings, have an input and have this recorded. We know that many people had loved ones involved in their daily support, however we were unable to see them involved in many of these review meetings. (See area for improvement 1).

Areas for improvement

1. The provider should ensure care plans are up to date and detail accurate information, to ensure that people receive the right support at the right time, which promotes choice and independence.

This should include at a minimum:

a. each person receiving care has a detailed personal plan which reflects a strengths based, outcome focused approach,

- b. they contain accurate and up-to-date information which directs staff on how to meet people's care and support needs,
- c. they contain accurate and up to date risk assessments, which direct staff on current/ potential risks and risk management strategies to minimise risks identified,
- d. they are regularly reviewed and up dated with involvement from relatives and relevant others.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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).

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

Requirements

Requirement 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).

This requirement was made on 25 November 2024.

Action taken on previous requirement

We saw that the service management team regularly audit quality assurance across all areas of the service. This was completed on an electronic recording system which updated after each recording was made. This system gave managers a good oversight of the service and showed where any improvements were required. There had been significant work put in by managers to increase their knowledge of the system and all that it could do. However, it would be good to be able to see how the audit results were achieved.

During inspection the service was further developing their quality framework, that would assist in the prompt timing of different audits throughout the year. This was something that would help ensure that managers could examine outcomes more thoroughly.

The registered manager had produced action plans based on the audit results showing where improvements were required. The action plans would benefit from being presented more efficiently (please area for improvement 1 in K Q 2 How good is our leadership). Action plans were shared with team leaders who then investigated actions and outcomes before returning to the manager to review and sign off as complete.

This requirement has been met.

Met - outwith 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

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 25 November 2024.

Action taken since then

Some risk assessments were available for staff to see in the electronic recording app and they could access these during support. These risk assessments identified risks, such as moving and assisting. However, these were not consistently applied for all people supported, or sufficiently detailed to guide and direct people on the support required to minimise the impact of risks.

Whilst there was stability in some staff teams, who know people well, if risk assessments aren't sufficiently detailed there is the potential for inconsistencies in how risks are managed and mitigated.

This area for improvement is not met. It will be encompassed into new area for improvement under "How well is our care and support planned".

Previous area for improvement 2

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 25 November 2024.

Action taken since then

Reviews had been happening regularly for most people. Although we saw that there was discussion at reviews about people's satisfaction with the service, these were not detailed or recorded well. We were unable to see that loved ones were involved in many of these review meetings.

This was a missed opportunity to gather feedback on the service being provided and any changes required to support to continue to meet people's needs.

This area for improvement is not met. It will be encompassed into new area for improvement under "How well is our care and support planned".

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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