Angel Human Resources Limited

# Angel Human Resources (Hammersmith)

## Inspection report

1st Floor
2 Hammersmith Broadway
London
W6 7AL

Tel: 02085632220
Website: www.angelhr.org

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## Ratings

| Overall rating for this service | Requires Improvement |
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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

Angel Human Resources (Hammersmith) is registered with the Care Quality Commission to provide personal care for people in their own homes.

The inspection was carried out on 26 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be certain that someone would be in. This was the first inspection of the service since it registered in February 2014.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The person who used the service was not safely supported to take their medicines due to a lack of current information and guidance about their prescribed medicines within their care plan. The care staff and the care co-ordinator demonstrated their understanding of how to recognise and report any abuse they became aware of or witnessed. Risks to people's safety were identified and actions to mitigate these risks were recorded, in order for the person who used the service to pursue their interests in the community and be as independent as possible.

Safe recruitment procedures were used for selecting and appointing new staff, and there were sufficient staff to meet the person's needs. Arrangements were in place to manage planned and unplanned staff leave.

Staff had received appropriate training to meet the needs of the person who used the service, but did not receive regular formal one-to-one supervision to support their practice, performance and development. Care staff understood how to protect the person's human rights and make sure that no undue restrictions were placed upon them. The person who used the service was supported to eat a healthy diet and access health care from medical and health care professionals.

The person who used the service was supported by care staff who understood the importance of ensuring the person was given choices and cared for in a kind and respectful way that promoted their dignity. Staff provided appropriate support to enable the person to lead a fulfilling life and take part in meaningful activities that met their social, emotional and spiritual needs.

The person's needs were assessed and reviewed as required. The care plan did not accurately reflect the personalised care that the person's relative and the provider informed us about. The person's relative confirmed that they had been given information about how to make a complaint and were confident that the provider would respond in a professional manner to any concerns or complaints.

The relative told us they were asked for their views about the quality of care and thought the provider acted

on their opinions. The provider did not have a system in place to formally record the views of people and their relatives, apart from the annual review meeting, and the quality of the service was not checked through spot checks, monitoring visits or the auditing of daily care records written by care staff.

We made recommendations in relation to the lack of personalised care planning and the absence of a system for checking the daily care records. We found three breaches of regulations in regards to accurate documentation of prescribed medicines within the care plan, formal one-to-one supervision of staff and monitoring visits to the person's home by the provider. You can see what actions we told the provider to take at the back of the full version of the inspection report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

The person's medicines were managed by staff with appropriate training but were not accurately recorded in the care plan.

Staff understood how to recognise the signs of abuse and report their concerns.

There were enough safely recruited staff to safely meet the needs of the person.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

The person who used the service was supported by staff with appropriate training; however, staff did not receive regular formal one-to-one supervision to ensure they had suitable guidance and support.

The provider had ensured that the person's legal rights were protected in accordance with the Mental Capacity Act 2005 (MCA).

Staff supported the person to receive a healthy diet and access their health care appointments.

### Is the service caring?

**Good**

The service was caring.

The person was cared for by staff who respected his/her privacy and dignity.

The person was supported to remain as independent as possible and attend community amenities and services of their choice.

### Is the service responsive?

**Requires Improvement**

The service was not always responsive.

Although the person's relative told us that the care for their family member was person centred, this was not accurately reflected in the care plan.

The person's needs were reviewed, and their care plan was updated every year or more frequently if required.

Complaints could be raised to the provider, in accordance with the complaints procedure given to the person and their relative.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

The provider did not undertake sufficient checks to ensure that the person who used the service received safe and well delivered care and support, in accordance with their care plan.

The relative told us they were satisfied with how the service was managed and felt consulted about the quality of care.

# Angel Human Resources (Hammersmith)

**Detailed findings**

## Background to this inspection

We conducted this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 26 February 2016 and was announced. The inspection team comprised two adult social care inspectors. At the time of the inspection one person used the service.

Prior to the inspection we looked at information we held about the service. We reviewed any notifications sent to us by the provider about significant incidents and events that occurred at the service, which the provider is required by law to send us. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the relative of the person who used the service, the care co-ordinator and two care staff. We were not able to speak with the person who used the service due to their health care needs. We read the care file for the person who used the service, which included their care plan, risk assessments and any incidents and accident forms. Documents relating to the management and running of the service were checked, which included staff recruitment and training, and quality audits.

We contacted the local authority safeguarding team as part of the inspection to check if they had any concerns about the provider, and none were identified.

Requires Improvement

# Is the service safe?

## Our findings

We checked the arrangements in place to support the person who used the service with their medicines. The care staff prompted the person to take their prescribed medicines and records showed they had received medicines training. We noted that the care staff collected the person's medicines from the dispensing pharmacy and therefore had access to the information on the person's written prescription; however the care plan did not contain an up-to-date written record of the person's medicines. This meant that when the care staff recorded in the daily records that they had prompted the person to take their medicines in accordance with their medicines care plan, this could not be cross referenced with a written record of the medicines. This omission placed the person at risk of medicine errors by care staff. We discussed this finding with the care co-ordinator, who told us they would amend the care plan.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following the inspection visit, the care co-ordinator informed us that they and the registered manager had visited the person and updated the care plan to contain information about the person's medicines. This was confirmed when we spoke with the person's relative.

We spoke with the relative of the person who used the service, who told us their family member felt safe with their care workers. The relative said, "[My family member] has 24 hours live-in care. I live nearby and call in every day to check how things are, and other relatives visit. We have had this service for over 10 years and have carers we can trust."

The care staff were familiar with the provider's safeguarding policy and procedure and confirmed that they had attended safeguarding adults training. They told us they would immediately inform the care co-ordinator or the registered manager if they witnessed or suspected any abuse, and explained that their training addressed different types of abuse and how to identify that a person was being abused. Staff confirmed that they could always speak with the care co-ordinator or the registered manager if they had any concerns about the safety and welfare of the person who used the service. We found that care staff were familiar with the provider's whistleblowing policy and knew how to internally and externally raise any concerns about the conduct of colleagues and the management team if necessary, to protect the person who used the service.

The care plan contained relevant risk assessments, which were updated annually or more frequently if required. The risk assessments provided staff with appropriate guidance to ensure that the person was able to regularly access their chosen community activities and retain as much independence as possible, while taking into account potential risks to their safety and wellbeing.

An environmental assessment had been carried out at the person's home, which identified any areas of potential risk to the person, staff and any visitors, and it was reviewed annually or whenever necessary. The person's relative confirmed that they spoke regularly with the care co-ordinator and ensured that any adaptations or repairs were promptly carried out, so that their family member and the care staff were

provided with a safe physical environment.

Staff were provided in sufficient numbers in order to meet the person's needs. The relative told us that their family member needed 24 hours care and support, which meant that the person who used the service received one-to-one care and support during the daytime and could access one-to-one care and support during the night, as necessary. Care staff told us they could safely meet the person's personal care and social care needs as a lone worker. At the time of the inspection there were two care staff employed to alternately provide this care and support. The care co-ordinator and the relative told us that a third member of the care staff, who had provided a well-regarded service for several years, was currently on a period of authorised leave. The care co-ordinator explained to us that the provider had contingency arrangements in place if one or both of the care staff were not able to fulfil their scheduled shifts. The provider regularly recruited care staff for domiciliary care packages and other employment within the health and social care sector at its other location in London. This enabled the provider to identify prospective care workers for this care package with appropriate experience, knowledge and skills, and the availability for providing live-in care.

We looked at two care staff files which both contained satisfactory information to show that these employees had been recruited safely. This included evidence of the applicant's identity and entitlement to work in the UK, a minimum of two verified references and Disclosure and Barring Service (DBS) checks. The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions.

Requires Improvement

# Is the service effective?

## Our findings

Care staff told us they received regular one-to-one supervision and felt well supported by the care co-ordinator. However, supervision records demonstrated that care staff received formal supervision sporadically. The care co-ordinator told us that the care staff frequently popped into the office to collect their personal protective equipment (for example, disposable gloves and aprons) or hand in their timesheets, and these opportunities were utilised for informal supervision discussions. The lack of regular supervision records meant that the provider could not demonstrate that staff were given confidential occasions to discuss any work related issues, offered advice and guidance as required, and monitored to ensure their performance met agreed expectations.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following the inspection, the care co-ordinator informed us that one-to-one formal supervision schedules had been established to ensure that care staff received a minimum of four supervision meetings each year.

The relative of the person who used the service told us they thought the care staff had the right training and skills to effectively support their family member.

Both care staff informed us that they received suitable training to meet the person's needs. The care co-ordinator said that they selected staff for this care package with relevant prior experience and appropriate qualifications, as it was vital for staff to use their own initiative but also recognise when they needed to seek advice. Records showed that staff had received a structured induction, mandatory training and other training to meet the specific needs of the person who used the service. The care co-ordinator told us that staff had annual appraisals. At the time of this inspection visit the two care staff currently providing care and support for the service user had not been in post long enough for an annual appraisal.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The provider had relevant policies and procedures in relation to MCA and staff confirmed that they had received training. Through our discussions with the relative and the care co-ordinator, we noted that appropriate actions had been taken to ensure that the legal rights of the person who used the service were understood and protected. Care staff told us they had received training about people's rights to decline care and support, and stated that they would always explain to people the specific risks from refusing care and support. Care staff said they were experienced in using supportive approaches, for example they offered people alternative options or waited a while until people felt more receptive and ready to engage with them.

Care staff told us they supported the person who used the service to meet their nutritional needs, with

advice from the person's relative. They demonstrated a clear understanding of the person's food preferences and how the person's health care needs could impact on their ability to maintain a beneficial and balanced diet.

The person's care plan showed that they had access to health care professionals as required. The care co-ordinator told us that the person was supported to attend health care appointments by their relative or care staff, in accordance to discussions with the relative. Discussions with the care staff indicated that they had a suitable knowledge about the person's health care needs, which showed they could effectively support the person at health care appointments. Care staff told us they immediately contacted the care co-ordinator or registered manager if they observed any concerning changes in relation to the person's health and wellbeing, or directly summoned an ambulance if necessary. The person's care plan contained contact details for relevant health and social care professionals.

Good

# Is the service caring?

## Our findings

The relative told us they were pleased with the quality of the care and support for their family member and found the care staff to be kind and caring. The relative said they were able to closely observe on a daily basis how their family member was cared for and spoken with by care staff.

Care staff told us that there had received training from the provider about the importance of consulting with people about how they wished to be supported and how to treat people with dignity and compassion. Care staff told us they provided care and support that respected people's background and culture, and provided different examples of how this was achieved for the person who used the service. For example, the person was supported to practice their religious beliefs and attend their chosen place of worship every week.

The person who used the service was supported by care staff to attend fulfilling activities and events in the community, which included therapeutic and social activities to meet their health care needs. Care staff told us that the purpose of the care package was to support the person to remain an active part of their local community, in accordance with the known wishes of the person and their relatives. The person's preferences regarding the gender of the care workers was always respected.

Discussions with care staff demonstrated their understanding of the importance of upholding a person's dignity and privacy, and ensuring that their confidentiality was maintained. For example, care staff told us they ensured that doors were shut and curtains and blinds drawn when they provided personal care, and did not share any information about the person who used the service to individuals or organisations unless permitted to do so by the person and their relative.

Requires Improvement

# Is the service responsive?

## Our findings

The relative of the person who used the service told us that their family member received the appropriate type of care and support in order to meet their identified needs.

The care plan provided information about the person's needs and described the daily care and support that care staff needed to provide. The care plan contained some information in relation to how the person wished to be supported with their personal care, their likes and dislikes, preferred social activities and nutritional needs. However, we noted that there was insufficient detailed information to demonstrate that care staff provided personalised care, taking into account that care staff lived with the person and provided 24 hours care. We discussed this finding with the care co-ordinator, who told us that the care staff provided thorough information about the person during supervision meetings and telephone monitoring calls. The care co-ordinator agreed that the care plans did not demonstrate the level of comprehensive knowledge and understanding about the person and their needs and wishes that the care staff had acquired.

The care co-ordinator told us that the person's needs were initially assessed by health and social care professionals, and reviewed annually by their allocated social worker. These review meetings were chaired by the social worker and attended by the person, their relative, the care co-ordinator and care staff. Due to recent organisational changes in how the care package was funded, the person was not currently allocated a named social worker and the provider was liaising with social services to clarify whether a duty social worker would be assigned to attend future review meetings. We noted that the care plan and risk assessments were updated as required following annual review meetings, which meant that any relevant changes were reflected and the views of the person and their relative were recorded.

The relative told us they knew how to make a complaint and had been issued with a copy of the provider's complaints procedure. They said that they had not had cause to make a formal complaint and usually sorted out "any little things" by speaking with care staff and/or the care co-ordinator. The relative expressed their confidence that the provider would sort out any concerns or complaints that might arise.

We recommend that the provider develops the care planning model to demonstrate person-centred care planning.

Requires Improvement

# Is the service well-led?

## Our findings

The relative of the person who used the service told us they thought the service was well managed and confirmed that the care co-ordinator sought their views about the quality of the service.

The care staff told us they felt supported by the care co-ordinator and were able to consult them for guidance and advice whenever required. The care co-ordinator stated that they met with the care staff approximately twice a month and maintained weekly telephone contact. Records showed that the care co-ordinator spoke by telephone with the person's relative at least once a month and more frequently if necessary, and documented the relative's views about how the service was being delivered. However, we found that the provider was not conducting spot checks and monitoring visits at the person's home, which meant they could not evidence that care staff were providing care and support in accordance with the person's care plan.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager was based at the provider's other location in London. The care co-ordinator told us that the registered manager visited the Hammersmith location once a month to provide supervision for the care co-ordinator and could be easily contacted for advice when required. Following the inspection visit the provider has informed us that the registered manager will now carry out future monitoring visits and spot checks.

The provider did not have any formal methods for auditing the quality of the service, other than the person's annual review, and telephone discussions with the relative and the care staff. We noted that the provider did not have a system in place to collect and read the daily care records written by the care staff in order to ascertain that the quality of care and support was of a high standard.

We recommend that the provider implements an arrangement for the regular auditing of the records of care and support given by care staff.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>People who use services were not protected against the risks associated with improper and unsafe management of medicines<br>Regulation 12(1)(2)(g) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The registered provider did not ensure that there were systems in place to assess, monitor and improve the quality of the service<br>Regulation 17(1)(2)(a) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The registered provider must ensure that persons employed by the service to carry out the regulated activity receive appropriate supervision to carry out their duties<br>Regulation 18(1)(2)(a) |