

Angel Human Resources Limited

# Angel Human Resources Limited (London Bridge)

## Inspection report

Angel House  
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London  
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Date of inspection visit:  
05 June 2019  
10 June 2019

Date of publication:  
23 September 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Angel Human Resources Limited (London Bridge) is a domiciliary care service providing personal care to 75 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Some people did not have enough information recorded on their medicines care plans despite care workers prompting them to take their medicines. Accident and incident records did not contain full details about whether risks had been mitigated and lessons learned as a result of accidents. The provider assessed and mitigated known risks involved in people's care. The provider had clear processes to safeguard people from abuse. There were a suitable number of appropriately vetted staff to work at the service. Staff had a good understanding about how to provide hygienically safe care.

People's care plans did not always contain enough information about their healthcare needs. The provider told us and care workers confirmed they received regular training and supervisions, however, there was no documentary evidence to support this. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, we found that where people could not sign their care plans due to being physically unable to do so, there was no written explanation on the care record to confirm this. People's care was given in line with current standards as the provider worked well with other professionals to provide timely care. People were supported appropriately with their nutritional needs.

People gave good feedback about their care workers and they demonstrated they knew people well. People's care records contained very little information about their religious or cultural needs, but care workers had a good level of knowledge about this. Care workers respected people's privacy and dignity and supported people to be as independent as they wanted.

At the time of our inspection, the provider was not supporting anyone with their end of life care needs. However, the provider did not keep a record of people's needs in the event that someone did need this support. People's care record contained limited information about the support they needed to maintain their interests, but care workers had a good understanding about people's needs. People were given choices in relation to their care and their preferences were followed. People were supported with their communication needs. The provider had a clear complaints policy and procedure in place.

Care workers gave good feedback about the registered manager who had a good understanding of her duty responsibilities to be open and honest when things went wrong. The provider worked well with other

professionals but could not demonstrate clear auditing processes of the quality of the service. As a result, the issues we found had not been identified or addressed by the provider.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection– The last rating for this service was good (published 8 December 2016).

Why we inspected- This was a planned inspection based on the previous rating.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have identified breaches of regulations in relation to medicines management, staffing and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Angel Human Resources Limited (London Bridge)

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The service was inspected by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with five care workers and the registered manager.

We reviewed a range of records. This included seven people's care records, eight staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including quality assurance records.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and reviewed policies and procedures. We communicated with two social care professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People did not always have enough information recorded on their care plans regarding what medicines they were taking and what these were for. This meant that people were at risk of not being appropriately supported with their medicines. We found two people did not have a list of medicines they were taking included within their care plan or information on the dose or purpose of their medicine. At the time of our inspection nobody was having their medicine administered to them, but some people were being prompted to take their medicines. Where people received this support we saw their daily notes contained a note from the care worker to confirm they had been prompted to take their medicine and had been observed taking it.
- The registered manager told us care workers returned their contemporaneous notes when the booklets they filled in were full. This meant that there was little oversight of the support that care workers were providing to people in relation to the support they received.
- We reviewed the provider's medicines administration policy and procedure and saw these contained clear details about the provider's responsibilities.

We found no evidence that people had been harmed however, the lack of information within medicines care plans and the lack of effective monitoring created a risk in relation to the safety of medicines management. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Learning lessons when things go wrong

- Records of accidents and incidents were not always sufficiently detailed, so it was not clear that lessons were always being learned when things went wrong.
- Records indicated that three accidents and incidents had taken place over the course of the last year during times when the care workers were not present. Records indicated that appropriate actions were taken in response to accidents however, these records were not clear on other details such as whether lessons had been learned and risks had been mitigated. The provider was not able to demonstrate that people's risk assessments had been updated in response to incidents.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a clear accident and incident policy and procedure in place which stipulated the

provider's responsibilities to investigate accidents and incidents, but this had not been followed on these occasions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with care workers. Their comments included "I feel safe with the carers" and "I do trust them. I'm in safe hands."
- Care workers had a good understanding about their responsibilities to keep people safe from abuse. Care workers told us they had received safeguarding training and records confirmed this. Care workers gave us examples of the different types of abuse they were required to be aware of and the possible signs of abuse. One care worker told us "Just because you don't see someone with a bruise doesn't mean they're not being abused. It could be financial or emotional. We have to try to protect people from all types of abuse." We saw there had only been one safeguarding incident in the last year. The matter had been responded to appropriately and reported to the local authority for investigation.
- The provider had an appropriate safeguarding policy and procedure in place which listed the key legislation and the provider's responsibilities when safeguarding people from abuse among other relevant information.

Assessing risk, safety monitoring and management

- Risks to people's care were managed appropriately as the provider had clear risk management guidelines in place. We reviewed the provider's records and found risk assessments were in place for matters such as their risk of falling or of developing a pressure ulcer. Care workers understood the risks to people's health and safety and demonstrated that they understood how to mitigate risks involved. For example, one care worker told us "We've had training, we've got people's care plans and we speak to our manager about risks."
- The provider assessed risks relating to people's home environments. We saw clear environmental risk assessments were completed which related to both the inside and outside of the person's property. The risk assessments we saw were fully completed and did not identify any issues with people's home environments. The registered manager explained that where risks were identified, these would be dealt with individually.
- Where people used specific equipment in the delivery of their care, we found there were specific documents in place which detailed the equipment people used and when these were last checked. The records we saw demonstrated that people's equipment had been checked within the last year.

Staffing and recruitment

- The provider ensured there were a sufficient number of suitable staff in place to work with people. Care workers confirmed they were given enough time to conduct tasks but told us they were not always given enough travel time to travel between care calls. They told us that when they reported concerns to the office, changes were made to their rotas. We reported this to the registered manager who agreed to look into this further. People did not have any complaints about the timeliness of care calls.
- We reviewed a sample of people's rotas and found care workers had enough time to travel between care calls and to conduct their work.
- The provider ensured that appropriate pre-employment checks were conducted before they hired anyone to work with vulnerable people. We reviewed eight staff files and saw they contained evidence of a full employment history, two references, their right to work in the UK and a criminal record check.

Preventing and controlling infection

- The provider managed risks of infection, by providing people with hygienically safe care. Care workers had a good understanding of their responsibilities in relation to infection control. They gave us examples of their usual practice when providing care which included wearing personal protective equipment (PPE) and washing their hands regularly.



- Records indicated that care staff had received infection control training and the provider had an appropriate infection control policy in place.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Care workers received an induction when they started work. This followed the principles of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care workers told us they found the induction useful to their roles. One care worker said "It was good preparation for the job."
- Records were unclear about how often care workers received a supervision of their performance as they contained large gaps. The registered manager told us it was because data was being transferred onto a new computer system and they were delayed in inputting this onto their system. She assured us that they were up to date in completing supervision sessions with staff which were taking place at least twice a year. Care workers told us they received supervisions approximately once a year along with regular spot checks of their work which were unannounced. However, there was no documentary evidence to demonstrate how often spot checks were taking place. This meant we could not be assured that care workers were receiving regular supervisions and spot checks of their performance.
- Care workers told us they received training on an annual basis in mandatory subjects that included safeguarding, manual handling and health and safety, however, it was not clear from the records provided when each care worker had received this training. The registered manager confirmed this was also because they had not input all information onto their new computer system.

We found no evidence that people had been harmed however, the lack of reliable records and monitoring created a risk that care staff were not being appropriately supported. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to live healthier lives, access healthcare services and support

- The provider did not always ensure that people's care plans contained enough information about their healthcare needs. People's care plans contained some details about their current health conditions and their medical history, but there was not always information about how care workers could support them with these. In one person's care plan it was not possible to see specifically, what condition they had that had led to the person requiring care. We spoke with the registered manager about this. We found, that where people required further support with their healthcare needs, she ensured this was obtained. However, where people's support needs remained stable, there was no information about their medical histories. The registered manager told us she would update people's care records with the required information as soon

as possible.

Ensuring consent to care and treatment in line with law and guidance

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of our inspection the registered manager told us all people using the service had the capacity to consent to their care. However, we found not all people had signed their care plans to demonstrate that they consented to their care. We spoke with the registered manager and she confirmed that where people had not signed their care plan, this was because they were not physically able to do so. She agreed to update these records with a note indicating this.
- Care workers understood the importance of obtaining people's consent before providing them with care and people told us they were asked for their permission before being given care. One care worker told us "I get people's permission before I do anything." Care workers told us people had the capacity to consent to their care, but if they had any concerns, they would report these to the registered manager.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care records demonstrated that some personalised detail was being obtained as part of the assessment of their needs. Care records contained personalised information about how they wanted their care to be delivered, their home environments and their life history.
- People's care was delivered in line with current legislation and guidance because the provider had good links with registered, multi-disciplinary professionals who delivered care in line with current requirements. For example, we saw numerous emails between the registered manager and district nursing teams about requests for further assessments based on changes to people's needs.
- The provider had clear policies and procedures in place that were up to date and included clear guidance about current standards and requirements. The provider used an external service that provided monthly updates in relation to legislation and other pertinent matters to ensure the provider was up to date in requirements.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with the support they needed with their nutritional needs. People's care plans stated the level of support they required from their care worker, as well as information about their likes and dislikes in relation to their food.
- Care workers gave us examples of the type of food people liked to eat and told us they offered people choices at each care call. One person told us "They always ask me what I want to eat and they sort it out for me."

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked closely with other agencies to ensure people received consistent and timely care. We

spoke with a commissioner from a local authority and they told us the registered manager "goes above and beyond for the people in her care. She's always on the phone and demands the best care from professionals." We saw evidence of extensive and timely communications between the registered manager and professionals such as district nursing teams, people's GPs and social workers about their health and social needs. We also observed the registered manager to be dealing directly with issues related to people's care needs throughout our inspection and she demonstrated an in-depth knowledge about people's care needs and their current conditions.

- We received positive feedback from two social care professionals, one of whom described a complex social situation involving a person using the service. They told us the registered manager dealt successfully with this situation through advocating for the person and ensuring they received the care and support they needed during a stressful situation.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and is still good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People gave good feedback about their care workers. They told us they enjoyed their care worker's company and had meaningful conversations with them. People's comments included "They're lovely, they really are" and "Everything is fine and dandy".
- People's care plans contained information about their life histories as well as the tasks that care workers were required to perform. Care workers had a good understanding about people's care needs and demonstrated that they knew people well and had developed caring relationships. One care worker told us "I feel like my clients are like my family. I want to make sure they get what they need and I feel like they know me too."
- People's care plans contained very limited details about people's religious and cultural needs and sometimes they contained no information at all. However, care workers were able to demonstrate that they knew about people's religions and cultural beliefs and gave us examples about how they met their needs.

We recommend the provider seeks advice from a reliable source about person centred care planning to ensure that people's religious and cultural needs are met.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in making decisions about their care and that care workers asked them their requirements at each visit. One person told us "They ask me what I need done every time they come here and they do it." The registered manager confirmed that people's care plans were formulated after a discussion with them and their relatives to ensure they received the care they needed.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected and promoted. One person told us "They show respect, they're very nice."
- Care workers gave us examples of how they respected and promoted people's privacy and dignity, particularly in relation to their personal care needs. One care worker told us "I am very careful when I do people's personal care and I make sure everything is private, so nobody can see what's going on" and another care worker said "I make sure the person is comfortable and that they're okay with what I'm doing."
- The provider supported people with their independence as far as people wanted. People's care records contained information about the support that people needed. Care workers gave us good examples of how

they supported people to be more independent. One care worker told us "I always involve people in what I'm doing. If it's personal care, I check if they can wash parts of their body themselves and if not, I'll ask if I can help."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same and is still good.

This meant people's needs were met through good organisation and delivery.

### End of life care and support

- At the time of our inspection the provider was not supporting anyone with their end of life care needs. The registered manager explained that where people were approaching the end of their life they would work in conjunction with the palliative care team to provide people with support.
- We did not see any information relating to people's end of life care needs recorded in people's care plans. We spoke with the provider about this and they confirmed that they did encourage everyone to think about end of life care and agreed to try to add further information to people's care plans. The provider had a clear end of life policy and procedure in place.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People's care records contained some information about their interests. For example, we read one person enjoyed going to the hairdressers and to play bingo. At the time of our inspection, the provider was not supporting anyone with their social needs.
- Care workers told us they knew what people liked to do within their homes and they supported people with this. For example, one care worker told us "I know if people like to watch tv or listen to the radio. I'll ask if they want the remote or if I should pass them a book."
- People confirmed that care workers provided them with the support they needed. One person said "They make sure I've got what I need before they leave. I might ask them for my newspaper."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were given choices in relation to how they wanted their care to be delivered. They told us care workers gave them options about their needs which included what they wanted to eat or wear. One person told us "They ask me "do I want this or that" and I tell them." Care workers confirmed this and told us it was their usual practice to offer people choices and to act on their requests. One care worker told us "You get to know people well when you're caring for them. It's a very personal and trusting relationship. We know how people usually like things done, but we also ask them and give them choices that they might want. So, if I know one person usually has Weetabix for breakfast, but sometimes likes toast, I'll ask them which one they want or if they want something different."
- People's care plans contained personalised information about their needs. This included details such as how they liked to have their personal care done, where they kept items in their home as well as the types of food they liked to eat.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records contained information about whether they had any particular communication needs. This included whether they were able to communicate clearly or whether they had a speech impediment. From the care records we reviewed, people were able to communicate verbally in English.
- The registered manager told us she ensured people were given information in a format that they needed. She told us that information was delivered in person and that care staff explained any issues to people directly. She told us that she was unable to show us information in different formats, as this had not yet been needed. She explained that if they were required to present people with information in a different format, she would arrange for this to be provided.

### Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy and procedure in place which stipulated how complaints were supposed to be dealt with as well as the timeframes for dealing with these.
- The provider had received only one complaint in the last year. We saw this was fully logged and there was evidence of investigations conducted which included the registered manager interviewing the care worker involved as well as the person's relatives.
- The registered manager explained that she worked closely with people, their relatives and health and social care professionals to ensure that people's needs were met as soon as possible. As a result, she explained that they received very few complaints as they did not allow issues to arise. People confirmed this was the case. One person told us "I've never had any complaints because they do everything I ask."



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider conducted some auditing of the service. For example, we were given an extract from an external audit that was conducted. The extract confirmed that staff member information required to be put on file. It also indicated that there were other issues that required improvement. However, despite requesting a full copy of the audit, this was not provided.
- The provider conducted regular reviews of people's care and this was monitored. However, there were no auditing systems in place to identify and address issues we found in relation to staffing, medicines, care planning and accidents and incidents.

The above issues constitute a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought people's feedback through conducting annual surveys. We reviewed the results of the 2018 survey and saw that over half of people using the service responded and approximately 98% of the responses were positive about the care provided. The provider had developed an action plan to address the small area where further improvement was required.
- The registered manager sought staff feedback through regular supervision sessions and team meetings. Care workers told us they were able to give feedback at any point and thought the registered manager was helpful and approachable.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care workers gave good feedback about the culture of the service and told us they were well supported by the registered manager. One care worker told us "Her door is always open. She's definitely there for us."
- People told us they received the care they wanted and said this was of a high quality. One person told us "I have used another service before and this one is much, much better. I'm now getting the care I need and don't want anything to change."
- From our conversation with the registered manager and care workers, we found all staff had a good understanding about the outcomes they planned to achieve for people and they worked to ensure these

were met. We found the registered manager had a detailed knowledge of each person's care needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood her duty of candour responsibilities and was open in her communications with multi- disciplinary professionals. She was proactive in identifying matters before they escalated into areas of concern and ensured all parties were well informed of any potential issues.
- The provider sent notifications of significant events to the CQC as required in line with their responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a clear understanding about her duties towards the people she was caring for. Care workers understood their responsibilities to care for people and to report any concerns to their manager. One care worker told us "We keep a good eye on everything that is going on, because we're the ones who see people every day and we report anything that isn't right" and another care worker said "I've reported things that have turned out to be nothing. But I'd rather report too much than too little."

Working in partnership with others

- The provider worked in partnership with other organisations. We found extensive evidence of numerous communications with health and social care professionals to demonstrate close working and cooperation to ensure people received the care they needed.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that is reasonable to ensure the proper and safe management of medicines.</p> <p>Regulation 12 (2) (g).</p> <p>The provider did not always ensure care was provided in a safe way for service users and did not do all that is reasonable to assess the risks and mitigate against risks to service users.</p> <p>Regulation 12 (1) and 12 (2) (a) and (b).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>Regulation 17 (2) (a).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not ensure staff received such appropriate support, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (2) (a).</p>

