

Anjel Direct (Recruitment) Solutions Ltd

# Anjel Direct (Recruitment) Solutions Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Anjel Direct (Recruitment) Solutions Ltd is a domiciliary care service. It provides care to people living in their own homes. At the time of our inspection they were supporting 23 people.

Anjel Direct (Recruitment) Solutions supports younger and older people with a range of needs including physical disabilities, learning disabilities and dementia.

### People's experience of using this service

Risk assessments and care plans were not always present or completed correctly. Moving and handling risk assessments were not completed in detail. The service did not adequately assess people's risks around medicines and instructions in care plans were unclear or misleading. This put people at increased risk of harm. The service had failed to make the required improvements in this area following the last inspection.

Staff were not always recruited safely. The service had failed to make the required improvements in this area following the last inspection.

People told us they usually had continuity of care from reliable staff. However, accurate timesheets were not being kept.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Consent had not always been sought in line with the regulations. The service had failed to make the required improvements in this area following the last inspection.

Most people were satisfied or pleased with the care they were receiving, and some spoke highly of individual care workers.

Staff were aware of the signs of abuse and knew how to report any concerns. People and their relatives told us they knew how to complain.

Staff told us the registered manager was supportive, and he spent a lot of time supporting people. However, being less present in the office meant that he was less effective in his oversight of the service.

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 requires improvement (published 29 November 2018). The provider did

not complete an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to keeping people safe, assessing and managing risk, gaining consent for care, assessing people's needs and the good governance of the service at this inspection.

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

#### Follow up

We will request an action plan for 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 not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was always not well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Anjel Direct (Recruitment) Solutions Ltd

## **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

This consisted of one inspector.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

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

Inspection activity started on 10 October 2019 and ended on 30 October 2019. We visited the office location on 10 October 2019.

### What we did before the inspection

We reviewed the information the CQC held about the service. This included notifications of significant

incidents reported to the CQC and the previous inspection report. 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 the registered manager and the quality assurance manager. We spoke with two people who used the service and five relatives or representatives. We spoke with three care workers. We received feedback from the local authority commissioning and safeguarding teams. We reviewed a range of records, including five people's care files. We looked at two staff files and various records relating to the running of the service, including quality assurance documents and incident records.

#### After the inspection

We reviewed policies and procedures. We reviewed rotas, timesheets and visit records. We continued to seek clarification from the provider to validate evidence found.

# 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 requires improvement. At this inspection this key question has remained the same.

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.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to do all that was reasonably practicable to mitigate risks to the health and safety of people receiving the care and treatment or ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risk assessments were not always present or completed in a useful or accurate way. Several records we saw for people did not include risk assessments even though potential risks were identified elsewhere. For example, we saw in one person's medical information that they were diabetic and they had a condition which presented a significant choking risk, but the 'Nutrition and Eating' section of the same document stated, 'I can feed myself and have no problem to swallow; No special dietary and no allergies.' This put the person at risk because staff did not know their needs.
- People were put at risk because the assistance they required with transfers had not been assessed or the records lacked detail. For example, one person's support plan included 'assistance with transfers' by two members of staff, but in their moving and handling assessment and plan there was no indication of what help the person needed, how the staff were to safely assist the person or if there was any equipment in place. This put people and staff at risk of being injured during transfers.
- Risk assessments were not always completed before or soon after services began for people. We could see from the dates on assessment documents that there was sometimes several weeks between the service starting and their completion. People and their relatives told us that it had been weeks before someone visited to complete the initial assessment. This put the safety of both people and staff at risk.
- Risk assessments were not always available in people's homes. This put people and staff at risk. Staff told us, "It's not always enough information."
- The support people required with medicines was not correctly recorded and there was conflicting information between different documents. For example, one person's care plan said they required prompting and supervision. In their communication records it was noted that the pharmacist had said the care staff were to support, and that staff had been advised. The person's daily care records showed that staff were not assisting. The registered manager told us that the person's relative was assisting them with their

medicines.

- People were put at risk of not having their medicines by the service's failure to correctly assess people's needs. We saw the support plan of a person who was physically unable to open the packaging of medicines. It stated, 'I can take my medications once somebody brought it into my reach' and told staff to 'prompt my medication'. The person told us, "I don't need reminding, just practical assistance... The agency refused to assist me with my medication because it's in the original packaging... I have missed doses because of dropped tablets." This was in line with the provider's policy on medicines management, but the risks presented to this person by not being assisted had not been identified or escalated appropriately.

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

### Staffing and recruitment

At our last inspection the provider had failed to ensure persons employed for the purpose of carrying on a regulated activity were of good character. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Staff were not always recruited safely. At the last inspection it was noted that Disclosure and Barring Service (DBS) checks had not always been carried out by the service and that only historical DBS checks from other employers were present. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. References and full employment histories had not been sought in line with the regulations. We looked at two staff files during this inspection and found the same issues.

This was a continued breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- It was not clear if there were sufficient staff to support people safely. We looked at four weeks rotas for all staff and noted that several visits were scheduled back to back or were overlapping. Times recorded for people's visits did not always match what they were receiving. For example, one person told us their visit was always between 0800 and 0815, but their rota times were very different one day to the next. However, most people told us they had regular care workers who usually arrived as expected.

We recommend the provider seeks advice from a reputable source about visit scheduling.

### Learning lessons when things go wrong

- Records were kept of incidents and near misses, however the service had not always learned lessons when things went wrong. For example, the outcome of one incident included the observation that the service was 'unable to determine what it could have done differently', even though there were clear lessons that should have been learned. The registered manager advised us that he would review how they learned from incidents.

### Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received training in safeguarding and were aware of the signs of



abuse. Staff told us they were alert to changes of behaviour and physical evidence of abuse. They understood their responsibilities to raise any concerns with management and how to escalate them further if necessary. One member of staff had recently reported concerns about a person and we could see this had been appropriately raised with the local authority and that the person was now safe.

#### Preventing and controlling infection

- People were supported by staff who had been trained in infection control. Staff correctly described for us when and how to use personal protective equipment (PPE) such as gloves and aprons. They confirmed there was a plentiful supply of PPE.

# 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 requires improvement. At this inspection this key question has remained the same.

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

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.

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 our last inspection the provider had failed to ensure that care and treatment was provided with the consent of the relevant person. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

- People's capacity to make decisions about their care and support was not assessed. We saw several instances where relatives had signed to indicate consent for people but there was no indication that the person lacked capacity to consent. Sometimes people had signed some parts of their paperwork themselves but not others.

This was a continued breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had a basic knowledge of the MCA and how it applied to the people they supported. They told us they sought consent from people before supporting them.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff did not always report concerns about people's health and wellbeing quickly enough to ensure timely treatment. One person's care records showed that the care worker had observed a person's skin reddening but this was not correctly reported. It was a full week after the initial reddening of the person's skin before the district nurses attended and by this time the person's skin had deteriorated to an open wound.
- There were no effective systems in place to ensure people received good care when they had to transfer between services, for example when being taken to hospital in an emergency. There was not always up to date information about people's needs available in their home documents.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs assessments were not always completed in detail or were absent. We found that important information about people's support needs in their local authority referrals had not been included in their care plans. Important information about people's personal care needs, like how they should be supported with their oral and denture care, was not always included.
- People's needs assessments were not taking place before or soon after services began. One relative told us, "We were assessed about two weeks after they started. They said they should have been there before."
- People's nutritional needs were not always assessed and documented. Staff we spoke with understood the nutritional needs of the people they visited, but this knowledge was not recorded. This put people at risk when they were not attended by their usual staff.

Failure to assess people's care needs and preferences was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that staff had appropriate training and supervision as was necessary to enable them to carry out the duties. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and we found the provider was no longer in breach of regulation 18.

- Since the last inspection the provider had changed the way new staff received induction training. Staff were now trained by an external provider, in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised standard for skills and knowledge that all care staff should meet. Following their induction staff shadowed more experienced members of staff. Staff told us they had found the induction useful for their role and that it had included practical training in using equipment safely.
- Staff told us they received regular supervision and felt supported by the registered manager in their professional development. Staff told us, "They have enrolled me to the NVQ 3. They are very supportive" and "Supervision is useful. I tell them if I want to update anything, we talk about client needs, how things are going."

# 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 now deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Support plans did not always reflect the views of the person. Stock phrases were used and the language used was not always appropriate. For example, one person's support plan said they 'did not like' being assisted with their personal care and gave no reason why. The person told us this was because they were in pain. Their pain was not recorded in their plans.
- People were not consistently involved in reviewing and making decisions about their care. We saw that some quality monitoring visits and calls had taken place and no issues were noted. Some files contained handwritten care plan review forms, also noting no issues, but these were unsigned by the person or their representative and failed to identify the absent or incomplete care plans and assessments.
- People's support plans did not always support their independence as they did not contain enough information. For example, there was no guidance for care staff as to what aspects of their personal care people were able to attend to themselves.

Failure to assess people's care needs and preferences was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood good practice around protecting privacy and promoting people's dignity. They told us they promoted people's independence and respected their choices.

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

- Most people were pleased with their care. One person told us, "The lady they send in is very good, she does all I ask of her." Relatives told us, "She is polite and friendly, and so caring. She is happy to adapt to anything we ask, nothing is an issue for her. [Person] likes her, and usually they don't like people coming into their house" and "They are all very pleasant and caring."
- Feedback was not universally positive. One person told us, "I have had rows with the carers and the manager." We saw text message exchanges in which the registered manager responded to this person's representative in an inappropriate or rude manner.
- The service identified people's protected characteristics under the Equality Act. Any identified needs in relation to these would be recorded.

# 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 requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

- People's care plans were not very personalised. Only the most basic instructions were present, for example, 'Change my pad, strip wash me in bed... help me brush my teeth...assist my breakfast and medication.'
- Most people told us that care workers met their needs and knew what tasks to complete. Care staff were able to tell us in some detail about the people they supported, but this knowledge was not reflected in people's assessments and care plans. This meant that new or covering staff would take longer to understand people's needs and know their preferences.

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 communication needs were known to their care staff, but their assessments and care plans were not always complete. This meant that new or covering staff would take longer to understand a person's communication needs.

Failure to assess people's care needs and preferences was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain if they needed to and felt confident they would be listened to. A relative told us, "We'd just phone the company or I'd get in touch with social services." However, information in the service user guide about how to escalate complaints was out of date and referred to a predecessor organisation of the CQC. This made it harder for people to get in touch with us. The registered manager said he would rectify this as soon as possible.
- The service kept records of complaints and included information about action taken. However, not every complaint or concern raised was reflected in the records. We saw evidence of issues raised by a person's representative that were not included in the records seen at the office.

End of life care and support

- The service was not providing anyone with end of life care at the time of the inspection and this had not been discussed with most people. We saw that it had been noted in one person's file that it was not appropriate to discuss their end of life needs with them. The registered manager said they would have discussions with people, their relatives and professionals around their preferences when they became appropriate. This meant that people's end of life needs might not be met if their circumstances changed quickly.

We recommend that the provider seek advice from a reputable source around end of life care and how to discuss and record people's needs in this area.

# 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 requires improvement. At this inspection this key question has remained the same.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure there were systems and processes in place to effectively assess, monitor and improve the quality and safety of the services provided, and to maintain securely an accurate, complete and contemporaneous record of the care provided.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made at this inspection, the provider was still in breach of regulation 17.

- There were still not effective systems in place to assess and monitor the quality of the service. Checklists and audits had been completed but had failed to identify missing documents and obvious mistakes. Lessons were not being learned from incidents and complaints.
- There had not been effective action to address the concerns found at the last inspection. Four of the five breaches found at the last inspection had not been addressed, and new breaches were identified.
- The registered manager spent a large proportion of his time out of the office. He was often acting as the second care worker when two staff were required, driving care workers to visits and delivering PPE. Staff spoke positively of the registered manager being supportive and available. However, being less present in the office meant that he was less effective in his oversight of the service.
- The service relied on timesheets as evidence of completed visits, but these were not always accurate. We saw several visit times recorded as back-to-back with no travel in between, and multiple visits recorded at the same or overlapping times. Although people or their relatives had signed them, the times could not be correct.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection it was noted that the format used for recording daily visits was not suitable. Since

then a new format had been introduced and care workers had been given guidance on how to write better records. This new system had been in place for several months and we could see that daily care records were now being kept appropriately.

- There were regular, well-attended meetings for staff and the office team. Detailed minutes were kept. We could see that many areas had been discussed in these meetings and actions taken as a result. For example, in the meeting notes since the last inspection we could see management planning how to improve the daily record keeping, then introducing the new format to staff, then getting feedback at the next meeting.

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 did not always report incidents correctly to the CQC. The registered manager had reported the death of a person but had not fully reported the circumstances of their death, and had not reported safeguarding concerns raised by a care worker about a person.

Failure to notify us was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. CQC is considering what further action they need to take against the provider for a failure to send notifications in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Most people's feedback about the care and support they received was good. However, failures to assess and record people's needs and the risks they faced meant that not everyone was receiving a reliable standard of care. Although people had regular staff who knew them well this knowledge was not recorded and thus not available to new or covering staff. People told us that when their regular staff were unavailable, the standard of care was likely to decline.
- Staff felt engaged with the service and supported by the registered manager. Staff told us, "[Registered manager] is 24-7 out there, making sure we give the clients the best care... I've never seen a CEO put himself out on the front line and that encourages me to do more for the company."
- The provider sought the opinions of people on the general quality of their care. There was an annual satisfaction survey of people and their relatives which had been completed earlier in the year. Results were generally positive, although some people raised concerns that they were not advised when there were changes to their service. We could see that these concerns had been followed up and that analysis of the results had taken place.

Working in partnership with others

- The service worked with other professionals when part of people's agreed support plans, for example occupational therapists and district nurses.



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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider was not doing everything reasonably practicable to ensure that people received person-centred care that took into account all of their needs. People were not involved in decisions about their care.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment was not provided with the consent of the relevant person.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess and mitigate risks to the health and safety of people and had failed to always ensure the proper and safe management of medicines.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective systems to ensure compliance with the regulations. The quality and safety of services was not always assessed or monitored. Risk to people and staff were not always assessed.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment processes were not established or operated effectively to ensure persons employed for the purpose of carrying on a regulated activity were of good character.</p>