

Anjel 2000 Limited

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Inspection report

66, Springbank Road
Hither Green
London
SE13 6SN

Tel: 02088521622

Date of inspection visit:
29 June 2016
07 July 2016

Date of publication:
15 September 2016

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 29 June and 7 July 2016 and was announced.

Anjel 2000 is a domiciliary care service delivering personal care to adults and children. At the time of the inspection the service was providing support to seven people.

The registered manager was not present during the inspection. Their whereabouts and duration of absence were not known by the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were at risk of missed calls because the provider did not have a system to identify which staff would be supporting people and at what times. This risk was compounded by the absence of any record of the availability of office staff and managers to whom a missed call could be reported by people or staff. People received care in their own homes from staff who had not been recruited safely. Staff were working with adults and children without first having submitted two satisfactory references. People were supported with risk assessments to reduce the possibility of avoidable harm and safe hygiene and infection control practices were used.

There were no records of staff training planned or undertaken. Staff received supervision and appraisal and understood their responsibilities in relation to the Mental Capacity Act 2005. People were supported to eat nutritious meals and had access to healthcare professionals as their needs required.

People thought the staff were caring. Staff treated people with dignity and respect. People's confidentiality was protected and their independence promoted.

People had personalised care plans based upon needs assessments. Staff supported people to engage in the activities they chose. The provider gathered people's views about the care and support being delivered.

People and staff did not know the whereabouts or availability of the registered manager or office personnel as the arrangements for staffing the office were not recorded and there were no rotas. Quality assurance checks at people's homes were ineffective as no information was recorded and action plans were not written. The registered manager failed to act on audits which showed shortfalls in staff recruitment processes. The provider worked in partnership with health and social care professionals and commissioners in planning and reviewing peoples support.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. The service will be kept under review and will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within

this timeframe.

Following the inspection the provider wrote to CQC to inform us that they would be closing. At the time of writing this report Anjel 2000 were no longer delivering care and support to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

People were not safe. Staffing arrangements were unclear resulting in a risk of missed calls.

Staff were not recruited safely or in accordance with the provider's recruitment policy.

People's risks were identified and minimised.

People were supported with safe infection control practices.

Is the service effective?

Requires Improvement ●

The service was not effective. Details of staff training were not recorded.
Staff received supervision when people's needs were discussed.

People had timely access to healthcare resources and were supported to eat healthy balanced diets.

People's rights under mental capacity legislation were upheld.

Is the service caring?

Good ●

The service was caring. People told us the staff were caring and polite.

Staff treated people with dignity and respected their privacy and confidentiality.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care plans written to meet them.

People's care was personalised and they were supported to participate in activities of their choosing.

People knew how to complain and their views had been gathered in a survey.

Is the service well-led?

Inadequate ●

The service was not well led. The availability and whereabouts of managers and office staff were not known to people and staff.

Quality audits were ineffective because what they found was not recorded and no action plans were produced.

Care records were well organised with relevant and up-to-date information.

Staff worked alongside health and social care professionals to meet people's needs.

Anjel 2000 Limited

Detailed findings

Background to this inspection

We carried out 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 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.

This inspection took place on 29 June and 7 July 2016 and was announced. The provider was given 48 hours' advance notice because the location provides a domiciliary care service and we needed to ensure that staff were available. This meant the provider and staff knew we would be visiting the agency's office before we arrived.

Prior to the inspection we reviewed the information we held about Anjel 2000 including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used this information in the planning of the inspection.

During the inspection we spoke with three staff and the director. We reviewed seven people's care records, risk assessments and medicines administration records. We looked at documents relating to staff and management. We reviewed five staff files which included pre-employment checks, training records and supervision notes. We read the provider's quality assurance information and audits. We looked at the provider's complaints policy and feedback from people.

Following the inspection we spoke with two people and contacted six health and social care professionals to gather their views about the service people were receiving.

Is the service safe?

Our findings

People were at risk of not receiving visits from staff because care was not planned in a safe way. The service did not use rotas to detail the names of staff and the times at which people were scheduled to receive support. Managers told us that staff deployment was generally arranged informally with a telephone call to staff "a day or two" before they were due to support people. On the first day of our inspection we asked managers to tell us which staff were supporting specific people at that time. They were unable to tell us. On the second day of our inspection we were presented with a rota for one person. The rota showed them being supported by the same member of staff on 36 consecutive days. We checked this information and found it to be inaccurate as other staff had delivered care and support to the person during the period identified. There were no rotas for other people. This meant people were at risk of missed calls because staff did not have accurate information stating who they should be providing care and support to and at what specific times.

Staff and people wishing to report missed calls could not be sure when managers were available in the office to be contacted. Managers told us the arrangements for staffing the office were agreed informally. There were no rotas or timetables for when the office would be staffed or when specific managers would be available. For example, none of the three senior staff in the office were able to tell us when the registered manager went on leave or would be returning. This meant people could not be sure they could contact a manager to report a missed call.

This is a breach of Regulation 12 (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

People received support in their homes delivered by staff who were not recruited safely. We found staff were delivering personal care without adequate employment checks. We found three staff had not presented the two satisfactory references the provider's recruitment policy stated were required. In two of these instances the references on file were not from the staff member's most recent employer. This meant the provider could not be assured of the suitability of staff to work with children and potentially vulnerable adults.

This is a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations, Fit and proper persons employed.

Other recruitment checks had been completed as required. Staff had submitted to criminal records and barring list checks and presented proof of identity, address and their right to work in the UK.

People told us they felt safe. One person told us, "I am fine with carers being in my home." Staff we spoke with were knowledgeable about different types of abuse and the actions they would take if they suspected a person was at risk of abuse. Staff told us they understood the provider's whistle-blowing policy and the importance of forwarding any concerns which had not been adequately addressed by the provider to external agencies including CQC.

People risks of avoidable harm were reduced because staff assessed the risks and developed plans to

manage them. For example, when one person was identified as being at risk of falls the service made a referral to an occupational therapist (OT) to assess the person's mobility and environment. Staff implemented the OT's recommendations which included using mobility aids and wearing a pendant alarm to alert staff if they fell.

Risks within people's homes were managed. Staff carried out environmental risk assessments to reduce the risks of avoidable accidents. For example the height and location of furniture and fittings were noted and potential trip hazards were identified and removed. Care records contained the locations of gas shut off points and water stopcocks. This meant staff were able to respond in an emergency to keep people safe.

Risks associated with people's health conditions were assessed. Care records detailed the symptoms of people's medical issues and identified triggers and warning signs of deterioration. For example, one person's care records explained the steps staff should take if a person's known health concerns began to present themselves. This included how to provide first aid and the necessity for summoning emergency medical assistance immediately.

People were able to take medicines without staff assistance or prompting and this was stated in care records. Children receiving care and support from the provider were given their medicine by their parents.

People were protected by the infection control methods used by staff. Staff wore personal protective equipment (PPE) when providing personal care. For example staff wore gloves and aprons when supporting people to wash. Where people had known allergies to latex this was recorded in care records and staff supporting them wore non-latex gloves.

Is the service effective?

Our findings

People told us they thought staff were capable and delivered care effectively. One member of staff told us they received training and managers told us training was delivered. However, records of training, lists of attendees, dates of courses, the titles of courses and course content could not be located by managers on the providers IT systems, in office filing cabinets or individual staff files. The provider told us some training was out-sourced whilst other courses were delivered by the service's training officer. However, the training officer was not available on either day of inspection and the details of the external trainers could not be found either. The provider told us all staff received refresher training for mandatory courses but were unable to identify when these took place or when any were planned. There was no system in place to identify gaps in training and improve the quality of the service

This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

People were supported by staff who were supervised. Managers held regular one to one supervising meetings with staff to discuss people's changing needs. Staff told us they found this a useful forum for exchanging ideas about good practice. Managers also delivered annual appraisals when staff performances and developmental needs were addressed.

Office based staff and care delivering staff understood their roles in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLS). We saw that the service had policies and procedures in place in relation to the MCA and DOLS. These legal safeguards ensure people who lack capacity are protected and that decisions that affect them are the least restrictive and made in their best interests.

People were supported to eat healthy balanced diets. One person told us, "I have no concerns about food." People's food preferences and the level of support they required to eat were stated in care records. One person's care records stated, "Fish: hate it". The person confirmed to us that staff never offered them seafood as a meal option. Care records also stated the support people required to eat independently. This support included the preparation and serving of food and cutting chewy food.

People were supported to access healthcare services whenever they were needed. Staff supported people to attend appointments and receive visits from healthcare professionals. Staff made a note of health appointments in people's care records stating outcomes and diarising follow-up appointments.

Is the service caring?

Our findings

People told us the staff supporting them were courteous and kind. One person told us, "My [staff] are always nice, polite and they do care, in my opinion." Care records provided staff with guidance to maintain a positive relationship with people. For example, one person's records stated, "It is particularly important that you communicate throughout whilst delivering personal care."

People made decisions about the care and support they received. People identified their preferred times for staff to visit their homes. For example, one person's care records stated the time at which they expected to get out of bed, eat breakfast, wash and dress and the support they required from staff with each task.

People were supported to maintain their independence. Care records guided staff as to people's skills and support needs around everyday living activities. Where people's abilities fluctuated that was made clear in care records. For example, one person's care plan stated their ability to mobilise unassisted decreased as they became tired. Staff had guidance on how to recognise signs of fatigue and the steps to take to support the person's mobility as they became tired.

People told us they felt their privacy was respected. One person told us, "They don't look at my letters or private things. They respect my privacy." Within one person's care record it was stated, "[Person's name] does not like it when staff spend lengthy periods in different rooms [to the one the person is in]." A member of staff told, "I always knock the door and ask for permission to enter because privacy is important."

People said staff treated them with respect and dignity. One person told us, "They [staff] are polite at all times. They speak nicely to me and my family." Another person told us, "[staff member's name] has very good manners." One person's care records noted they did not like staff using their mobile phones or speaking in a language they could not understand whilst in their home. This meant staff had guidance about people's preferences as to how they should be treated with respect.

Staff ensured people's confidentiality was respected. Care records were retained discreetly in people's homes to ensure that visitors could not see the private information they contained. Staff understood the provider's confidentiality policy and the need to know principle of information sharing.

Is the service responsive?

Our findings

People's needs were assessed prior to receiving a service. The support people required and the hours needed to receive it were agreed by people with social workers. The times of day when care and support were delivered was agreed by people with the provider. For example, one person was supported by staff for 45 minutes each morning and 30 minutes each evening to meet their personal care needs. This meant people's needs were identified and plans made to meet them.

People's needs were reviewed at planned intervals or when their needs changed. Changes in assessed needs were reflected in care records. One person told us, "I also have my care needs reviewed by social services and I forward my updated care plan to Anjel 2000."

Staff were guided by care records to provide personalised care. Care records reflected people's preferences as to how their needs should be met. For example, one person's care records detailed how staff should support them to eat their breakfast, lunch and dinner. Whilst another person's care records noted the specific assistance they required to meet their personal care needs. Staff had guidance in care records on the correct use of equipment to support people. For example, directions on the procedure for using a profile bed were stated. Similarly instructions for charging and checking a person's care link pendant to alert others in the event of a fall were clearly written.

People chose the activities they needed support to engage in. For example, people were supported to participate in swimming, hand cycling and trips to the park. To prevent social isolation people attended leisure centre groups and youth clubs. Whilst people's cultural needs were met by staff supporting their church attendance. This meant people received personalised support to keep active.

People told us they understood the provider's complaints policy and were aware of how to make a complaint. One person told us, "Any issues I have raised in the past was dealt with to my satisfaction."

The provider sought feedback from people about their experiences of the care and support they received. At the time of the inspection the provider was analysing the results of their '2016 client satisfaction survey'. We read that as a result of feedback from a person during a previous survey, the times of day at which their support was delivered were adjusted.

Is the service well-led?

Our findings

People and staff told us they had confidence in the managers. One person told us, "We talk on the phone and they make sure everything is alright. I can call them whenever." A member of staff told us, "I feel supported. Managers are encouraging and open to suggestion." However, we found that people and care staff were unaware of the roles, responsibilities and availability of the provider's senior staff. Managers told us they did not work full time whilst people and care staff told us they did not know at what times or on which days managers worked.

The provider did not produce or circulate any rotas showing the availability of managers. This resulted in chaotic management. For example, whilst the service had a registered manager who was on leave during both inspection days, senior office based staff could not tell us when the registered manager commenced their leave or when they would be returning. Arrangements in place during their absence were not planned, recorded or understood. Similarly senior staff were unable to explain to us how the registered manager's responsibilities had been delegated. This meant the planning and delivery of care and support was undertaken in the absence of effective leadership.

There were no plans in place to improve the quality of care people received because the provider demonstrated a lack of understanding around quality assurance. Managers we met with told us they undertook spot checks in people's homes every three weeks to look at the quality of service delivery. However, no records were kept of these audits, whether any shortfalls were identified during them or what actions were taken to resolve them. This meant the provider failed to measure quality or analyse the impact of its actions on the service people received.

The provider did not act when shortfalls were detected. We found that managers had audited staff records and identified failings but failed to act upon them. Audits showed managers had established that three staff had been recruited without the required two satisfactory references. But the registered manager and leadership team failed to take action to resolve the issue.

This is a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17 Good governance.

Staff attended team meetings at which people's needs and the vision and values of the service were discussed. The minutes of meetings were made available for staff who were unable to attend. This meant all staff were aware of the key issues related to the organisation and its delivery of care and support to people.

People's care records were up-to-date and accurate. Daily entries were made by staff into people's care records following each visit. These noted changes in people's needs and how they were supported. For example, we read that a GP was contacted in response to changes in a person's health condition. Care records retained in people's homes were regularly taken to the provider's office for review, scanning and filing.

The provider worked in partnership with a number of organisations. Links were maintained with healthcare teams to assess and plan the on-going delivery of people's care. The provider liaised with adults and children's social workers and commissioners when reviewing people's needs and care packages. The provider notified CQC about incidents and important events as they are legally required to.

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>Regulation 12 (1) and (2) (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.</p> <p>The provider failed to demonstrate that they have done everything reasonably practicable to provide safe care; and failed to do all that is reasonably practical to mitigate risks.</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (2) (a), (b), (c), (d) and (f) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.</p> <p>The provider failed to operate a process to assess, monitor and improve the quality and safety of the services provided; to monitor and mitigate risks arising from the carrying out of regulated activity; to maintain an accurate complete and contemporaneous record in respect of each service user; and to maintain records in relation to persons employed.</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 (2) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations, Fit and proper persons employed.</p> |

The provider failed to establish and operate effective recruitment processes to ensure staff were of good character, have the qualifications, skills and experience which are necessary for the work to be performed by them.