

Angel Human Resources Limited

Angel Human Resources Limited (London Bridge)

Inspection report

Angel House
2-4 Union Street
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Inspected but not rated

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 61 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

Medicines were not always managed safely as staff were not always completing the records in line with the provider's policy. Risks were not always effectively managed as there was at times a lack of information provided to staff to help them mitigate risks when providing care. The provider's processes for recording and investigating incidents and accidents were not always effective.

The provider did not have effective quality assurance systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people.

We made a recommendation to the provider to ensure they had effective recruitment processes in place. There were enough staff deployed to provide care and support. Staff received training and supervision in line with the provider's policy.

The provider had made some improvements to how the service was managed. These included reviewing all policies and procedures and introducing new processes for recording how care was being delivered.

The manager had only recently started working at the service. They had started to introduce a range of audits as they had identified there were gaps in how the service was being monitored.

Staff understood the provider's safeguarding policies and were familiar with the reporting procedures. Staff had access to appropriate personal protective equipment (PPE) to help prevent the spread of infection.

On the whole people told us they felt safe and gave positive feedback. Relatives also told us they were happy with the care their loved ones received from the service. There was a positive culture amongst the care staff, they told us they felt supported in their roles and enjoyed working for the service. People were able to provide feedback via a survey on the quality of the care and support they received.

Rating at last inspection and update.

The last rating for this service was requires improvement (report published 23 September 2019) and there were multiple breaches of regulation for safe care and treatment, staffing and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to

improve. At this inspection enough improvements had not been made and the provider was still in breach of regulations 12 and 17.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective, and well led sections of this report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Angel Human Resources (London Bridge) on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, staff recruitment and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Inspected but not rated

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

At the time of the inspection the service did not have a manager registered with the Care Quality Commission. This means that the provider is 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 24 hours' notice of the inspection. This was because we needed to be sure that the manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We

reviewed the information we held about the service since the last inspection. This included notifications from the provider, which is information about important events which the provider is required by law to send to us. Our planning also took account of the information provided by the registered manager during an Emergency Support Framework (ESF) call on 2 July 2020. ESF calls helped us to give targeted local advice, guidance and support to providers and care staff using a structured framework to guide conversations and help them to respond to emerging issues, and to deliver safe care which protects people's human rights. We used all of this information to plan our inspection.

During the inspection

We spoke with the manager, care coordinator and Human Resources (HR) manager. We reviewed a range of records. This included five people's care records, six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. Staff were consulted via a questionnaire and we received feedback from 22 staff members.

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.

Using medicines safely

At the last inspection we found systems were not in place to ensure the safe management of medicines and risks to people. This placed people at risk of harm and was a breach of Regulation 12 (safe care and treatment) of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvements had been made in relation to medicines management and the provider was still in breach of regulation 12.

- We found there was improvement in how medicines were being recorded but we were still not assured medicines were being managed safely. For example, some people's Medicine Administration Record (MAR) charts were not always completed clearly.
- We also found there was not always enough oversight regarding medicine management. When staff returned their communication booklet which included people's MARs there was no formal process in place to audit the MAR charts. This meant the manager did not have effective monitoring in place to ensure people received their medicines as prescribed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection there was no information about people's medicines and the possible side effects. At this inspection we found there was detailed information about the type of medicines people were taking and the possible side effects and what staff should look out for to help keep people safe.
- Medicines competency assessments were being undertaken to ensure staff had the training and skills required to manage people's medicines.
- Where a medicine or cream had been prescribed to be given as and when required (PRN) there was guidance for the staff in relation to how and when it should be administered.
- People's care plans stated when staff were to support people with their medicines and when they managed this themselves.

Learning lessons when things go wrong

At the last inspection we found systems were not in place to ensure people received safe care and treatment. This placed people at risk of harm and was a breach of Regulation 12 (safe care and treatment) of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvements had been made and the provider was still in breach of regulation 12.

- We found there was some improvement in how accidents and incidents were being recorded but we were not assured there was effective recording of all incidents and accidents. For example, we read in one person's communication log there had been a medicine error. The manager told us it was the policy to investigate all the incidents, however we did not see evidence of this case having been investigated.
- We reviewed another incident where a person had fallen, and we could not see any action recorded of how staff responded to this incident. This meant we could not be assured the provider was following the policies of the service.

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

Assessing risk, safety monitoring and management

- People's risks were not always appropriately identified and assessed correctly. In one person's support plan we read they had epilepsy. There was no other information recorded to help guide staff to provide care and support safely.
- In another person's file we read they were at risk of pressure ulcers. There was no skin integrity risk assessment completed for this person and there was no information recorded in their care plan. This meant we could not be assured staff were working in line with the person's risk assessment to mitigate any potential risks.
- Another person was being supported by a staff member to attend activities within the community. This person was at risk of seizures but the provider had not completed a risk assessment to ensure staff had the appropriate information should the person become unwell.

We found no evidence people had been harmed. However, the provider's procedures for assessing, reviewing and managing the risks to people's health and safety were not robust. This was a further breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised all of these incidents with the manager and they told us they would take prompt action to address the issues raised.

Staffing and recruitment

- The provider did not always follow safe recruitment procedures before employing staff. We reviewed two staff files and we saw their employment history were incomplete. The provider had not obtained a satisfactory written explanation of any gaps in employment.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff recruitment procedures were effectively managed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The manager checked staff references from previous employment, and we saw evidence within staff files of information relating to the Disclosure and Barring Service (DBS) checks. This helped to protect people from the risks of unsuitable staff being employed to support them.
- The provider used an electronic call monitoring system for staff to 'log in' when they arrived and left people's homes. Office staff were notified when staff were running late. The coordinator was following up with staff when people were not logging their calls correctly. On the whole people told us they received their calls on time, comments included, "They are not usually late but if they are the carer usually phones me " and "We get a call if the carers are running late."

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse; the provider had a safeguarding policy and staff understood how to keep people safe. One staff member said, "Safeguarding is protecting the health, wellbeing and human rights, and enabling people to live free from harm". The provider sent notifications in to the CQC when there was concerns for people's safety.
- The provider had appropriate systems in place to protect people from the risk of financial abuse.

Preventing and controlling infection

- The provider had updated their policies and procedures for managing infection control. Information was cascaded down to staff and they told us they understood the infection control policies.
- People confirmed that the staff wore personal protective equipment (PPE) correctly, comments included, "The carers wear an apron and a mask over their mouth and nose," and " They wear masks and aprons. They follow tight rules from the office and put the patient first. They are very well trained; it is a tight ship".
- All staff completed regular COVID-19 tests and had begun to access COVID-19 vaccinations at the time of our inspection.

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. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

Staff support: induction, training, skills and experience

At the last inspection we found there was lack of records and monitoring of staff supervisions and appraisal. At this inspection we found there was improvement and the provider is no longer in breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider gave care staff training and support to enable them to care for people in a safe way. Since the last inspection the provider had introduced new recording systems for monitoring recruitment, induction, supervisions and appraisals.
- All staff completed online training before they started their induction. This was called on boarding sessions. This involved a series of mandatory training. Once this was completed staff were partnered with more experienced staff for ongoing training. Staff were also required to complete further training throughout the year in line with the provider's policies and procedures.
- Staff received supervision every three months alongside spot-checks competency and an annual appraisal. Staff had access to out of hours support if an emergency occurred.

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.

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; 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;

At our last inspection the provider did not have robust arrangements to assess, monitor and improve the quality of service provided to people. This was a breach of regulation 17 (Good Governance) 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 17.

- At the last inspection we identified that quality assurance processes the provider had in place were not always effective. The previous registered manager had implemented new systems and processes however these systems did not pick up the concerns we found during the inspection.
- The provider was completing medicines audits, but these were done on an ad-hoc basis or informally and they did not always identify when there were gaps in people's MARs.
- Senior staff were reviewing people's care plans and risk assessments on an annual basis or when their needs changed. However, we could not find evidence of these reviews happening. The manager told us office staff conducted audits of support plans as part of their monitoring processes, yet they were unable to demonstrate to us how these audits happened.
- The provider was not following their recruitment policy as some staff were not recruited safely.
- We also found examples where appropriate action was not taken when accidents and incidents arose.

Failure to effectively operate systems and processes to monitor and improve the quality of the service places people at risk of receiving inappropriate care and treatment. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had recently left the service and a new manager had just started when we inspected the service. The manager had identified that there were shortfalls in quality assurance, and they had started to develop new auditing and monitoring processes. Following the inspection, the manager sent us evidence of quality assurance processes that were being completed at the service.
- Senior staff acknowledged that during the COVID-19 pandemic some service improvements had not been implemented as they had planned. They explained their management priority had been on ensuring people received safe care and treatment.

- During the inspection we saw the manager and senior staff were open and honest about the shortfalls we identified. They told us they were committed to making the necessary improvements to the service.
- The manager was aware of their roles and responsibilities including what events they needed to notify CQC about.

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

- Staff told us that office staff spoke with them regularly to check on how they were managing and if they needed anything.
- The manager told us they were reviewing the management structure to ensure all staff understood their roles and responsibilities. The new manager was introducing more defined methods of work for senior staff and they felt this would have a positive impact on the service going forward. We will look at this when we next inspect.
- We saw evidence of regular staff meetings which were held online as a result of the pandemic. The new manager had introduced more drop-in sessions to ensure staff could speak with them and address any concerns they might have. People and staff told us they felt the service was well run, comments included, "The field management is superb, staff phone for feedback and check on the carers unannounced," and, "I have contacted the agency, I got through okay and I am happy."
- Staff told us that they received the minutes of all team meetings via email which helped keep them informed of relevant changes and updates within the service.
- The provider conducted an annual survey which welcomed feedback from people who used the service and all staff. The survey was analysed, and the manager told us they would be using this as a tool to drive ongoing improvements. People confirmed they were consulted for their opinions and feedback.

Working in partnership with others

- The service worked in partnership with a variety of healthcare professionals. The previous registered manager worked in partnership with healthcare professionals and they regularly attended the local authority providers forum.

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 registered person did not always ensure safe care and treatment because they had not always assessed risks to service users safety nor had they done all that was reasonably practicable to mitigate the risks to the safety of service users.</p> <p>The provider did not always ensure the proper and safe management of medicines. Regulation 12 (1) (2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective arrangements to assess, monitor and improve the quality of the service and to assess, monitor and mitigate risks service users faced while in receipt of care. Regulation 17 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person was not always operating effective systems to ensure the safe recruitment of staff. Regulation 19 (1)</p>

