

Angel Home Care Consultancy Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Angel Home Care Consultancy Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection it was providing a service to two people.

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

The provider was not always following safe recruitment practices or supporting staff sufficiently to ensure they employed suitable staff with the right mix of skills, competences, qualifications, experience and knowledge to meet people's individual needs.

Systems for inducting and the ongoing support of staff were inconsistently applied.

Potential risks to people's safety had been assessed. However, these were not being reviewed on a systematic and regular basis.

There was no registered manager in post and the provider had taken on all the duties of both the management and day to day administrative running of the service. Legal requirements were not always understood or met. Governance and performance management was not always reliable or effective.

People who used the service were positive about the provider and were able to contact them when they needed to.

People using the service and their relatives were positive about the care they received. They trusted the staff and felt safe with them.

Staff understood their responsibilities to keep people safe from potential abuse, bullying or discrimination. Staff knew what to look out for that might indicate a person was being abused.

Staff made sure no one was disadvantaged because of their age, gender, sexual orientation, disability or culture. Staff understood the importance of upholding and respecting people's diversity.

Staff had been trained in the management of medicines and suitable policies and systems were in place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was Good (published 25 May 2018).

Why we inspected

The inspection was prompted in part due to concerns we received about assessing risks, staff training,

recruitment and support as well as the overall management of the agency. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement

We have identified two breaches in relation to staffing and good governance at this inspection.

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

You can see what action we have asked the provider to take at the end of this full report.

Follow up

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Angel Home Care Consultancy 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

The inspection was carried out 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 and flats in the community.

The service did not have a registered 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 24 hours' notice of the inspection. This was because we needed to be sure that the provider 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection

We spoke with the provider and one care worker.

We reviewed a range of records. These included two people's care records as well as records relating to the management of the service, including risk assessments and policies and procedures relating to the running of the service. We looked at three staff files in relation to recruitment, training and staff supervision.

After the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We also spoke with two care staff.

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.

Staffing and recruitment

- The provider was not always following safe recruitment practices to ensure checks were routinely carried out on the suitability of staff. For example, the provider had not requested a reference from a candidate's most recent employer but, had instead sent a reference request for the third referee on the candidate's application form. The provider had also requested a reference that were not recorded on the candidate's job application form.
- Although the provider's website stated that all staff undertook a full Skills for Care induction, we saw that the required documentation had not been completed. Staff told us the induction booklet took time to complete and confirmed they had not completed the whole course. Despite this we saw Care Certificates, signed by the provider, that indicated all staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us they felt supported by the provider. Staff said that they saw the provider each month when they dropped off their time sheet to the office. However, we did not see records of regular or up to date supervisions or appraisals. This meant that we could not be assured that the provider always deployed suitable staff with the right mix of skills, competences, qualifications, experience and knowledge to meet people's individual needs.

The above issues were a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff confirmed they had received health and safety training when they first started at the service and that this was online, or classroom based.
- People who used the service and their relatives told us there were rarely any issues with timings or lateness.
- Staff told us the time they were allocated was enough for the tasks required.

Assessing risk, safety monitoring and management.

- The provider visited people before they started the service and was identifying, assessing and acting on potential risks for each person.
- People told us they had been involved in discussions about any risks they faced as part of the assessment of their care needs. A relative told us, "[The provider] did a big assessment. He was there about an hour. It was good, detailed." However, these assessments were not being recorded in people's care plans.
- Staff understood the potential risks to people's safety and welfare and knew what action they needed to

take to mitigate these risks. Information about people's risks was recorded in their care plans. However, these were not dated to provide evidence that the assessments were being reviewed on a regular basis. The provider assured us that reviews were taking place and said they would ensure this was now recorded. We spoke with a relative about staff being aware of risks and they told us, "They keep their mind open to that, but if I need to review things or if the situation changes [the provider] told me I can call him."

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

- People who used the service and relatives we spoke with told us they trusted the staff and felt safe with them coming into their home. One person told us, "[Staff member] is very nice and helpful. I trust her. She's very kind."
- Staff understood the procedures they needed to follow if they suspected abuse. Staff knew they could report any concerns they had about people's welfare to other authorities including the police, social services and the CQC.
- Staff understood that discriminating against people on the grounds of their protected characteristics was not only unlawful but abusive. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against.

Using medicines safely

- At the time of this inspection no one required support with taking their medicines. All staff had received medicines training and there were policies and procedures in place.

Preventing and controlling infection

- Staff had completed infection control and food hygiene training and understood their roles and responsibilities in relation to these areas of care. They told us they were provided with sufficient amounts of personal protective equipment.

Learning lessons when things go wrong

- The service had policies and procedures in place for reporting and recording of accidents and incidents and staff understood these.
- The service had accident and incident forms in place and the provider told us they would follow their procedures where required.
- The provider told us there had been no accidents and incidents since the last inspection of this service. At that inspection we saw the provider was following proper procedures.

Is the service well-led?

Our findings

Well-Led – this means 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care

- The leadership, governance and culture did not always support the delivery of high-quality, person-centred care.
- The registered manager had left the service in November 2018. The provider told us they had not been able to recruit another manager since then. The provider told us they had started the process to become the registered manager of the service. We spoke at length with the provider about their role, understanding quality performance, risks and regulatory requirements.
- The provider acknowledged that managing the service and monitoring quality performance had been difficult because they were the sole manager of the whole service and did not employ any office or administrative staff.
- Records showed that audits were not always occurring on a regular basis to make sure the continued safety of both people using the service and the staff supporting them.
- No staff meetings had taken place since the last inspection.
- Records relating to the care of people and the general running of the service were inconsistent.
- We saw records that two spot checks had been carried out on all three staff since the last inspection. No formal quality assurance processes had taken place since the last inspection. This meant there was a lack of consistency in how well the service was managed and led.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People who used the service and their relatives were positive about the provider and the service. A relative commented, "It's been a lifesaver for me. I can call [the provider] he usually responds within an hour."
- Both people who used the service, their relatives and staff told us the provider respected and supported their religion and culture. Staff assisted people to maintain their religious observance.
- Staff told us how the provider supported them. One staff member told us, "[The provider] seems be

responsible. He tells us we need to call him if there is an emergency. Sometimes he does call my mobile and talks about clients."

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

- Both the provider and staff understood their responsibility to be open and honest if mistakes were made. We spoke about the duty of candour with the provider. They told us, "It's about being frank and open, to say if something has gone wrong."

Working in partnership with others

- We saw the provider worked in partnership with key organisations to support care provision, service development and joined-up care. These included local authorities, community groups and health care professionals. On the day of the inspection a relative called the provider about a review meeting with a social care professional. The provider offered to attend this meeting to support the relative.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The leadership, governance and culture did not always support the delivery of high-quality, person-centred care.</p> <p>Regulation 17 (1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider was not always recruiting or deploying staff that were effectively supported, suitably qualified, competent and experienced.</p> <p>Regulation 18 (1)(2)(a)</p>