

Angels @ Home C.I.C.

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## Inspection report

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## Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

Angels @ Home is a domiciliary care agency, which provides personal care to people in their own home, who require support in order to maintain their independence. The office is located in Sentinel House, Eccles, which provides adequate parking facilities. At the time of our inspection, there were 62 people using the service. The majority of people who used the service had their care funded by the local authority.

The inspection took place on 06 and 07 February 2017 and was announced. We gave the provider of the service 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the manager would be available to speak with us. Prior to our visit we had received information of concern about the quality and safety of the service provided. This information prompted our visit.

During the inspection we found seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to person centred care, safe care and treatment, safeguarding, complaints, good governance, staffing and fit and proper person's deployed.

We made a decision under Section 31 of the Health and Social Care Act 2008, to impose additional conditions to the registration as a service provider in respect of the regulated activity. We imposed the following additional conditions for the regulated activity personal care at Angels @ Home:

1. □ The registered provider must not commence any new packages of personal care for service users, or increase the provision of packages of personal care to existing service users without the prior written agreement of the Care Quality Commission to do so.
2. □ The registered provider must appoint an individual, who is not Staff Member A, with the relevant qualification, skills and experience (NVQ Level 4 or equivalent) to provide additional oversight and governance, by their primary role being quality assurance and safety. They must assist Angels @ Home CIC with their assessing, monitoring and improving the quality of the service provided. In addition, assisting Angels @ Home CIC, with the monitoring and mitigation of risks in relation to health and safety and welfare of service users and in turn assisting with evaluating and improving practices at Angels @ Home CIC. The individual must be appointed within 21 days of service of this Notice of Decision.

The Notice of Decision was served on 16 February 2017. We are still considering further enforcement options in relation to this service.

At the time of the inspection, the provider was also the registered manager. This meant there was no other individual providing oversight of the service and the carrying on of the regulated activity. 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.

The provider had increased the number of packages of care they were providing and this had not been planned effectively. The provider did not have plans in place to manage the transition. Resources in the service were not adequate to increase at this rate and provide a high quality service to people.

People told us they felt safe but we found they were receiving care from staff that had not undergone appropriate pre-employment checks. Staff had been appointed and commenced working unaccompanied in people's home prior to the Disclosure and Barring service (DBS) check and references having been received. This exposed people to the risk of being supported by unsuitable staff.

Medicines were not handled safely as sufficient gaps between doses could not be demonstrated. We also found staff were handling medicines without having received medicines training.

People did not always have risk assessments that reflected their current needs or care plans to mitigate these risks. Staff did not have detailed guidance about the care people required.

Staff had not received an induction or appropriate training and support to enable them to fulfil their roles.

People were complimentary about the staff and support they received. People told us they were treated with dignity and respect and felt able to contribute to the care they received.

We found people did not receive care at regular times from staff that knew them. The staff rotas showed that staff were allocated for the convenience of the service and did not always take into account people's needs or preferences.

We found there was a complaints procedure in place but this had not always been followed by the provider, which meant the concerns a relative had raised had not been responded to in a robust and adequate way.

We found there were no robust procedures in place to monitor the quality of the service. We found checks being made on the overall operation and quality of the service were not in place to identify the areas of concern which meant the provider was not meeting their regulatory requirements.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, 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.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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** ●

The service was not safe.

The provider had not followed the recruitment procedure to ensure staff were of good character before they commenced working with vulnerable people in their own homes.

Medicines were not managed safely.

Staff had not received safeguarding training and safeguarding issues had arisen that hadn't been handled appropriately.

### Is the service effective?

**Inadequate** ●

The service was not effective.

Staff had not received an induction and were not undertaking the care certificate to support them in their role.

Staff did not have the training, support and appraisal available to enable them to support people effectively.

People's consent to care and treatment was sought prior to providing care.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring

People did not always receive care from staff that knew them well.

People confirmed they were cared for in ways which respected their privacy and dignity.

People told us the staff were caring and their interactions with staff were positive.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

People were unable to make plans due to the continued staff changes and changes were not effectively communicated between staff to provide responsive care.

Care documents were not person centred and did not give a complete picture of the person or their needs.

Peoples concerns and complaints had not always been listened to and acted upon. Complaints communicated to the office by the staff had not been recognised, investigated or recorded.

**Is the service well-led?**

The service was not well-led.

There was a lack of knowledge about the responsibilities as a provider and registered manager providing a regulated activity.

Quality assurance systems were not in place to identify and address areas of concern.

The service did not effectively demonstrate how the views of people who used the service and/or their representatives were sought and acted upon.

**Inadequate** 

# Angels @ Home C.I.C.

## 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 checked 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.

The inspection was prompted in part by information we had received from members of the public and the local authority that the provider was not undertaking recruitment checks. We also received information of concern from healthwatch that they had received complaint that the agency was missing visits to vulnerable people that required personal care and nutritional support.

This inspection took place on 06 February and 07 February 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to be sure that someone would be in the office to facilitate the inspection.

The inspection team consisted of one adult social care Inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

In advance of the inspection, we reviewed any complaints, safeguarding concerns and intelligence provided to us about the service. We spoke with healthwatch, safeguarding teams and the commissioners to gather feedback about the service.

During the inspection, we looked at various documentation including five care files for people receiving support and five staff personnel files. We looked at staff recruitment information, supervision notes, training, staff rota's, schedule visits, policies and procedures and two medication administration records (MAR).

We visited three people receiving support from the service and also spoke with two relatives whilst

undertaking these visits. We spoke with a further four people receiving support by phone, five care workers, the registered manager and the team leader to hear what people had to say about the service and care provided.

# Is the service safe?

## Our findings

We asked people if they felt safe receiving support from Angels @ home or whether they'd had any safety concerns whilst receiving support from the agency. One person told us; "I'm definitely safe. They are brilliant with that." A second person told us; "They are fantastic girls who make me feel safe. No problems with any of the staff they are very trust worthy people. They make sure I am safe." A third person said; "Yes I feel safe; the staff are all okay, never had anything go missing." A fourth person; "Oh yes, very safe. Nothing missing or unaccounted for."

During the inspection we looked at the providers recruitment procedures. The website for the agency states; 'All staff working for the agency whether working for the office or going out to visit clients, we take detailed references and of course do a DBS check'. Disclosure and Barring Service (DBS) checks should be undertaken for each new member of staff to ensure they are of suitable character to work with vulnerable people. The 'recruitment policy' which was not dated documented, employment will be conditional on the DBS information being satisfactory.

We looked at five staff personnel files. We found one staff member had commenced working for the agency prior to their DBS being obtained. We saw the member of staff had been supporting people in their own homes unsupervised for three months before the DBS had been issued. It was observed that a criminal conviction was detailed on the DBS.

The other four staff members were working for the agency and the provider had not undertaken recruitment checks but accepted DBS checks undertaken by previous employers. We found there was a conviction detailed on one of the historical DBS forms. We asked the provider whether they had undertaken a risk assessment or explored the circumstances leading to the convictions with the two members of staff that had criminal convictions detailed. The provider told us they hadn't. The provider said; "I haven't got an explanation for it, I don't think its right." The provider informed us they had entrusted recruitment to the general manager and that they needed to keep a closer eye on this.

We found a completed application form, which provided details of previous employment. The application form contained details of two referees; however we found that the references had not been obtained for any of the staff we looked at.

We asked staff about their recruitment. One staff member said; "I was asked for references. My DBS is still in progress but I am out delivering care. I think it was delayed because of the Christmas/New year period." A second staff member; "I already have a DBS in place from my previous job which I produced. I was asked for 2 references as well." A third member of staff said; "They didn't ask for references and I just brought my DBS from my previous job."

We found the provider had not protected people against the risk of associated with employing fit and proper persons. This is a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, fit and proper persons employed.



We found medicines were not managed safely. We asked staff about the administration of medicines. A staff member told us; "I give medication but they haven't provided me with training yet. They haven't asked me for certificates with my older jobs. I've not had any medication errors. We never run out of medication." A second member of staff; "I haven't ever come across it running out. I sometimes give paracetamol. There is no PRN protocol though but we sign the MAR. I've never come across any errors, it's one of the main things I do. I don't find the MARs are as good as previous. There is nowhere to record times given to ensure an appropriate gap has been left." A third staff member said; "If anything is wrong or we notice an error, we are supposed to ring the office and tell them. They will speak to the previous staff member then call us back to explain. There are no forms for staff to fill in."

We found the records about the administration of medicines was poor. We looked at two Medication administration records (MAR) and found records could not be relied upon to demonstrate that people had been given their medicines safely. We found information in people's care plans was incomplete and did not offer clear instructions to staff about who was responsible for ordering or collecting medicines or how the person took their medicines.

We found the MAR didn't document the times medicines had been administered to demonstrate sufficient time lapses had been maintained between doses. We asked the provider how they would determine medicines had been administered safely and they told us the times would be documented on the communication log.

We saw one person was prescribed two paracetamol tablets four times a day. We looked at the communication log to ascertain the time the medicines had been given. We saw staff had made a global entry in the communication log of the time they had been with the person and not documented the specific time when the medicine had been administered. We calculated that the required time between doses had not been maintained.

We saw when people were prescribed medicines to be taken 'when required,' there was no information recorded to help staff decide when the medicines were needed. This meant people were at risk of not being given medicines when they needed them.

We visited one person who told us staff applied their cream. We looked at their MAR and care plans and found the cream was not documented and there was no guidance ensure the cream was given correctly and consistently. Without this information, people were at risk of being given too much or too little medicine or having creams applied incorrectly.

We found the provider could not demonstrate when staff had completed medicines training as this was not identified on the training matrix. Two staff we spoke with as part of the inspection confirmed they were supporting people with medicines and had never received medicines training.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment, because the provider had not protected people against the risks associated with the safe management of medication.

We found people were not protected from abuse and improper treatment. Prior to conducting the inspection, we had been informed that a person receiving support had alleged £140 had gone missing from their home. We saw there had been a delay in staff reporting this allegation to the provider and we found the provider had not attended a safeguarding meeting regarding this allegation. The police were unable to take the matter further due to the number of staff that had visited the person in their own home. The provider

had been supporting the person for seven years and subsequently gave the person a weeks' notice to ceasing to provide their support.

The staff we spoke with confirmed they had not received safeguarding training. We looked at the training record and found 18 out of 29 staff had not received safeguarding training. This meant the provider had not equipped staff with the required knowledge and skills to recognise and report safeguarding concerns.

This is a breach of Regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safeguarding people from abuse and improper treatment. We found the provider had not protected people against the risk of associated with safeguarding people from abuse and improper treatment.

Prior to conducting the inspection, we had received information of missed visits to people receiving support. We asked the provider to look at the call monitoring system and records where visits had been missed by staff. We were told the system was not set up to provide this at the time of the inspection. The provider told us they would be reliant on people ringing and informing the office of the missed visit. The provider told us they had an option on the current IT system to build in this technology which would enable them to receive an alert when a call was missed and respond by requesting another member of staff or the provider pick up the visit to ensure the person received the required care and support.

The people we spoke with as part of the inspection told us missed calls weren't a problem with Angels @ home. A person told us; "The times I've been told by the office, they have always been there." A second person said; "No problems they are always there when I need them." A third person said; "They stay as long as they should. Can't say have many problems with missed calls." A fourth person said; "They are on time. No missed visits, it's always nice to see them when they come."

Staff told us they had little notice or consideration when visits changed. A staff member said; "If someone is off or doesn't turn up, we get a text saying you need to cover these calls. We have to try and fit them in around our other calls. This is why some calls get missed. If you try and phone the office to discuss they don't answer the on-call phone, as they know it will be a member of staff due to just sending the text. A second staff member said; "It can sometimes be well covered, but if a few go off at the same time it can be difficult. It happens quite a lot. We all get phone calls asking to cover but it then makes us late to the visits we had scheduled."

Following the inspection we received confirmation from the provider that call monitoring had been implemented and we will follow this up at our next inspection.

The provider had risk assessments in place for people using the service which identified the risk and there was basic guidance for staff to mitigate the risk for specific issues, moving & handling, personal care, personal safety, risk assessment, dietary requirements, skin integrity, mobility. An environment risk assessment covered; lighting, path, space, flooring, electrical, risk of fire, whether person smokes, pets. We found some of the care plans lacked the detail to inform staff on how to mitigate the potential risks. Risk assessments were not always in place to inform staff what action they needed to take in order to mitigate specific risks. For example, one person told us they had skin breakdown but there was no risk assessment or care plan formulated to guide staff regarding the application of creams and pressure care.

We recommended the provider review the assessments to ensure they captured the required detail to provide safe, effective care.

## Is the service effective?

### Our findings

We asked people and their relatives if they thought staff were well trained and had the right skills to meet their needs. A person told us; "The lady who comes to me is bang on. Without a doubt. Always seems to want to do a bit more which I like." A second person told us; "They know what they are doing and are competent at what they do." A third person; "Yes, they do. Happy with what they do for me." A fourth person said; "Yes, they are, they are all competent." A fifth person said; "They seem to know what they are doing." A relative said; "I watch over and so I know they're doing things right."

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. New staff had shadowed existing staff for three days but we found they had not undertaken any induction training as part of an induction programme before working at the service. We looked at the training matrix and confirmed 21 staff had not completed induction training.

We saw the provider had printed the care certificate workbook but they confirmed staff were not attending accredited training and no staff member working for the agency had completed the workbook or were in the process of completing it. The care certificate assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care. It is awarded to care staff when they demonstrate that they meet the 15 care certificate standards which include; caring with privacy and dignity, awareness of mental health, safeguarding, communication and infection control. The provider told us; "It's like pulling teeth getting staff to do training." We ascertained training was unpaid and it was an expectation that staff would complete training in their own time.

We looked at the training matrix and found it contained large gaps in the training that staff had received. We spoke to five staff during the inspection and confirmed they had not received an induction and four said they had not attended any training since commencing with the agency. A staff member told us; "I've not done any training yet and it's booked in over the next few weeks. It's alien really as I have never worked for a company where training wasn't provided first. I did do shadowing though which was part of the induction and read policies and procedures." A second staff member said; "I've been with Angels a few months and haven't done any training yet, even medication. I don't think it's right and I would have benefited from more. I did a bit of shadowing and then straight out on the job. Shadowing lasted three days and I was expected to just get on with it. It was a bit daunting because it was new people, but luckily I'd done some in a previous role." A third staff member said; "None. I have not done any training since I started with Angels."

We found staff had not received the training they required to enable them to safely meet people's care and support needs. There were 29 staff working for the agency. We found 25 staff had not received food hygiene or health and safety training, 24 staff had not received basic first aid or moving and handling, 18 staff had not attended safeguarding training and medication training was not listed on the training matrix. We also saw the provider advertised on their website that the agency specialised in dementia. However, we found that none of the staff working at the agency had received dementia training.

We saw staff had been working independently with people in their own home. This meant staff had not been

adequately supported to demonstrate they had the required competence to carry out their role unsupervised.

The provider told us supervision was conducted quarterly and staff had an annual appraisal. We looked at three staff files and saw records that regular supervision was being undertaken but could not find any appraisal records. We asked the provider who said they had been completed and not filed. We asked the provider to show us a completed appraisal but they told us they were unable to find them. A staff member told us; "I've never had a supervision meeting or an appraisal. I have mentioned this." A second member of staff said; "I've had supervision and the manager does ring to check that you are okay."

We found that staff were not effectively supported to undertake training, learning and development to enable them to fulfil the requirements of their role. This is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in respect of staffing.

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. The application needs to be made to the Court of Protection for people living in their own home. At the time of our visit there was nobody receiving care and support that was subject to a court order.

We found staff had not attended Mental Capacity training but they demonstrated a basic knowledge of this in consideration of the people they were supporting. The provider demonstrated a good understanding of their legal obligations and worked closely with the local authority regarding this.

We saw consent forms in people's files signed by the person receiving support. Staff demonstrated a good understanding of obtaining people's consent before undertaking care tasks and respecting people's right to refuse. A staff member told us; "I ask the person and read the care plan first. I check if they want it this way or that way. It's down to the person and it's their choice." A second staff member said; "I always ask the person first and make sure it's what they want. I then tend to find I can build a routine with people. People always have the right to change their mind" A third staff member said; "Ask, I always ask before doing anything."

People confirmed the staff supporting them sought their consent before providing care and support. A person told us; "They always ask seek my consent first. The staff ask but I like to do a bit myself as well." A second person said; "They ask me if I would like certain things to be done and if it's okay." A third person said; "Yes, they do." "Oh yes, they do this every time."

At the time of the inspection, the provider told us they were not currently supporting anybody that was considered nutritionally compromised or requiring specialist diets or thickened fluids. This meant we were unable to ensure people's needs were being met in line with professional recommendations. The provider confirmed staff did not monitor people's weights but would raise with the person's social worker, family or GP if they had a concern. We saw historical records were staff had completed fluid intake charts for people when the district nurse or social workers had requested this. We looked at the completed fluid charts and found the recommended daily fluid intake for each person had not been documented. We informed the provider of our findings and they told us that they would look at strengthening the records to ensure staff had the required guidance to provide support to people.

This is a breach of Regulation 17(1) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider did not assess, monitor and mitigate the risks and maintain a contemporaneous record in relation to the care and treatment provided.

The provider told us it was family members who dealt with appointments and general healthcare needs, but staff would deal with emergency situations when they arose. This was confirmed by a relative who told us staff had promptly called for an ambulance when they had been supporting their family member and noted the person was encountering difficulty with their breathing. The relative also commended the staff that dealt with this incident for waiting with the person until the arrival of the emergency services and for their handover to the paramedics when they arrived.

## Is the service caring?

### Our findings

The service is a domiciliary care agency, which means people's care is delivered in their own home. We found there were widespread and significant shortfalls in the oversight and governance arrangements which meant people's immediate and ongoing needs were not consistently met to demonstrate a caring culture. Whilst we found staff had good intentions, they were not supported by the overall management or systems to ensure that people received safe, effective care when they needed it.

During the inspection we found rotas were organised for the needs of the service and not in consideration of the people supported. People were not receiving their care from a small number of staff who understood their needs and got along with them. We were told by people receiving support that they did not know which staff would be visiting to provide their care. A person said; "I've been with Angels five weeks. They are different carers most of the time but they are all great." A second person said; "No, I don't have the same staff, anyone can turn up. Sometimes they tell you in advance, sometimes they don't." A third person said; "I can have the same person for a few days and then someone different will turn up. I suppose that's to do with shifts. We do get new people coming round, but they all know what to do." A fourth person said; "It's all different carers. Between 15 to 20 different staff come to provide care." Two people we spoke with as part of the inspection were receiving support from a regular small team of staff. They spoke positively of the relationships that had formed and the staff's understanding of their needs.

As a result of the continued staff changes, it meant people were receiving personal care support from different staff. People and their relatives confirmed that staff respected their rights to privacy and dignity when providing personal care but changes in staff meant they would be having different staff undertake intimate care tasks. A person told us; "Definitely. I feel well treated by the staff and I am respected. I can't fault them and won't have a word said against them." A second person said; "They make me feel very relaxed and not embarrassed. I'm given a clean towel and kept covered." A third person said; "They help me get dressed and changed. Quite chatty and put me at ease." A fourth person said; "We empathise with one another, one of the staff that visits, is what I'd call a carer." A relative said; "They always treat [person] with dignity. They give [person] a bed wash every morning. I'm satisfied they do it properly, they give [person] a good wash."

We were informed prior to the inspection by the local authority of an instance when staff had not maintained confidentiality in regards to an incident that had occurred with a person that was receiving support. We found that all reasonable efforts were not being made to make sure that discussion about care and treatment and support was maintained on a 'need to know' basis with only the staff involved in the person's care.

People receiving support and a relative of a person receiving care from the agency told us the staff that visited them were kind and caring. One person said; "The member of staff who sees me is kind and caring without a doubt. I'd give 10/10 every time." A second person said; "Most definitely yes." A third person said; "Yes, they are, They are very good." A fourth person said; "Yes, they are all caring." A fifth person said; "I've befriended quite a few of them." A relative told us; "The staff are kind and caring people. I like all the staff."

We asked people receiving support if they would recommend the service to other people requiring the level of care provided. A person told us; "I certainly would. The staff that come round are really pleasant and I'm perfectly satisfied with everything. They can't do enough for you." A second person said; "Most definitely. I couldn't do without the help of the carers. The service is very good." A third person said; "Yes, I am. I would recommend them." A fourth person told us; "I certainly would." A fifth person said; "I would definitely recommend the company." A relative said; "We've used the agency for seven years. I'd definitely recommend them."

We found that people and their relatives were not involved in the planning of their care. Care records did not reflect people's preferences with regard to how they wanted their care delivered. People told us they felt involved in their care but we found care plans were not reflective of this to ensure people received care that was personalised to meet their needs. A person told us; "I am involved because I am asked what I want first. They don't just presume it's always what I want." A second person said; "They talk me through things with me and let me know what is going on." A third person said; "I know what I want and I get what I want." A fourth person said; "Yes, fully involved. They have been to see me to ask if everything is okay."

The staff we spoke with detailed their considerations when providing support to ensure people exercised choice over their daily lives. A staff member told us; "Provide people with the choice of what they would like to eat or if they want a shower or strip wash. People are different but we get to know what they like and build up a relationship." A second staff member said; "I ask people to ascertain what is important to them and check it is what they want. Meals and clothes are things I offer people choice around." A third staff member said; "Ask people what they would like; do you want your medication, what do you fancy for your lunch, would you like a wash, things like that."

We asked staff how people were supported to maintain their independence. A staff member told us; "If people can do things for themselves then I will encourage them. For example if a person is mobile, I will try and get them walking about if that is what they want." A second staff member said; "I check if people want to wash themselves and then let them." A third staff member said; "I encourage people to do things for themselves. I have a [person] who can dress self, but sometimes refuses and needs encouragement. I encourage [person] to try and assure them I will help if struggling."

We looked to see how people's equality and diversity was promoted. A staff member said; "Everyone should be treated fairly and equally, regardless of sexual orientation, religion or colour of their skin. Best way to make sure we are meeting people's needs is read the care plan, so we know what they want and what we need to do."



## Is the service responsive?

### Our findings

We found instances where the service had not been responsive to people's needs because people were unable to make plans when the staff supporting them constantly changed. A relative told us that changes in staff meant there were occasions when they had been let down. They told us; "I wanted to go to church and had arranged with the carer to be here for 09.30 so that I could go but it wasn't that carer on the day so the carer that came didn't know and they came much later which meant I missed church."

We saw the care files we looked at contained an initial assessment of people's needs prior to commencing with the service. People and their relatives confirmed they were involved in the assessment process. A person told us; "Someone came to see me first to see what I wanted. I've only been with the service two months so not had a review yet." A second person told us; "I was visited at home to see what I needed." A relative said; "The manager came and did a full assessment and we discussed [person's] needs."

We looked at five care files and saw that they contained an initial assessment of people's needs before the service had commenced providing support. We found some care plans lacked detail about people's complex personal care needs and did not provide staff with enough information to deliver safe care. Care plans we looked at had little information about the person or their wishes as to how their care should be provided. Information about people's personal care needs, daily routine, nutrition and hydration needs, continence care and support required with their mobility had not been fully completed. There was limited information and no details documented to support staff to provide responsive care. For example; person lives alone, uses a stick and had a fall. We also found that people's history and background had not been completed. This information is important for staff to help them to understand the person and to get to know them.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care.

Prior to conducting the inspection, we had been contacted by a person detailing a complaint they had raised with Angels @ home and they told us that the provider had not adhered to the service complaints procedure as they had not received a response to their complaint. During the inspection visit, we asked to see the complaints file and asked the provider to make available the complaints they had received in the last 12 months. The provider told us they had not received any complaints and we saw that they had difficulty locating the complaints file.

The file was found but there was no complaints logged in the file. All the people we spoke with during the inspection confirmed they did not have any complaints; A person told us; "I wouldn't know what to do to be honest, but I am perfectly satisfied. I'm really impressed." A second person said; "I would contact the CQC or the local office. I think they would do something about it." I would ring the boss; their details are written down somewhere." "I've never had to. Have been told who to speak should I need to but have forgotten." A third person said; "I've not made a complaint." A relative said; "I've never made a complaint but I'd feel confident to speak with the owner and that they'd sort it."



We asked staff how they handled complaints and we were told; A staff member said; "I should imagine complaints are handled quite well. We put them through to the office." A second staff member said; "We contact the office if people are unhappy and it's dealt with there." A third staff member said; "We get a few unofficial complaints from people, usually about missed calls. There isn't an official complaint form; we just pass on to management what people have said to us."

We found there was no record of a complaint being received by the provider in the complaints file. However, staff told us people had raised concerns and they had passed these on to the office but there was no log maintained to demonstrate how these had been dealt with. This indicated to us that the complaints process was ineffective. This demonstrated that complaints were not being recorded or used to inform the future development of the service. We therefore found the service had failed to establish and operate effective systems for identifying, receiving, recording, handling, investigating and responding to complaints.

This was a breach of Regulation 16 (1)(2) of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014; receiving and acting on complaints

## Is the service well-led?

### Our findings

The sole director for the service was also the registered manager which meant there was no other accountable person in relation to the carrying on of the regulated activity. We had concerns about the day to day management and oversight of the service. A general manager had been appointed in November 2016 to support the provider but the lack of leadership meant their role went unchecked and the provider attributed a lot of the issues identified, for example recruitment to the general manager not following the procedures.

We asked to look at the service's quality assurance and governance processes. There were no system in place to monitor the service to ensure people's safety and mitigate the risks relating to people's health, safety and welfare. The provider did not have audit processes in place, such as personnel files, recruitment, medication, care plans, safeguarding, complaints, training and development, which were areas of concern we identified during our inspection.

The absence of quality monitoring and auditing processes was a contributory factor to the failure of the provider to recognise breaches or any risk of breaches with regulatory requirements. The provider could not evidence how they were moving the service forward and the methods they used to continually improve the service people received.

The safeguarding concerns a relative had raised with us, highlighting issues they had with the service, showed us the complaints procedure had not been followed and their concerns had not been properly investigated and responded to. The providers' investigation and our visit to the service exposed weaknesses in the governance systems. If the complaints had been properly investigated when they were received action could have been taken to address this and ensure the fundamental standards were being met.

When we asked the provider how people receiving care provided feedback regarding the care they received, we were told that people's satisfaction was captured when reviews of care were conducted. The provider told us they read through the suggestions and would make changes. During the inspection, we found the provider could not demonstrate this as the feedback sat independently in people's care files and had not been recorded to undertake a trends analysis and capture re-occurring themes to drive improvements.

We found the provider had not implemented systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. This was a breach of Regulation 17 (2) (a) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance.

We saw the provider had sent a newsletter to people informing the people that received support of the providers change of address. The newsletter detailed the move as a consequence of the agencies growth and they indicated in the newsletter that staff had been recruited in order to accommodate the increased need. The provider also documented that the staff would have the required recruitment checks undertaken and be in place before staff supported people in their homes. This meant the provider had not been honest or transparent with people receiving support as we found staff had been delivering care in people's home

and the checks had not been undertaken or risk assessments had not been completed when a conviction had been recorded on the DBS.

The provider told us that they were looking to recruit a manager to provide oversight and assist them with monitoring the quality of the service that was provided. The provider acknowledged that they had increased the packages of care at an increased rate and this had compromised the quality of the service. The provider had recruited staff and not ensured appropriate checks were in place prior to them providing support. Staff had commenced supporting people without sufficient training to undertake the role and the provider was unable to provide the oversight required for the carrying on of the regulated activity.

We asked people receiving support, their relatives and the staff whether they thought the service was well-led. A person said; "I've met quite a few different people so I'm not exactly sure which one was the manager." A second person told us; "I can't remember if I have met them to be honest, as there has been so much going on." A third person said; "I met the manager once. Every weekend the agency has problems. Staff calls in sick then." A relative said; "When staff have gone off which is rare, the manager has come out and provided care."

We received mixed reviews from staff regarding the leadership and whether management were considered approachable; "They are approachable and are there if you need them. On call is always there at weekend. There have been no problems whatsoever." A second staff member said; "They can be; however sometimes with on call, you feel like you don't want to ring them because they seem exasperated and like we shouldn't be ringing them. I've met the manager a couple of times. She can be okay but if you don't take extra calls, management can be quite short with you." A third staff member said; "The office manager is approachable, the registered manager no, not got very good people skills, the way she speaks to staff is not very good."

We saw the provider operated an on-call system that people receiving support or staff could contact out of office hours. A relative said; "The on call is answered 95% of the time or they ring back after five to 10 minutes when they've found out what is happening. I'd say they are well-led. We always know who is coming."

The provider told us team meetings were conducted and the meeting minutes were disseminated to staff by email when they had been unable to attend. The staff we spoke with hadn't attended a team meeting so they were unable to express whether they felt able to influence change through this forum. A staff member said; "I've not done. None scheduled that I am aware." "I haven't been to one yet and don't know when the next one is." A second staff member said; "No, never." "I've not attended a staff meeting as yet."

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 designing care and treatment with a view to achieving service user's preferences and ensuring their needs are met.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider had not operated effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not protected people against the risks associated with the safe management of medication.</p>

### The enforcement action we took:

Urgent notice of decision to impose additional conditions on registration as a service provider in respect of a regulated activity.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had not protected people against the risk of associated with safeguarding people from abuse and improper treatment.</p>

### The enforcement action we took:

Urgent notice of decision to impose additional conditions on registration as a service provider in respect of a regulated activity.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found the provider had not implemented systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>The provider did not assess, monitor and mitigate the risks and maintain a contemporaneous record in relation to the care and treatment provided.</p>

### The enforcement action we took:

Urgent notice of decision to impose additional conditions on registration as a service provider in respect of a regulated activity.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>the provider had not protected people against the risk of associated with employing fit and proper persons.</p>

**The enforcement action we took:**

Urgent notice of decision to impose additional conditions on registration as a service provider in respect of a regulated activity.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff were not effectively supported to undertake training, learning and development to enable them to fulfil the requirements of their role.</p>

**The enforcement action we took:**

Urgent notice of decision to impose additional conditions on registration as a service provider in respect of a regulated activity.