

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Angel Human Resources Limited (London Bridge)

Angel House, 2-4 Union Street, London, SE1 1SZ

Date of Inspection: 11 April 2013

Date of Publication: May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✗ Action needed
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Angel Human Resources Limited
Registered Manager	Mrs. Joan Bothma
Overview of the service	Angel Human Resources Limited provides care and support to people in their own homes who have physical and mental health care needs. At the time of the inspection the provider has approximately 20 people who use their services.
Type of service	Domiciliary care service
Regulated activity	Personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 April 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff, reviewed information we asked the provider to send to us and talked with commissioners of services.

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### What people told us and what we found

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We found that the provider respected people who used the services. One person said, "my support worker always supports my decisions". The provider involved people in the development and review of their care plans. We saw evidence that risk assessments and risk management plans were in place to protect people who use the service.

Staff did not follow their safeguarding policy of reporting and escalating an allegation of abuse.

There was a complaints procedure and policy in place and people who used the service were made aware of this and were encouraged to make a complaint if required.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 28 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People who use the service were given appropriate information and support regarding their care. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People we spoke with told us that they were happy with the service they received. They said they were asked about how they wanted their care carried out and care workers then put their care plan into practice. People said that they were provided with copies of their care plan.

People expressed their views and were involved in making decisions about their care. We saw evidence on people's care records of care plans which had been signed by both the assessor and the person using the service. One person we spoke with said "I have a very good relationship with my carer". Another person said "My carer helps me with everything I need in a professional and caring manner." We saw written information provided to people if unplanned changes were to take place. Staff told us that they would follow up with a telephone call so that people were aware of changes in their care plan. We heard staff speaking to a person and discussing care delivery changes that were being implemented on that day.

People's diversity, values and human rights were respected. For example staff were aware of people's religious needs when providing care. One person spoken with felt that staff were aware of their religious beliefs and needs and carers supported them to attend to religious events weekly. This resulted in a positive impact for people who used their services.

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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### Reasons for our judgement

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. One person said that staff understood their needs "both the carer and I know what to expect when I am having assistance in the mornings".

Care was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw evidence that risk assessments for mobility and personal care needs were undertaken and management plans developed to reduce risk. For example it was identified that a person needed to be hoisted by two carers to prevent risk of harm and injury.

Care plans and assessments were regularly reviewed to ensure any changing needs were identified and care plans updated to meet those needs. We saw evidence that people's care needs were noted and incorporated into their care, identifying their individual wishes and needs.

There were arrangements in place to deal with foreseeable emergencies. The majority of staff had knowledge and awareness of basic life support and first aid. Staff were aware of the provider's fire safety policy.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was not meeting this standard.

People who use the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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People who use the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. During the course of the inspection, we were informed of a safeguarding matter, in that a concern had been raised. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect. The provider had not responded appropriately to the current allegation of abuse. The provider had not escalated the allegation of abuse to the local authority. The provider had not acted in a timely manner leaving the person vulnerable and not sufficiently protected; the provider had not followed their internal safeguarding policy and processes.

The overall review of this matter was not yet concluded.

We spoke with four staff who had knowledge of the provider's safeguarding protocol and policy. Staff were aware of the signs of abuse and how an allegation of abuse was dealt with by the provider and the role of the local authority in investigating abuse. Staff records evidenced that staff had read the provider's safeguarding policy, this was indicated by their signature.

We spoke with a social worker and a contracting officer in the local authority. They had raised concerns that the provider had not protected a person receiving care and had removed the care provision from the provider.

The provider's safeguarding policy was dated May 2102 and had not taken into account new guidance and policy in relation to safeguarding vulnerable people. Staff did not have access to the 2011 guidance; Protecting adults at risk: London multi-agency policy and procedures.

Staff had a safeguarding policy however had not followed the procedure of reporting and

escalation of abuse. This meant that people could not be confident that the provider would adequately protect them from the risk of abuse. Staff were unable to take action to minimise the risk of abuse identified and were unable to demonstrate their skills in managing those risks identified.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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There were effective recruitment and selection processes in place. Staff records we viewed showed that the provider had taken reasonable steps in recruiting staff to care for people. We saw evidence of completed application forms with previous work histories recorded. Staff's qualifications and skills had been evidenced.

Each of the staff records included a job description and a contract of employment which had been signed by the employer and the employee. We spoke with staff who told us of the induction programme and basic training they completed when they were first recruited. One person said "i remember the induction was really good and informative".

Appropriate checks were undertaken before staff began work. We saw evidence of photographic identification, disclosure and barring service checks (DBS) and completed health questionnaires. Two references were obtained, with confirmation that the referees were contacted following receipt of the written references. Checks had been undertaken on people's right to work in the UK, and we saw evidence of working visas in place where required. The staff records we reviewed also included a physical health assessment to establish whether people were fit to work.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available.

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### Reasons for our judgement

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People were made aware of the complaints system. We saw a copy of the complaint's procedure which was included in the information pack provided to people at the beginning of their service.

People were given support by the provider to make a comment or complaint where they needed assistance. People we spoke with told us they felt confident in the management and staff and that they were able to discuss any areas of dissatisfaction or make a complaint if they needed to. One person told us "if I wanted to make a complaint I would know how to", another person said "i have no complaints about my care".

We were told by staff that people's complaints were fully investigated and resolved, where possible, to their satisfaction. We asked for a summary of complaints people had made and the provider's response. At the time of the inspection we were told that the provider had received no complaints. We were told that people would raise issues about their service received and these would be dealt with, for example by a change in care plan or care worker, and a formal complaint averted.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<b>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</b>
	<b>Safeguarding people who use services from abuse</b>
	<b>How the regulation was not being met:</b> The provider was in breach of Regulation 11(1a)(1b) and (3d).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 28 May 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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