Angel Solutions (UK) Ltd

# Angel Solutions (UK) Ltd

## Inspection report

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Date of inspection visit:
28 October 2019
30 October 2019
04 November 2019

Date of publication:
27 September 2021

## Ratings

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

# Summary of findings

## Overall summary

About the service
Angel Care Solutions (UK) Ltd is a domiciliary care agency that provides personal care to people in their own homes. 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. At the time of our inspection the service was supporting eight people with their personal care needs.

People's experience of using this service and what we found
The provider's planning for delivery of care was unsafe. Staff rotas revealed that people were at risk of not receiving appropriate care because managers had scheduled staff to deliver care to different people in different locations at the same time. In order for people to receive their care as planned the provider was deploying individuals who were not disclosed as staff to CQC during the inspection. This meant people continued to be at risk from potentially untrained, unvetted and unsafe staff.

People were not appropriately safeguarded. The provider did not follow local safeguarding adults guidance to keep people safe. As a result we raised two safeguarding alerts during our inspection.

Concerns remained about staff training and the records related to it.

In contrast to the staff rosters we were presented with, people and their relatives told us they did not always receive care visits from regular staff or staff named on the rosters.

The service continued to be poorly managed. Managers continued to have an inadequate knowledge of regulated activity, maintained inaccurate records and were not transparent. The provider failed to display its performance ratings.

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

Rating at last inspection (and update)
The last rating for this service was Inadequate (published 30 April 2019). 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 improvement had not been made and the provider was still in breach of regulations.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Angel Solutions (UK) Ltd on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to governance, staffing, persons employed, duty of candour and displaying of ratings at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

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?**<br>The service was not safe.<br>Details are in our Safe findings below. | **Inadequate** |
| **Is the service effective?**<br>The service was not always effective.<br>Details are in our Effective findings below. | **Requires Improvement** |
| **Is the service caring?**<br>The service was not always Caring.<br>Details are in our Caring findings below. | **Requires Improvement** |
| **Is the service responsive?**<br>The service was not always responsive.<br>Details are in our Responsive findings below. | **Requires Improvement** |
| **Is the service well-led?**<br>The service was not well-led.<br>Details are in our Well-Led findings below. | **Inadequate** |

# Angel Solutions (UK) 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 two inspectors and one 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
During the inspection the Expert by Experience spoke with four people and two relatives by phone. An inspector visited two people at home. One of these visits was carried out jointly with two health and social care professionals and the other with a person's relatives. We spoke with four social care professionals and the provider's care coordinator and manager.

We reviewed six people's care records which included assessments, care plans, medicines administration records and daily notes. We checked eight staff files along with staff rosters, training records and supervision notes.  We reviewed the complaints the provider had received and records of quality monitoring.

After the inspection
We spoke with two professionals with knowledge of the service.

Inadequate

# 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 inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment
At our last comprehensive inspection in March 2019 we found the provider had sent unsafe and unsuitable staff to deliver care and support to people. This was because they employed one member of staff who was barred from working with children and vulnerable adults and failed to obtain employment references for two staff.

In July 2019 we carried out a focused inspection of the service and found employment references continued to be inadequate, with staff having references from employers they hadn't worked for and an on-going failure to establish the reason for gaps in staff employment histories. Additionally, the provider had not undertaken a risk assessment for staff with criminal convictions. The failure to ensure that fit and proper persons were employed was a breach of Regulation 19 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 19

● At this inspection we found the provider had obtained references for staff, gathered more information, where little had been contained in applications, and carried out risk assessments for staff with a conviction.
● However, we were concerned that the provider was not transparent with us about the identities and numbers of staff it was sending to people's homes to provide care and support.
● We reviewed staff rosters covering an eight-week period. These showed 199 occasions when people were at risk of not receiving their care as scheduled.
● The provider's roster showed that individual staff were scheduled on 159 occasions to deliver care to different people, living in separate locations at the same time. For example, one member of staff was scheduled to support three different people simultaneously.
● Eight weeks of staff rosters also showed 40 occasions when staff were scheduled to finish at one location at the same time they were scheduled to start at another. For example, staff were scheduled to finish supporting one person at 12:45pm and begin supporting another person also at 12:45pm. This was impossible because the people lived four miles apart.
● Because staff could not be in two places at once the risks were that either people were not receiving care visits as planned or that staff other than those on the roster were providing their care. We shared our concerns with a local authority who sent health and social care professionals to meet people and their relatives. They established people were receiving their care as planned, including where two staff were required to meet people's needs. Since people received their care as agreed this meant people were receiving personal care and support from staff the provider had not disclosed to us.

● We asked people and their relatives the names of staff providing their care. Excluding the staff who followed the unusual practice of using different names when supporting different people, we were told the names of four 'staff' who did not appear on the staff roster or in the list of staff given to us by the provider. We asked the provider about this. They told us one of the names was an ex member of staff whose file the provider no longer had. The provider denied knowledge of the remaining three 'staff'.
● Concerningly, we found in addition to managers writing rotas which staff couldn't fulfil; staff made time entries into people's care records when they couldn't have delivered care. This was because staff signed the care records of different people living at different places stating they delivered their care at the same time.
● The provider declined to explain how it deployed staff in line with its roster to different locations at the same time or to reveal the identities of the 'staff' they had failed to disclose.

The provider's failure to operate and maintain effective recruitment procedures and to make available information in relation to persons employed is a continued breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our July 2019 focused inspection, we found the provider was not always cooperative or transparent in situations where things had gone wrong. This was because the provider failed to share information appropriately with healthcare professionals and a Coroner following the death of a person. This included being unable to remember the name of staff at an inquest hearing, shredding staff files and failing to cooperate in a timely and transparent manner with Local Authority and CQC requests for information to ensure people were not at risk. This was a breach of regulation 20 (Duty of Candour) 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 20.

● At this inspection the provider was not open or transparent about the carrying on of regulated activity.
● The provider did not provide us with a full and complete list of people receiving the regulated activity of personal care.
● We checked the care plans of four service users the provider said were not receiving personal care. We did this in order to confirm whether regulated activity was being provided to more than the six people the provider told us about. We found two further people were receiving personal care. We contacted the Local Authority who confirmed both people were assessed as requiring personal care.
● We were concerned that the provider had not disclosed these people. We reviewed their support arrangements and found both people were exposed to the risk of being supported by unknown 'staff'. This was because of the high volume of overlapping care visits which were impossible for staff scheduled on the rota to attend simultaneously.
● The provider was not open and honest about the staff it deployed. We established that it was not possible for people to receive their care as planned, using only the staff the provider disclosed to us. This meant the provider concealed from the regulator the identities of individuals entering the homes of vulnerable adults to provide intimate personal care.

The providers failure to act in an open and transparent way is a continued breach of regulation 20 (Duty of Candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
● People were not protected from the risk of abuse and improper treatment.
● The provider failed in its duty of care to appropriately report incidents in which people may have

experienced harm. The provider did not follow local Safeguarding Adults procedures.

The provider's failure to operate systems and processes to effectively investigate, immediately upon becoming aware of an allegation of abuse is a breach of Regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management
At our last comprehensive inspection and again at our last focused inspection we found the provider had failed to robustly assess the risks relating to the health, safety and welfare of people, specifically around behaviours which may challenge. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● At this inspection we found the person who had presented with behavioural support needs which the provider had not adequately risk assessed or trained staff to manage was no longer receiving care from the provider. This person was therefore no longer at risk from the providers unsafe care.
● The provider undertook risk assessments where people may have been at risk of choking. Care records provided staff with guidance regarding foods and textures to be avoided to prevent the risk of choking.
● Where people were at risk of malnutrition as a result of poor appetites staff had guidance in care records. These included encouraging people to eat small meals often and the importance of verbal encouragement.

Using medicines safely
At out last comprehensive inspection we found the provider failed to maintain accurate records related to people's medicines. The provider did not appropriately audit people's Medicines Administration Records [MARs] or determine the reasons for gaps in staff signing on people's MAR charts. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● At this inspection we found MAR charts in people's care records had been signed by staff appropriately. Where there were gaps in recording because people had not received their medicines, staff inserted the correct codes to explain the reason. For example, when people were in hospital.
● MAR charts were audited and signed by one of the office managers.
● The support the people required to receive their medicines as prescribed was detailed in care records. For example, one person required verbal prompting to self-administer.

Preventing and controlling infection
● Staff protected people from the risk and spread of infection by wearing personal protective equipment (PPE) when delivering personal care.
● People and relatives confirmed that staff wore single use gloves and aprons appropriately.

Requires Improvement

# 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. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience
At our last comprehensive inspection in March 2019 we found staff were not receiving appropriate training. This was because the provider presented us with training records for one member of staff which showed they attended 20 training sessions over several months. We spoke with this member of staff who told us they had not attended any training due to an extended period of absence from work. Training records also showed other staff attending 21 training sessions in a single day. The failure to provide staff with the appropriate training they require is a breach of Regulation 18 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 18

● We could not be assured all staff were adequately trained because the provider had not been open and transparent about the staff they were employing. Without knowing the identities of staff which were not disclosed to us by the provider, we could not be assured they were adequately trained.
● One relative told us, "I have had to spend an awful lot of time training [staff] on how to deal with situations."
● The provider showed us a detailed training matrix. However, we could not be assured of its accuracy. This was because the matrix showed a member of staff completing training sessions in nutrition; falls prevention; equality; safeguarding; bed rails; safety of people and premises and risk assessments all on the same day as delivering seven and a half hours of care and support to people and travelling fifteen miles between service users.
● Despite our requests, no staff were made available for us to speak to during our inspection to ask about the training they received.

The provider's failure to provide staff with the appropriate training they require is a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Since our last inspection the provider had implemented a new programme of supervision in line with its policy. Detailed supervision notes were maintained for staff the provider had disclosed to us which showed meetings focused on staff personal development, performance targets and staff welfare.
● The provider also introduced an appraisal system for these staff. Appraisals enabled staff to review their own performance and discuss their roles.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed by health and social care professionals as well as by the provider.
● People's assessments included their health and social care needs along with their preferences for support.

Supporting people to eat and drink enough to maintain a balanced diet
● Staff met people's assessed nutritional needs in line with their care plans.
● People's care plans detailed the support required to meet their nutritional needs. For example, some people required staff to prompt them to eat. One relative told us, "[Staff] encourage [family member] to eat and give them good food."
● Where people required their drinks to be thickened this was detailed in care records. Relatives told us staff followed the guidance in care records thickened liquids appropriately.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People accessed healthcare services when required.
● Health and social care professionals reviewed people's care arrangements and health needs. This was reflected in care records.
● Staff recorded changes to people's health needs in care records for review by the registered manager. Significant changes were reported to relevant healthcare professionals.
● Staff worked cooperatively with healthcare professionals when required. For example, staff supported people when they received visits from community nurses and shared information appropriately with them.

Ensuring consent to care and treatment in line with law and guidance
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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

● People receiving care and support had capacity. Mental capacity assessments were not required and best interests meetings had not taken place.

Requires Improvement

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People did not always know the staff who arrived at their homes to deliver care and support. One person said, "They are short staffed. Staff go on holiday and don't come back." One relative told us, "They don't tell you who and when a new carer is coming they just turn up on the doorstep." A second relative said, "There is only one carer who can get [family member] out of bed to walk. But because of shortages they cannot come regularly."
- Records showed that people could not be receiving care and support from the staff as scheduled on staff rotas. This was because rotas regularly showed staff being in two places at once. This meant the provider was deploying staff and concealing their identities. For more detail about this breach of regulation 19 (Fit and Proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 see the Safe key question in this report.

- Notwithstanding the concerns above, we also received positive comments from people about their regular carers. One person told us, "As far as I'm concerned the care I receive from [named staff member] is above and beyond their duty. I am very happy with the care they give." Another person said "[Staff member] is very caring; they wouldn't be here if there was a problem. They treat me like a friend and I look forward to them coming."
- Initial assessments noted people's religions and any support people required from the provider around their spirituality. For example, one person was supported to listen to religious recordings when they chose.
- Where people required the support of staff to follow specific religious or cultural diets, this was detailed in care records and followed by staff.

Supporting people to express their views and be involved in making decisions about their care

- People told us staff encouraged them to make decisions and respected people's choices. One person told us, "They [staff] respect my wishes which are what I like."
- Care records guided staff to offer people choices and always seek consent.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff respected their privacy. One person said, "[Staff member] respects my privacy and only comes through the door when I say come in and leaves the room while I am on the commode."
- People and their relatives said that staff were respectful within their homes. One relative told us, "Staff always wear shoe coverings when they come in which is a good sign of respect."

● Staff encouraged people to be as independent as they could be and to undertake as many tasks as they could for themselves in line with their care plans.

Requires Improvement

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- We received mixed views from people and relatives regarding the responsiveness of the provider to complaints.
- One relative told us, "Issues are taken seriously and have been dealt with, but they are not proactive and react to situations. They don't see things as they are occurring; you have to tell them there's a problem. It worries me about people who don't have someone keeping an eye on the situation and have no one to speak for them."
- Another person told us they had made two complaints. We reviewed both and found the provider failed to address the issues raised as safeguarding alerts in line with guidance published by the Local Authority. This meant the provider did not use the complaints process to keep people safe or to improve the quality of care people received.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People did not always feel they received personalised care.
- People and relatives gave us differing views as to how person centred the care provided was. One person told us, "They came to review my care package after I had been in hospital to see if they could do anything more, we planned it together to suit me. It covers everything I need." But one relative told us, "I put a check list from the care plan together of things to be done for [family member], agreed it with them but it doesn't happen."
- People told us they usually received their care and support at times they preferred.
- People's care records detailed their informal care arrangements. This meant people, relatives and staff were clear about where the responsibilities lay for each aspect of care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider told us that people had not requested information in alternate formats but would make this available if people requested or if a need were identified.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain the relationships that were important to them. For example, we found

that, with people's consent, staff kept relatives and neighbours updated about important events.

End of life care and support

- The provider told us that none of the people they provided care and support to were identified as requiring end of life care.
- If people required palliative care the provider said they would liaise with health and social care professionals and ensure staff have the appropriate training.

Inadequate

# 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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last comprehensive inspection in March 2019 we found the provider failed to carry out robust audits. Inadequate governance placed people at risk of abuse and improper treatment because unsuitable staff were employed, and the provider failed to maintain accurate records related to staff. The failure to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At this inspection we found continuing failure by the provider to maintain accurate records. For example, staff rosters showed 199 occasions when people were at risk of not receiving care visits as planned.
- People and their relatives were negative about the management of the service and its quality assurance processes. One person told us, "No manager has been to check if everything is ok." One relative told us, "[The provider] sent someone to do spot checks but I am not sure that the person doing the checking had the right skills and knowledge themselves." A second relative said, "Every time I phoned the office I spoke to someone new, I had no regular point of contact."
- The provider continued to demonstrate a lack of regulatory knowledge. The manager and care coordinator did not understand what constituted personal care and as a result did not know the correct number of people they were responsible for providing personal care to. Similarly, the provider did not understand the regulatory role or legal powers of CQC. Office staff repeatedly challenged our authority to carry out this inspection, to review care records and to speak with people receiving care to make sure they were safe.
- The provider's quality checks remained inadequate. Managers checked, signed off and approved inaccurate information entered into care records by staff. We reviewed five days of daily notes made by staff in the care records of two people. Daily notes detailed the names of staff and the times they arrived at and left people's homes. We found four occasions where a member of staff stated in care records they were in both people's homes delivering care at the same time. This meant the provider's audits failed to identify inaccurate care records which revealed unsafe practice.

The provider's failure to assess, monitor and improve the quality and safety of the service and their failure to

maintain accurate, complete and contemporaneous records are a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● At this inspection the provider continued to be in breach of regulation 20 (Duty of Candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because they were not open and honest about the numbers and identities of people they provided regulated activities to, nor about the numbers and identities of the staff delivering. You can read more information about this breach in the Safe section of this report.

● The provider lacked candour regarding the status of the registered manager who was not available for any of the three days of our inspection. We were told he was stuck in traffic for the first day of our inspection and unwell on the other two days we inspected. However, CQC inspectors met the registered manager at another of the providers locations three days after our inspection. He introduced himself as the area manager and said he was based at the provider's Southend office where he is not registered to manage. At the time this report was being written we were still attempting to establish if the registered manager remained in charge of the service he was registered to manage.

● None of the people or relatives we spoke with had met, talked to or knew the registered manager.

● The provider had not been open and honest with people and relatives about the ratings they received at the last two inspections. The provider is legally required to display its performance rating on its website. We found it had not done so.

● The provider concealed from readers of its website and social media accounts that they had an overall rating of 'Inadequate'. This meant people, their relatives, health and social care professionals and members of the public did not know Angel Solutions (UK) was unsafe and was poorly managed. One relative told us, "If I had known about the rating I would have thought twice about using them as carers."

The provider's failure to display the rating of our previous inspection is a breach of regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>The provider's failure to operate systems and processes to effectively investigate, immediately upon becoming aware of an allegation of abuse is a breach of Regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>Regulation 13 (1) (3) |

**The enforcement action we took:**

We removed this location from the provider's registration with CQC. This means Angel Solutions (UK) Ltd can not carry on the regulated activity Personal Care.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider's failure to assess, monitor and improve the quality and safety of the service and their failure to maintain accurate, complete and contemporaneous records are a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>Regulation 17 (1) (2) (a) (c) |

**The enforcement action we took:**

We removed this location from the provider's registration with CQC. This means Angel Solutions (UK) Ltd can not carry on the regulated activity Personal Care.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The provider's failure to operate and maintain |

effective recruitment procedures and to make available information in relation to persons employed is a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulation 19 (1) (3)

**The enforcement action we took:**

We removed this location from the provider's registration with CQC. This means Angel Solutions (UK) Ltd can not carry on the regulated activity Personal Care.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 20 HSCA RA Regulations 2014 Duty of candour<br><br>The providers failure to act in an open and transparent way is a breach of regulation 20 (Duty of Candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>Regulation 20 (1) |

**The enforcement action we took:**

We removed this location from the provider's registration with CQC. This means Angel Solutions (UK) Ltd can not carry on the regulated activity Personal Care.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments<br><br>The provider's failure to display the rating of our previous inspection is a breach of regulation 20A(Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>Regulation 20A (1) (2) |

**The enforcement action we took:**

We issued a Fixed Penalty Notice.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The provider's failure to provide staff with the appropriate training they require is a repeat breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) |

Regulations 2014.

Regulation 18 (1) (2)

**The enforcement action we took:**

We removed this location from the provider's registration with CQC. This means Angel Solutions (UK) Ltd can not carry on the regulated activity Personal Care.