

Uriel Care2U Limited

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Inspection report

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Date of inspection visit:
14 August 2019
19 August 2019

Date of publication:
16 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Uriel Care2U Limited is a domiciliary care agency providing the regulated activity of personal care to people living in their own homes. At the time of the inspection the service was supporting 13 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service had failed to make any improvements to the issues we identified following the last inspection.

Risks associated with people's health and care needs had not been identified and assessed so that care staff could be provided with guidance on how to minimise those risks to keep people safe.

Medicines management and administration processes were not safe. There was a lack of clear information, guidance and records to ensure people were receiving their medicines safely and as prescribed.

The provider did not complete appropriate checks to ensure that only staff assessed as safe to work with vulnerable adults were recruited.

Care plans did not accurately reflect in detail, people's current care and support needs. Daily records of the support people received did not match people's support needs as recorded within their care plan.

Management oversight process in place to monitor the quality of care people received were ineffective and did not identify any of the concerns we found as part of this inspection.

Care staff confirmed that they received the appropriate training and support to carry out their role. However, records did not always confirm this, with evidence of poor training provision techniques.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this practice.

We have made a recommendation about following the key principles of the MCA 2005 in relation to mental capacity assessments and recording best interest decisions.

People and relatives told us that they felt safe and appropriately supported by the service and the care staff that supported them.

Staff demonstrated how they would identify signs of abuse and the steps they would take to protect people from possible abuse.

Complaints were documented and responded to according to the provider's policy. People and relatives knew who to speak with if they had any issues to raise.

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 Requires Improvement (published 20 August 2018) and there were two breaches of Regulation 12 and 19. Issues identified related to the unsafe management of people's risks and medicines and poor recruitment processes. 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. We also continued to find further areas of concern that required improvement. This service has been rated Requires Improvement for the second time.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

During this inspection we have identified continued breaches of Regulation 12 and 19 in relation to people receiving safe care and treatment and the poor recruitment processes. In addition, we have also identified breaches of Regulation 17 and 18 around ineffective management oversight and the quality of training provision.

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

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.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Uriel Care2U Limited

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

This inspection team consisted of one inspector 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 August 2019 and ended on 19 August 2019. We visited the office location on 14 August 2019, spoke to people and relatives on 15 August 2019 and spoke to care staff on 19 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from one local authority who work with the service. The service had submitted a Provider Information Return (PIR). However due to technical problems, this information was not accessible on our system. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all

of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager and five care staff.

We reviewed a range of records. This included people's six care records and one person's medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had not assessed risks associate with people's health and care needs. Medicines management and administration was not safe. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- People were not kept safe from the risk of avoidable harm.
- The service did not assess risks associated with people health and care needs.
- The service only completed environmental risk assessments. Where we identified people's risks associated with moving and handling, specific health conditions, skin integrity, high risk medicines and behaviours that challenged, the service had not identified or assessed these.
- The service had not provided any direction or guidance to care staff on how to keep people safe from harm with their known risks.
- Where people used moving and handling equipment, care plans did not contain any information about the equipment, how to use it and any risks associated with its use.

Using medicines safely

- People were placed at risk of not receiving their medicines safely and as prescribed.
- "Medicine Administration Records (MARs) were incomplete. We found nine gaps in recording during one week on one MAR. These MAR dated back to June 2019 and had not been audited. Therefore, the service had not checked to see if the person had received their medicines.
- The same person's MAR was not always fully dated. Therefore, we were unable to determine the dates the MAR corresponded to, to assess whether people had received their medicines.
- We brought this to the attention of the registered manager who then checked their records and the rota to confirm that the person had received their medicines on time."
- Care plans did not always record the level of support the person required with their medicines. There was no information available on the persons current list of medicines that needed to be administered, directions for administration or where the medicines were kept.
- Where care plans recorded the level of support people were to receive with medicines, this was not what was recorded by care staff as part of their daily recording. We found two examples where according to the

care plan, care staff were to only remind the person to take their medicines, but on daily records, care staff had recorded that medicines had been 'given' or 'administered'.

- Where medicines were being administered there were no MARs in place to record this.
- The registered manager was shown these discrepancies as part of the inspection process. We were informed that the examples given were of people who were only to be reminded to take their medicines and they had no explanation as to why staff were administering medicines.
- Medicine audits completed did not identify any of the issues we found as part of this inspection.
- Care staff had received training on medicines management and administration. However, the service did not carry out any form of assessment to check that staff were appropriately skilled to administer medicines.

As part of the inspection, we found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider did not follow safe recruitment processes to ensure the appropriate recruitment of staff. This was a breach of regulation 19 (Fit and proper persons employed) 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.

- People were not always supported and cared for by staff who had been appropriately checked and assessed by the service as safe to work with vulnerable adults.
- The provider had not carried out criminal record disclosure and barring checks (DBS) for six staff whose recruitment files we looked at.
- The provider had accepted DBS checks that had been completed for those staff by other recruiting agencies who had employed them within the last three to 24 months. DBS checks are only valid on the day they are issued. This meant that the provider had not carried out sufficient checks to ensure potential staff members were safe to work with vulnerable adults.
- Where staff, who had been employed by the service, had past criminal convictions listed on their DBS, the provider had not completed a risk assessment to assess the level of risk the staff member may present to vulnerable people or a supervision plan to monitor their work and performance.
- Appropriate proof of identification had not always been obtained and verified.
- References that had been requested to confirm potential candidates conduct in previous employment had not been verified.
- For two staff recruitment files we looked at, an application form had not been completed. This meant that the service had not checked the candidates past employment history, education and qualifications they had obtained that were relevant to the post applied for.

As part of the inspection we found that the service followed unsafe recruitment processes which could place people at the risk of harm. This was a continued breach of Regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the service sent through completed risk assessments for those staff who had listed criminal convictions on their DBS.

- The service told us that they had sufficient numbers of staff to meet the needs of the people they currently supported.
- People and relatives confirmed that they received care and support from a regular team of care staff who were generally on time. One person told us, "Yes, they come when I asked. I have someone now with whom I get on so well with them." One relative said, "[Person] has four visits a day. They are very amenable for changing around times. Yes their a core staff team."

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded and protected from the risk of abuse.
- People told us, "Yes I feel safe and happy with them" and "Yes, I am safe with them."
- Relatives also stated that they felt their relative was cared for safely. One relative stated, "Been with them two years and definitely feel safe and happy with them."
- Staff had received safeguarding training to ensure they knew how to keep people safe from abuse or harm. The service had processes in place to report their concerns to the appropriate authorities where required.
- Care staff knew to report any concerns that they had about people and possible signs of abuse, to their managers. One staff member explained, "The first sign visible are any bruises, how they are feeling. I will contact the office and I will ask them their advice and raise the issue as quickly as possible. If it is life threatening I would call the police and ambulance."
- Care staff also knew how to 'whistle-blow' and the agencies they could contact including the local authority or the CQC to report their concerns.

Preventing and controlling infection

- The service provided a variety of personal protective equipment which included gloves and aprons to prevent and control the spread of infection.

Learning lessons when things go wrong

- The service had no recorded accidents or incidents since the last inspection.
- Systems were available to document any accidents or incidents reported which included recording the detail of what happened, and the immediate actions taken to ensure people's safety.
- The registered manager used the information as a learning opportunity so that future occurrences could be prevented. We were told, "I do reflect and come back to the team and discuss what we are doing, how are things and share practises and brainstorming."

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. 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

- People may not have been supported by staff that were appropriately skilled and trained to deliver good quality care.
- Records confirmed that staff received training on several topics which included moving and handling, safeguarding, challenging behaviour and dementia care. However, records seen were either not complete and for one staff member not available.
- Certificates of training for two staff training records we looked at had no date recorded of when the training had been completed.
- For another two staff training records we found that both staff members had completed shadow induction and training in five topics on the same day. The shadow induction involved staff working alongside a more experienced member of staff whilst being assessed as competent to work on their own.
- We questioned the quality of training that staff members received where they were required to work and be assessed in the field as well as sit and complete five training course on the same day. The registered manager told us that this was their process.
- Following the inspection, we asked the registered manager to send us their training matrix which would detail all staff, the training they had completed and dates of completion. We did not receive this. Therefore, we were unable to confirm that all staff had received the relevant training to carry out their role effectively.
- Care staff also told us that they were supported well through regular supervisions, spot checks and annual appraisals which further enabled them to carry out their role effectively. However, records of these were inconsistent and were not seen for all staff files checked.

We found no evidence that people had received care from care staff who may not have received appropriate training to carry out their role. However, training practices followed by the provider did not give assurance that staff were in receipt of appropriate training to carry out their role effectively. This placed people at risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us that they believe the care staff that supported them were appropriately and skilled in their role. When we asked people and relatives whether they felt staff had the right knowledge and skills, one person told us, "Yes they do." One relative said, "Yes I do. [Person] is 91 and has very fragile skin and is at risk of skin sores. The district nurse who comes in once a month says her skin is well looked after."
- Care staff told us that they received an induction before they started delivering care and on-going training on a regular basis. One staff member told us, "We get training every six weeks. There was a time I asked for

manual handling, medication and general care support and they did the training immediately

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service assessed people's needs so that care and support could be planned and delivered according to their needs and preferences.
- A care plan was then written based on the information gathered which care staff would follow during the provision of care.
- However, relevant information obtained at assessment stage or from information provided by a local authority was not always incorporated into the care plan. This meant that people may not have been receiving care and support as per their assessed need.
- We highlighted examples of what we found to the registered manager during the inspection who stated that they would review each person's care plan to ensure they were reflective of people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink where this was an identified and assessed need.
- For most people, family members took responsibility of preparing food or making the necessary arrangements to ensure the availability of food for their relative. In this situation care staff were only required to heat up the meal and give to the person.
- People and relatives confirmed that they were happy with the support they received. One relative told us, "They do her breakfast and lunch and I do the evening meal."
- However, care plans did not always list people's likes and dislikes around their eating and drinking needs. We have reported on this further under 'Is the service responsive?' section of the report.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care staff recorded all care tasks completed in the person's daily care records. This supported effective information exchange so that care staff were informed of any significant events that may affect the person's care needs especially where any follow up actions were noted. Where concerns were noted these were reported to the office.
- However, daily records completed by care staff of the care provided, did not always match the package of care as defined in the care plan. We have reported on this further under 'Is the service responsive?' section of the report.
- Most people had relatives or representatives who supported them with their health and medical needs. However, where required, the registered manager told us that they always reported any concerns to involved relatives and where required supported people in accessing specialist services such as occupational therapists, social workers and district nurses.
- People and relatives told that care staff were observant and always reported any concerns to them. They were also confident that care staff would know what to do in an emergency and would access the appropriate health care service where required.

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. In community settings any restrictions placed on people are known as community DoLS.

We checked whether the service was working within the principles of the MCA.

- People and relatives told us that care staff always asked their permission and explained what they were doing before supporting them with their care and support needs. One relative explained, "Yes they do and that is what [person] likes. She says if they tell her what they are going to do, she feels okay with that."
- Records confirmed that people had consented to the care and support they received. Where people were unable to sign, relatives or representative's involvement was documented within the person's care plan.
- Where people lacked capacity to make specific decisions about their care and support decisions, the service had not documented any information relating to this and where appropriate, decisions that had been made in the persons best interests had not been recorded. This meant that people may not have been receiving effective care and support that followed the key principles of the MCA.
- We highlighted this to the registered manager who although demonstrated a good understanding of the MCA, had not applied its principles in practice.
- Care staff understood the basic principles of the MCA and gave examples of how they supported people in line with those principles. One staff member explained, "I explain what I am doing, the consequences, I don't make the decision but I advise them, this is not good, if its dangerous, I always give them choice, it is not part of my job to instruct them, always give choices, get them involved."

We recommend that the service follows current best practice, in line with the Mental Capacity Act 2005, especially when assessing and recording people's mental capacity and where decisions have to be made in the person's best interest.

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 Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives spoke positively about the care staff that supported them and their relative. One person told us, "They are alright and sensible." Relatives comments included, "I am happy with the carers we have. They are very good with their jobs" and "They are very good, loving and caring."
- Care staff spoke passionately about their caring role and told us they had established good relationships with the people they supported and their families. One staff member told us, "For example, client A, I have a good relationship with them, the family member knows me very well, if he wants to do something he takes my advice on board, I think he feels like he has someone he can get in touch with. I am part of his life."
- People's religious and cultural needs had been documented in their care plan. One relative told us, "They know Mum is connected to the local church and that the vicar comes into see her."
- Staff understood people's needs in relation to equality and diversity and that each person was different and possibly had different needs and requirements due to their religion, culture or sexual orientation. One staff member told us, "For me care is care. I don't differentiate between people."

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

- People were supported to express their views and were involved in making decisions about the care and support that they received. One person told us, "They always do what I ask."
- Care plans were written involving the person and where people wanted, their relative or named representative. One relative told us, "Yeah we have tweaked it a few times. In fact we are changing it next week for two carers in the morning."
- The service regularly called people and their relatives to obtain feedback on the care and support that they were receiving and to ensure the service was meeting their needs and expectations.

Respecting and promoting people's privacy, dignity and independence

- When we asked people and relatives about whether care staff respected their privacy and dignity, responses included, "Yes I am", "I would say so, yes", "Yes definitely" and "Oh yes I suppose so always treating me very correctly."
- Care staff told us of the importance of respecting people's privacy and dignity and gave various examples of how they did this. One staff member explained, "I always ask permission, I don't disclose their privacy, I don't talk about anything or anyone else."
- Care staff also explained the importance of supporting people to maintain their independence where possible. One staff member told us, "I encourage them and assist them where they need I ask people what they want me to do."

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 Good. At this inspection this key question has now deteriorated to Required Improvement. This meant people's needs were not always met.

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

- Care plans gave basic information about the person, their support needs and requirements. This included some person-centred detail about their life, involved relatives, social activities and hobbies.
- However, there was very little information available on people's likes and dislikes and how they wished to be cared for.
- Care plans were not always current and reflective of the actual care people received even though the care plans had been reviewed recently.
- Significant information gathered through the pre-service assessment or the local authority referral had not been included within the care plan.
- Daily care records, on which care staff recorded their daily interactions with people and the tasks they had undertaken did not match the care plan in terms of people's assessed needs. Records evidenced that care staff were undertaking care tasks that had not been included in the care plan such as administering medicines.
- Where information about people's specific health conditions had been documented, we found that there were no risk assessments or guidance available to staff on how to respond and support the person with the specific identified need.
- All care plans included evidence of an annual review or sooner where people's needs had changed. However, we found that where change had been noted in a person's care or medical needs, the care plan had not been updated to reflect this.
- The above findings meant that people were at risk of not always receiving care and support that was responsive to their needs. We showed the registered manager the issues we had identified, who told us that they would immediately review all care plans to ensure that these were current and reflective of people's needs.

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.

- Where people had specific needs relating to the way in which they communicated or the support required around their communication, this was recorded within the person's care plan.
- This included information about any support aids that the person may use to support them with their hearing or their eye sight.
- The registered manager told us that a variety of easy read documents were available where required to

assist people with their communication needs.

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 This KLOE is applicable where the service provides or supports activities, hobbies, community contact, employment and education support. Also enables or supports contact with families, friends and others in the community as well as personal care.

- Most people engaged in their own interests and hobbies with the support of their relatives or representatives.
- Where people required additional support with activities and following their interests this was provided as part of the care and support package. Details of the required support were recorded within the person's care plan.

Improving care quality in response to complaints or concerns

- The service had only one recorded complaint since the last inspection. The record detailed the nature of the complaint, the service's investigation into the complaint, their findings and the actions they had taken to resolve the issues raised. This was in line with the provider's complaints policy.
- People and relatives told us that they knew who to speak with if they had any complaints or issues to raise about the service that they received. They stated that they were confident that their concerns would be addressed appropriately.
- One person told us, "I would tell them about it obviously." One relative explained, "Either the office manager or the owner and most definitely they would listen. In fact, I had a couple of little problems recently, I told them, and they were sorted immediately."

End of life care and support

- At the time of this inspection, the service was not supporting anyone with end of life care.
- The registered manager told us, "Care plans can be formulated to look at their needs when end of life is needed. We do ask for their wishes but not everyone give us the information as family are heavily involved."
- However, we did note that the service did not in general collate any information around end of life preferences so that this information could be incorporated into the care planning process and provision of appropriate care regardless of whether end of life care was required.
- The registered manager gave assurances that going forward people's end of life preferences and wishes would be discussed with them.

We recommend that the service follows current guidance and best practice around end of life care and ensures that people's wishes and needs are considered when planning and delivering all care.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Processes in place did not effectively assess and monitor quality performance and risk.
- The registered manager carried out a number of checks and audits to monitor and check the quality of care and support that people received.
- These included audits of medicine administration records, daily records, care plans and spot checks of care staff at work to ensure that care staff were working to the required standards.
- However, these checks and audits were ineffective. The service had not identified any of the issues we found as part of this inspection. This included the lack of individualised risk assessments, issues with the management and administration of medicines, poor training provision for care staff and care plans that were not always current and responsive to people's needs.
- This meant that the registered manager and the service had insufficient oversight about whether people were receiving safe, effective and responsive care and support. Therefore, the service was unable to implement any learning or developments to improve the quality of care people received.
- The registered manager had not addressed any of the issues identified at the last inspection. The service remained in continued breach of Regulations 12 and 19.
- Following the inspection, the registered manager was given an opportunity to address certain issues such as ensuring that DBS checks had been completed for all staff and that all care plans were reviewed, updated and where required risk assessment put in place to ensure people's safety. However, this was not acted upon at the time of writing this report.

The range of concerns and the failure of the provider to systematically address them is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We obtained feedback from one local authority who told us about concerns that had been raised in the past around missed visits, lateness and monitoring arrangements, however, that there were no current concerns noted.
- There was a management structure in place and all staff understood their roles and expectations placed upon them.
- There was an on-call system in place for any out-of-hours issues that may arise. Staff told us that they were always able to access a member of the management team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Although we received positive feedback from people and relatives about the care and support that they received from Uriel Care2U Limited, we found that the overall management of the service did not always promote a positive culture which was person-centred.
- Issues identified as part of this inspection placed people at risk which meant that care provision may not have always achieved good outcomes for people.
- People and relatives knew who to speak with about the care and support that they received. One relative told us, "I am very happy with them. My relative was in hospital at Finchley Memorial earlier this year and the social worker wanted to get me to change from Uriel to another company. I told her no way, I am very happy with them." However, another relative did state that, "The administration needs to be improved."
- Staff spoke positively about the registered manager and the staff at the office. One staff member told us, "They are always in contact if there are any problems. I call them and they answer the phone any time. Always available."
- The service gave us examples of partnership working with a variety of health care professionals such as GP's, district nurses and social workers, to maintain the health and wellbeing of the people they supported.
- In addition to this, the service also told us that they worked in partnership with the local authority by attending provider meetings where providers from the locality were invited to engage with the local authority and each other to learn and share experiences and practices.

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

- The registered manager understood their legal responsibilities in relation to being open and honest with people when something went wrong.
- Where required, the registered manager was also aware of their responsibility of informing the CQC and other involved agencies where specific incidents had taken place or allegations of abuse had been made.

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

- People, relatives and staff told us that the service did involve and engage with them to obtain their feedback about the service that they received.
- One relative told us, "[Registered manager] will ring up occasionally and ask how things are and if there are any major issues." Another relative stated, "Yeah, we have done a couple. We did one last month."
- The registered manager explained that satisfaction surveys were completed with a random selection of people and relatives every three months. We saw three completed surveys which were generally positive with some concern noted around when regular staff are on leave and the cover arrangements. However, there was no further information recorded on the actions taken to resolve the persons concerns and make the required improvements.
- The registered manager explained that regular contact was maintained with all care staff through the phone, supervisions, text messages and the electronic care planning system.
- Formal staff meetings had not been held in the last one year. The registered manager stated that this was because not all staff were able to attend at one set time.
- However, care staff confirmed that they regularly met with the manager where they were kept abreast of changes, updates, discussed any issues or learning to be taken forward. One staff member told us, "It depends on the carers. Once a month when we submit our timesheets they ask us about the job, how are you feeling, any problems."

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	Regulation 18 HSCA RA Regulations 2014 Staffing The service did not ensure that all care staff received appropriate training to enable them to effectively carry out their role.

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 service did not always assess people's risks associated with their health and care needs. Sufficient guidance and instruction was not always provided to care staff to minimise or mitigate any such risks.</p> <p>Medicines management and administration was not safe. People may not have been receiving their medicines safely and as prescribed.</p>

The enforcement action we took:

We issued a Warning Notice on 10 September 2019.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service did not adequately assess, monitor and improve the quality and safety of the service that they provided.</p>

The enforcement action we took:

We issued a Warning Notice on 10 September 2019.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The service did not undertake the required checks to ensure that only fit and proper persons were employed that had been assessed as safe to work with vulnerable adults.</p>

The enforcement action we took:

We issued a Warning Notice on 10 September 2019.