Uriel Care2U Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 25 May 2018 and was announced. We gave the provider 48 hours' notice that we would be visiting their main office so that someone would be available to support us with the inspection process.

This was the first inspection of the service since it was registered with CQC in January 2017.

Uriel Care2U Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults of any age who need care due to physical disabilities, illness or those living with dementia. Not everyone using Uriel Care2U Ltd receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service offers domestic assistance services and personal care. At the time of this inspection the service was providing personal care services to twenty-three people. In addition, a night care service and a live – in care service was provided to two people. The majority of people used Uriel Care2U Ltd for reablement, a six-week service following a hospital stay and the others had a more long-term service.

There was a registered manager in post who was also a director of the company. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had risk assessments in place which covered specific areas of risk for each person, such as falls, environmental and health risks. In two files there was no environmental risk assessment and there was no risk assessment in the file for risks associated with one person's medical condition. The registered manager told us that these were in place in people's homes.

The service had processes in place to ensure the safe administration of medicines. We found problems with one person's medicines records which indicated that the provider's systems to ensure medicines were managed safely were not consistently effective. The registered manager informed us after the inspection that they had taken appropriate action to ensure all medicines records were accurate, including more frequent spot checks on the records.

The provider had not consistently followed robust recruitment processes as two staff did not have references as evidence of satisfactory conduct in their previous jobs. Other checks such as proof of identity and criminal record checks had been carried out for all staff employed.

The service carried out an assessment with people to assess their needs before confirming that the service could meet the person's needs. People were supported to have maximum choice and control of their lives

and staff supported them in the least restrictive way possible. Care plans detailed people's needs but some were written on a format which included information which was not relevant to them. People had consented to their assessment and to the service sharing information about them with other relevant professionals but some people had not been asked for their written consent to being provided with care by the service. There was no record of consent to their care plan as they had not signed it.

Care workers had appropriate training and support to enable them to deliver their roles effectively. They told us they were happy working for this service and felt well supported by the registered manager.

Staff supported people who had nutritional and hydration requirements to ensure they ate and drank well and helped them to maintain their health.

People and relatives were happy with the care staff that supported them and thought care workers were caring and respectful of their privacy, dignity and wishes.

The service had processes in place which dealt with complaints and concerns. The registered manager was making ongoing improvements to the service with support from a management team. At the time of the inspection there was no effective call monitoring system to ensure staff arrived on time to people's homes and stayed the agreed length of time. The provider had purchased a suitable electronic call monitoring system but it was not yet working effectively.

People using the service and staff working for them gave positive feedback about the registered manager. We found two breaches of legal requirements, relating to safe care (risk assessments and medicines) and staff recruitment. You can see what action we asked the provider to take at the end of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Some risk assessments were not in the office where senior staff could access the information. Most risk assessments identified risks associated with people's safety and gave guidance and direction to staff on how to reduce the risk.

People generally received their medicines safely as prescribed. There was one person who had errors on their medicines records which had not been picked up through auditing.

Recruitment processes were in place but were not sufficiently robust. People and relatives felt safe with the care and support that they received.

Is the service effective?

Good

The service was effective. People's needs were assessed prior to the service providing care to ensure that the service could meet the person's needs.

Care workers completed relevant training and were well supported to do the job. People received support with their nutritional and hydration needs.

Some people had not recorded their consent to care in line with the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. People and their relatives confirmed that care workers were caring and treated them with dignity and respect.

People were involved with the planning of their care and could make decisions for themselves. The service respected people's diverse needs.

Is the service responsive?

Good

The service was responsive. Care plans contained information about the person's care needs and how they wished to be

supported. The care plan format contained some information not relevant to people using this service. People and their relatives said they received care that was responsive to their needs.

People and relatives knew who to speak with if they needed to complain or raise any concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led. There was a management team in place but they had not identified the concerns we found regarding risk assessments and medicines. The management team did not have an effective system in place to monitor calls but this was in the process of being introduced.

The registered manager was highly regarded by staff and was committed to ongoing learning and improvement in the service.

Uriel Care2U Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office providing care. We needed to be sure that they would be in. This was the first inspection of this service.

The inspection was carried out by one adult social care inspector and one Expert by Experience. Experts by Experience are people who have personal experience of using or caring for someone who uses this type of care service. Their involvement was making telephone calls to people using the service and their relatives to ask them their views about the quality of care provided by the service. Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service which the provider is required to send to us by law. We had received no notifications from the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the care records and risk assessments for five people receiving a service. We also looked at staff records for five members of staff, including details of their recruitment, training and supervision. We reviewed other records relating to the management of the service, including complaints, polices and procedures and quality monitoring records.

We visited the office to look at records and met the registered manager, deputy manager and care coordinator. We spoke with three people using the service, the relatives of nine other people using the service and six care workers employed by the service. We had feedback from one local authority.

Requires Improvement

Is the service safe?

Our findings

Each person had risk assessments in place addressing known risks to their health and safety. These addressed risks relating to the home environment plus other risks such as risks of falls and health needs. The registered manager, deputy or care coordinator visited the person at home to undertake a risk assessment of the environment. They requested support from a hospital occupational therapist when a person was coming home after a hospital stay and needed adaptations or equipment at home. One person's file did not contain a risk assessment about a medical condition the person had. The registered manager explained that the risk assessment was present in the person's home in their care file. We advised that documents needed to be present both in the person's home and the office so that senior staff could access information when needed. Two of the five files we looked at had no environmental risk assessment. This meant there was a risk that staff may not be aware of any environmental risks to the person's safety when providing care to them in their home.

One relative raised a serious concern about the safety and quality of care provided and this was passed to the management team for immediate action.

The service had procedures in place for the safe administration of medicines. People's files indicated at a glance whether they needed support with medicines and care plans contained details of the support they required with their medicines. We found in one person's file that their medicines administration record (MAR) did not contain any instruction when to give a medicine. The medicine had been signed for twice a day for one week. The prescription showed it was to be given once a day. There were also some gaps where the MAR had not been signed. We brought this to the attention of the registered manager who addressed it while we were there and told us this had been a recording error and the person had received their medicine correctly but it was a concern that this had not been noticed during the management auditing of MARs. An incorrect or incomplete MAR places the person at risk of not receiving their medicines safely as prescribed.

The above amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had training in managing medicines. People said they received their medicines on time from their care workers. Relatives said, "Yes, they always remember to give it to him" and, "Oh yes, they always remember he has medication twice a day." People said they felt safe with the service. One relative told us, "Yes, she feels safe with her present carer and it makes me feel safe when I am not with her." One person using the service said, "They are nice decent people, they make sure I am safe."

Staff were trained in safeguarding people. There was a written procedure on action to take in the event of any suspicion or allegation of abuse. The registered manager had the contact details for three local authorities on the office wall and knew how to raise a safeguarding alert with Barnet, the local authority. Since the service was registered there had been no safeguarding alerts raised and the registered manager said there had been no concerns about abuse or neglect to date.

The service operated a recruitment process which included identity and criminal record checks, completion of an application form and interview. We checked six staff recruitment records and found two did not have references from the last employer as evidence that their conduct in their previous job was satisfactory. In addition, one staff member's employment history only covered the last four years. A lack of information about an applicant's previous work history and conduct was a risk that unsuitable people could be employed if all the required checks were not carried out robustly. The registered manager contacted us after the inspection to inform us that they had requested references as soon as we raised this concern.

People and their relatives were, with one exception, satisfied with the care that they received and they received care and support from regular care workers who usually arrived on time and were reliable. One person said, "Yes, they do, and they stay until everything is all sorted out." Two other people told us' "They usually turn up on the right day and the right time", "Very reliable and they text me if they are going to be a few minutes late, they never fail to turn up" and, "It is 24-hour care, I can rely on them." Relatives agreed and told us, "He turns up on time and if he is running late he always lets you know but this is rare" and, "He comes on time and he comes early if he needs to I have never seen such a good carer in my life."

Staff said they felt well supported and their work was planned so that they could arrive to each person on time. The service was in the process of introducing an electronic call monitoring system where care staff would be required to log in when they arrived for the care call and log out when they had finished the care call. This was not yet fully operational but would be of benefit to the management team to check that staff arrived on time and stayed the agreed time with each person.
As a result of learning from incidents, the service introduced an extra care worker for three hours a day for the summer so this person could step in and cover any lateness or sickness and help where needed.

There was a good supply of personal protective equipment in the office. Staff came to the office to collect and sign for their equipment. Staff completed training in infection prevention and control. Staff said they always had enough equipment and one staff said it was delivered to the house where they were a live-in care worker. People said that staff used PPE equipment when providing their personal care.

Nobody was using specialist equipment such as standing frames or hoists but staff had been trained in safe moving and handling.

Good

Is the service effective?

Our findings

Staff were trained to provide an effective service. They completed a 12-week induction training programme when they were employed by the service. We saw in staff files that this induction training included medicines administration, deprivation of liberty, moving and handling, dementia, safeguarding and working with people whose behaviour challenged the service. When new staff started work they spent three to five weeks "shadowing" more experienced staff. The registered manager said that this period helped them to identify what person's further training needs were.

People and their relatives said the service met their needs and thought staff were suitably trained to provide the support they needed. Comments included; "One of my carers is very good, she helped me, and she goes the extra mile", "My mum's situation is unique and they have learnt her ways and you would have to be trained to know how my mum's illness affects her and how to deal with it" and, "He is good with my dad and obviously has had training in dealing with dementia."

The service's supervision policy stated that staff received supervision quarterly but in practice this was more frequent. The management team also carried out spot checks on staff in people's homes to supervised them in practice. Staff said they received regular supervision and support whenever they wanted it. There had not yet been any staff appraisals as no staff had worked for the service for a year but the registered manager planned to start appraisals soon. Care staff told us that they felt appropriately supported and that they were always able to approach a member of the management team to discuss any issues or concerns.

A member of the management team carried out a needs assessment prior to commencing any package of care. They then devised a care plan, including information provided by the referring authority. The care plans detailed the times staff should go to provide care and gave information on the type of care and support the person needed.

Staff supported people with meals and eating when this was an assessed need. As most people used the service for "reablement" where they were needing support to regain independence, staff encouraged people to be as independent as possible. Many people using the service had meals on wheels or food prepared by relatives that care workers heated and served to them. Nobody needed any specialist support and nobody was assessed as at risk of choking. All people using the service could eat independently. Comments from people and their relatives included' "They help with food preparation and to be prompted to eat to make sure she eats and drinks enough", Yes, they prepare my food .I can feed myself, I should drink enough so they encourage me to drink more" and, "Yes, they help prepare his food."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team. There were no people using the service that were subject to a judicial DoLS. We checked whether the service was working

within the principles of the MCA. The principles of the MCA were displayed on the office wall and the registered manager said that they informed staff to always assume a person has capacity to make their own decisions. Staff completed online training in the MCA during their induction. Staff demonstrated a good understanding of the principles of the MCA and could describe how people were to be supported in line with those principles.

In the files we looked at we saw that people had been asked for their consent to having their needs assessed and to having their information shared with other relevant professionals but there were no records of consent to care. Although people told us they received care the way they wanted it we advised the registered manager that it was essential to ensure people consented to care from the service. People told us staff always asked for their consent before carrying out any personal care tasks. Relatives told us, "Yes, they always ask me or my dad if it is ok to do this or that" and, "He [care worker] always reassures him before he does anything for him, informs him and gets him ready for what is to come." Eight of nine relatives said they had seen care workers asking the person for consent before carrying out any care tasks.

Staff demonstrated a good understanding of the principles of the MCA and could describe how people were to be supported in line with those principles.

Most people had support from their relatives to attend healthcare appointments but said care workers helped them to maintain their health by supporting them with medicines and understanding their medical needs. The service's involvement in people's healthcare was mainly contacting healthcare professionals when there were any concerns. One relative said that care workers advised them to contact a district nurse when they noticed a concern with a person's skin. One person had diabetes and there were some concerns about their care which were passed to the deputy manager during the inspection so that they could be immediately addressed. For most people receiving a service, family members and relatives were involved in supporting the person with all their health care needs.

Good

Is the service caring?

Our findings

People said that staff were caring and treated them kindly. Relatives of people using the service saw the care workers regularly and told us how caring they were. One relative said, "Mum is happy, she is comfortable, her face lights up when they walk in and there is lots of interaction" and another said, "If they get away early from their previous job they come early and spend time talking to her as loneliness is her big problem."

People said staff were polite and respected their dignity. A relative said, "They are very polite and respectful to her" and reflected the feedback we received from people. Another relative said, "So much dignity and respect, he addresses him as Pa to make him feel more comfortable and better for him. Treating him like that he broke down the barriers about having someone intruding to his space but now he looks at it as friend coming to see him, we now view him as part of us." Another said, "He treats all of us with respect and dignity and he shuts the door when he is showering and he won't let anyone in until he is finished." People said their privacy was always respected.

People said they had encouragement to be independent. They also said that the care workers always treated them with respect. Four relatives described their care worker as like being part of their family and one described their care worker as "amazing, friendly, decent and understanding."

People and their relatives said they were involved in making their own decisions about how and when they wanted their care. One person said, "I tell them what I want."

People felt their individual lifestyle preferences were respected and they had support with their cultural and religious needs. One person told us, "I am part vegetarian and trying to follow the Buddhist way of life. They respect my choices". Relatives said, "Yes to all of those they make sure she has Greek TV on and she can talk about church. "and, "[care worker] respects his religious needs he helps him read his bible even though he is a Muslim." Two other relatives also said that their care worker read a religious book to the person at their request and supported them with their religious observance. The registered manager said that the service supported Muslim people. They said that staff were aware of their religious needs and that staff would be able to be flexible with their call times during Ramadan to respect changed prayer and meal times. Staff supported one person to go to their place of worship on request.

Good

Is the service responsive?

Our findings

At the time of this inspection Uriel Care2U Ltd was offering a range of services from one to 34 hours per week. The service had a minimum visit time of 30 minutes so that calls did not have to be rushed. People were satisfied with the quality of the service and said the care was responsive to their needs and wishes.

Each person had a support plan detailing their needs and wishes. People said their care workers respected and followed their care plan. One person said, "Yes, they did do a Care Plan and they review it about once a year." A relative said, "They wrote a care plan for her, and they have reviewed it once so far." The plans were reviewed and updated. We did a plan at the beginning…. after he has been to hospital they came around to see if he needed any more support with his care." The template for some care plans contained some standard sentences in that were not relevant to people using this service. These had not been deleted before the support plan was written. We recommend that the service develop their own person-centred care plan template to ensure it only contains information relevant to the person.

Care workers showed a good understanding of people's needs and understood the importance of person centred care. One person had live in care provided by the service. This person told us that their care worker supported them to go out and take part in activities of their choice such as shopping and out for meals. The other people using the service had support with personal care and food preparation and said that this was carried out according to their wishes.

We discussed how the service made people identifying as Lesbian, Gay, Bisexual or Transgender (LGBT) feel welcome. The registered manager said that at the current time there were no LGBT people using the service and agreed to consider how they could ensure that LGBT people would feel welcomed and respected.

People told us they had been offered a choice of female or male care workers and had been provided with their choice if they expressed one.

Most people and their relatives said they knew who to contact if they had a complaint. Two people said they had raised a concern with the service and that they were satisfied with the way their concern was dealt with. There were three complaints recorded since the service began operating. Two complaints were resolved but one wasn't resolved to the complainant's satisfaction. This complainant no longer used the service.

People said they felt listened to by the service. One relative said, "If there is an issue we discuss it with the manager, she is good we all sit and usually it is just a minor miscommunication."

People said their care workers respected and followed their care plan. One person said, "Yes, they did do a Care Plan and they review it about once a year." A relative said, "They wrote a care plan for her, and they have reviewed it once so far." The plans were reviewed and updated. We did a plan at the beginning…. after he has been to hospital they came around to see if he needed any more support with his care."

Requires Improvement

Is the service well-led?

Our findings

The registered manager was experienced in the health and social care field. Staff told us that they thought the service was well managed. They said that the registered manager was supportive towards them and listened to their ideas. They said that the registered manager and deputy were always available to them for advice and support. Staff said they felt well supported with their own religious needs. Where staff preferred not to prepare pork products for people for religious reasons the service tried to accommodate them and had done so by providing gloves for one person and by moving another to a different person who did not require pork. Staff morale was good. Staff said their workload was manageable and they felt listened to and supported well.

There was a clear management structure comprising the registered manager, deputy and the care coordinator who shared the management duties. They all also provided care to people using the service and carried out spot checks on staff providing care to other people.

We advised the registered manager to review the policies and procedures in place as we checked a sample of these and found one to be out of date. The service's policy on supervising staff referred to legislation that was several years out of date. The provider agreed to review the policies.

We identified some errors on the provider's website regarding the care they provided which could mislead people looking for care and commissioners. We advised the provider that the information on the website could be misleading to commissioners and people looking to buy their care from this service. The service's previous address was also on the website which could be misleading. The registered manager said the website would be updated and corrected in July. When we checked the website in July some corrections had been made.

We had feedback from one local authority who had commissioned care packages for people from this service. Feedback from the local authority included concerns about invoicing and a lack of written evidence of the care delivered. They also said there had been feedback from their clients that they had experienced late and missed calls which we were unable to check at the service as the call monitoring system had not yet been implemented. The registered manager told us that the invoicing situation had improved and they were submitting invoices electronically now as requested by the local authority. At the time of this inspection one relative said that calls had been late but other people said their calls were on time and never missed.

The management team carried out audits of support plans to check that they were up to date and changed when people's needs changed. They also audited Medicines Administration Records but had not identified the error we found. They had not identified that there were files in the office with missing risk assessments. They carried out spot checks in people's homes to check if care workers were providing good care and to check if people were satisfied or had any concerns to discuss.

The service was in the process of introducing an electronic call monitoring system which would automatically alert the management team if staff were late or missed a call. This would assist the

management team with their day to day oversight of the service.

The service had not yet sent out any quality monitoring surveys to people, relatives and professionals but planned to do so shortly after the inspection. Some relatives said they received calls from the service asking if they were satisfied but others said they hadn't been contacted to ask for their views.

The registered manager showed a commitment to ongoing improvement. They could give examples of improvements they had already made since they began operating the service a few months ago such as introducing the care coordinator post and employing an extra worker to support care workers in the mornings and staff development.

People using the service and their relatives had very positive feedback about the quality of care provided by their care workers.

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 12 HSCA RA Regulations 2014 Safe care and treatment Some risk assessments were not accessible to the office to ensure all staff were aware of risks to the person's health and safety. A person's medicines administration record was inaccurate. There was no system in place to ensure all calls were being made on time.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The recruitment process in place was not sufficiently robust to ensure all staff were properly vetted before employment.