

Umbrella Health Care Ltd

# Umbrella Health Care Ltd

## Inspection report

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16 January 2023

18 January 2023

23 January 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Umbrella Healthcare is a domiciliary care agency providing personal care support to people living in their own homes. The service provides support to younger people, older people and people living with dementia. At the time of our inspection there were 7 people using the service.

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

People told us they felt safe with care staff. Relatives trusted care staff who provided care to their family member.

Staff knew how to identify and report allegations of abuse and knew how to whistleblow where they felt their concerns were not being responded to appropriately.

Risk was monitored and reviewed regularly. Staff observed people in their home for any new risks and reported any changes to the management team promptly. Staff knew how to respond in an emergency and stayed with people to reassure them in the event of an emergency.

People were supported to receive their medicines on time and safely. People were protected from the risks of acquiring an infection.

Staff were recruited to the service safely and there were enough staff to provide care to people. People were pleased they had a consistent staff team provide care to them as helped with continuity of care.

Systems were in place to learn from accidents and incidents.

People received an assessment of need before care began and people and their relatives were involved in this process.

Staff were trained to ensure they were confident to provide care and support in the community. A programme of ongoing training was planned for staff and staff were encouraged to develop further in the role. Supervisions were taking place and staff found them useful to be able to speak to management about how they felt at work.

Consent to care was asked by staff before they provided any aspect of care and people confirmed this.

People were respected by staff and had built good bonds with their carers. Staff treated people with compassion and spoke with respect about the people they supported.

The service did not tolerate any discrimination and people from different backgrounds were welcomed. People's privacy and dignity was respected by staff and staff maintained confidentiality.

Care was personal to people and people were regularly asked if there was anything else they needed from care. People knew how to make a complaint if they wished. No one currently required end of life support.

People and staff liked the management team and felt they were accessible whenever they needed them.

Staff told us they enjoyed working with people and enjoyed helping them with the support of the management team. Feedback was requested from people, their relatives and staff, and the provider used this to improve the service.

We made a recommendation about records management.

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; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 18 September 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well- led.

Details are in our well- led findings below.

# Umbrella Health Care 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### 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 16 January 2023 and ended on 1 February 2023. We visited the location's office on 16 January 2023.

#### What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give

some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke to the registered manager, director and person responsible for recruiting and auditing. We spoke with 4 members of care staff, 2 people who used the service and 2 relatives. We reviewed a range of records. This included 4 people's care records. We looked at 3 staff files in relation to recruitment and staff supervision and records relating to the management of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives trusted staff and people were protected from the potential risk of abuse.
- One person said, "I do feel safe with carers." Another person said, "Oh yes, I feel very safe with them [carers], they are very good."
- A relative said, "I trust the carers with [person], they are always clean and presentable." Another relative said, "[Person] is very safe with them."
- Staff had received safeguarding adults training and were aware of the procedures to follow if they suspected abuse. A member of staff said, "I'd report it to my manager, I can go higher if no action is taken such as the local safeguarding team." Another member of staff told us how they would respond if someone was at immediate risk and said, "I'd take the abuser away from the situation and check [person] was alright, I'd report it in my notes and report it straight away to my manager."

Assessing risk, safety monitoring and management

- Safety was regularly assessed and monitored to reduce the risk of avoidable harm.
- Staff knew how to respond in an emergency. An out of hours contact number was provided at the initial visit and people and their relatives told us they were able to contact the office when they needed help.
- Staff told us they assessed and checked people's homes for any hazards to reduce the risk of harm towards people. This included checking pathways for any loose flooring and objects.
- Equipment used in the service was checked before its use by staff. Records showed the service dates of the equipment used was provided and the provider tried to arrange inspections of equipment to ensure safety.
- People had appropriate risk assessments to keep them safe in their homes. Staff knew the risks people faced and were encouraged to update the office if they noticed any changes in people's health needs.
- We informed the registered manager and the director where diabetes was identified as a risk there was no guidance to support staff in identifying risk factors such as having low and high blood sugar. The provider was prompt and informed us they had placed staff on training for diabetes and the director was to place diabetes information sheets for staff in people's homes.

Staffing and recruitment

- There were enough staff to provide safe care to people and staff had been recruited to the service safely.
- People told us they were happy they had a reliable team of care staff to support them. People and their relatives commented on how important it was to have consistency of care.
- A relative said, "I think the biggest plus, we always have the same people [carers], that makes such a difference." One person said, "They [carer] are very reliable." Another person said, "They always apologise if running late at the weekend, little blips but that's due to the buses on the Island." A third relative said, "2

[carers] of them always come on time."

- Staff were recruited to the service following the provider's policy and procedure. Records confirmed staff completed an application form and demonstrated previous care experience where applicable.
- Staff provided 2 references which were checked and verified. Staff had also completed a Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People who had their medicines managed by the service received them safely.
- People told us staff supported them to receive their medicines on time.
- A relative was pleased with the attention to detail the service used when managing their family members medicines. A relative said, "There's been a lot of medicine changes, they've [management] come and had a look at the medication, taken pictures of [person] medicines, how many times and keep that information to monitor safety."
- We viewed a sample of medicine administration records and saw people were supported to receive their medicines on time with no gaps in administration. This meant people received their medicines as prescribed.

#### Preventing and controlling infection

- People were protected from the risks of acquiring an infection and staff had received infection control training.
- People told us staff used personal protective equipment (PPE) to reduce the risk of spreading an infection.
- One person said, "Oh, they're [carers] always clean and tidy." A relative said, "They [carer] do reduce the risks of infection and wear aprons and gloves."
- The registered manager informed us they had sufficient amounts of aprons, gloves, hand sanitiser and masks. Staff had also received vaccines for Covid-19 to support the reduction of spreading infection.

#### Learning lessons when things go wrong

- Systems were in place to support learning after incidents.
- The registered manager told us learning took place after incidents. For example, the registered manager said, "[Person] had a fall, I'd spoken to the family and did a review and looked at things that could be put in place. We suggested cleaning out the bedroom and to get a hospital bed, it made [person] safer."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received an assessment of need before care was provided to them.
- People told us they were visited by a member of the management team to perform an assessment of the care they would need.
- One person said, "I was visited by [registered manager] and they did a full assessment of what I wanted." Another person said, "They did ask me what I wanted (from care) and they asked me is there anything else they could do?."

Staff support: induction, training, skills and experience

- People received care and support from staff who had received appropriate training and support.
- Staff received an induction into the service and a planned programme of training to give them confidence in their new role and ongoing development.
- People and their relatives told us staff were good at what they did and understood how to care for their needs. A relative said, "They are very competent and know how to use [person's] hoist properly. With other agencies I'd always have to explain."
- Records confirmed staff completed a number of training courses, these included some of the following; health and safety, moving and handling, infection control, food and nutrition, equality and dignity, first aid and Mental Capacity Act (MCA).
- Staff had completed The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us the training was helpful and effective. Comments from staff included, "Helped me to do my job better", "I understand more" and "In person training a lot more helpful as I'm a hands-on learner."
- Staff supervisions were taking place to provide an opportunity for staff to discuss their role, training and how to best support people.
- Appraisals had yet to take place, there were systems in preparation for when staff were due to receive an appraisal of their years performance.

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

- People were supported to eat and drink enough while receiving care.
- Relatives told us staff would ensure their family member was provided with something to eat and drink. One relative said, "They [carers] do light meal preparation for [person]."
- Where meal preparation was required this was documented in people's care plans.

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

- Details of people's health professionals was recorded in their care plan, this included involvement of their GP.
- Relatives told us they had more direct contact with health professionals for their family members care.
- The registered manager told us they were available to advocate on behalf of people if they required support to access healthcare services.

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 MCA 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.

- Consent to care was requested before care began.
- Staff told us they asked for people's permission before starting to provide any form of care.
- A member of staff said, "I always communicate with them [people], some may need more than 1 option to decide." Another member of staff said, "I ask for people's consent before starting to offer personal care. I always involve people, give them options. I don't make the choice for them."
- The registered manager and director told us they checked staff understanding of the MCA during interview and continued to offer training to ensure staff were confident in applying the principles of the MCA.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 received care and support from staff who were kind and patient.
- Positive feedback was received from people and their relatives about the quality of care.
- One person said, "They [carers] are all lovely people." Another person said, "The ladies are so pleasant, we can have a chat."
- Relatives were pleased with how staff cared for the family member and treated them with respect. One relative said, "Mum is happy, they make her feel comfortable, these ladies are amazing." Another relative said, "I can't praise them enough, a very lively bunch." A third relative said, "They know [person] well."
- The registered manager explained the service did not discriminate and anyone was welcome to use the service. The registered manager said, "We don't discriminate, we discuss this at interview and cover it during training and induction."
- Staff respected people as individuals and did not discriminate against people due to their health needs, race, gender, sexuality and religious beliefs.

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

- People using the service were encouraged to make their needs known and to express their views about care. One person said, "They [carers] do ask me what I need and I tell them."
- Staff told us they asked people what they needed from care to enable people to be involved in deciding how their care should be directed.

Respecting and promoting people's privacy, dignity and independence

- People were respected in their home and their privacy, dignity and independence was promoted.
- Relatives told us they observed staff respect their family members dignity and privacy while receiving personal care. One relative said, "They [staff] make sure [person] is covered when I come around."
- Another relative commented on how discussions took place between staff and their family member on how they could encourage independence after health recovery.
- Staff told us they did not discuss people's private information outside of work and maintained their confidentiality.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care was designed around them and met their individual needs.
- The registered manager said, "We ask what do people want, how do they like their routine and times they want the call. We do ask if there is anything else we can do to help."
- Records showed areas of need and desired outcomes from care was asked from people. For example, information on which wash flannel should be used for different areas of the body provided staff with clear instructions according to people's preferences. Timings people liked to receive care was also respected.
- One person said, "They do stick to my care plan." Another person said, "They always ask what I need."
- Relatives told us care met their family members preferences. One relative said, "Oh yes, the care plan is built around them."
- Staff told us care plans were personalised and told them everything they needed to know, records confirmed this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware to offer information in an accessible format to ensure people were able to understand what was presented to them.
- The registered manager told us they would talk about communication needs during people's initial assessment. People could have information translated into a different language and format if they requested.

Improving care quality in response to complaints or concerns

- Systems were in place to respond and acknowledge a complaint.
- A complaints policy and procedure was present setting out what people and their relatives should expect with timeframes, should they submit a complaint.
- People told us they knew how to raise a complaint but had not done so as yet. One person said, "I've not got any problems with them, I'm really happy with them."

End of life care and support

- No one using the service was requiring end of life support.
- The service had an end of life care planning and procedure, this provided resources and guidance for the service to use.
- The service was able to access external organisations for training and support if they needed to plan and prepare an end of life care package.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff and the registered manager knew what was expected of them while delivering care.
- The registered manager and director had a number of years' experience providing care and knew what was expected of them. Expectations of staff was reinforced during supervision and team meetings.
- There was a quality monitoring policy and procedure setting out clear guidelines to monitor the service.
- The service currently audited care files, staff files, MAR charts and was due to perform telephone monitoring.
- Staff told us they were asked how the service could be improved and they shared information with the management team where they thought people were at risk and needed to be reviewed.
- Relatives confirmed the service acted quickly to update people's needs and regularly monitored their family member.
- Documents were readily accessible however, we noted gaps were sometimes present in some questions during an initial assessment for example hobbies people may or may not be participating in. We raised this with the management team as it was not clear if a question had been answered by people or not.

We recommend the provider seeks guidance from a reputable source around records management.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were really pleased with the level of care and service they received to help them achieve good outcomes.
- A relative said, "I'm really happy with the care, they are really reactive to any changes in [person]." Another relative said, "I'm very happy with them [carers/staff], may it continue, I've had bad experiences in the past. I'd definitely give them 5 gold stars, I'm always recommending them!"
- Staff told us they enjoyed working for the provider and felt part of a team that made a difference to people's lives. Staff told us the atmosphere at work was "amazing" and they felt supported by the management team and their other work colleagues.
- Staff were able to speak up and ask for advice without feeling embarrassed or nervous. A member of staff said, "Everyone here is so welcoming, if you need help or advice everyone is there to help."
- A member of staff said, "It's brilliant working here, couldn't work for a better company." Another member of staff said, "I love it here, the way the managers treat us and the people [we support] are lovely."

- The registered manager and director told us they were there to support staff and people when they needed it. The registered manager said, "It's important to have good relationships with staff, don't want them to think they have to hide things from us." Staff we spoke to confirmed this, a member of staff said, "I think they're [management] brilliant always checking up on your wellbeing they're really good."

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 what was expected of them under duty of candour.
- The registered manager said, "It's about making sure everything is transparent with either the CQC, local authority and people. Not trying to hide anything and making sure we provide safe care."

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

- The provider asked people, their relatives and staff about the quality of care provided and how it could be improved.
- People told us they were regularly asked if care was up to their standard and whether there was anything else, they needed from the care package.
- Staff told us they were able to express their views during team meetings and could contact the management team outside of any formal request for feedback.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they were always learning to ensure they were giving people good quality care and learning best practice.
- The registered manager and director told us they attended adult social care exhibitions to further promote their knowledge and understanding. The registered manager utilised the resources provided by the CQC and made links with the local authority.