

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?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Uriel Care 2U Ltd is a domiciliary care agency providing personal care to 23 people at the time of the inspection. The service was supporting people who needed care due to their age or disability.

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 made improvements since the last inspection. People's needs were addressed in care plans and risk assessments and these were more detailed than at the previous inspection. Staff understood the care plans and people using the service told us they had a copy of their care plan and said their care workers provided their care in the way they needed it.

People were supported with their medicines safely by staff who had been trained and assessed as competent to administer medicines.

Recruitment of staff had improved since the last inspection. The provider was now completing appropriate checks on staff when they were employed, to reduce the risk of employing unsuitable people.

The management of the service had also improved. The management team shared responsibilities and carried out audits more effectively. Staff felt well supported by the registered manager and said they enjoyed their work.

Staff completed appropriate training and told us they found the training helpful. Most people using the service said their care workers did their job well and understood their needs.

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. One person's call times did not meet their needs as the gap between bedtime and getting up was too long. People were happy to receive care from the service but for some people there was no evidence they had consented to their assessments and care plans as these had been signed by staff or the person's signatures typed in by staff.

People and relatives told us that they felt safe and were appropriately supported by the service and their care workers.

Staff were trained in safeguarding people from abuse but the procedure for reporting safeguarding concerns was unclear so there was a risk staff would not know how to raise a safeguarding alert appropriately. Allegations of abuse were acted on but not reported appropriately.

We have made two recommendations. One is to ensure people's consent to their care is recorded appropriately and the second is to include details of how a person's medical condition affects them in their care plans.

#### Rating at last inspection and update

This was a focused inspection which included checking whether the provider had met the requirements of three Warning Notices in relation to Regulation 12 (Safe care and treatment), Regulation 17 (Good Governance) and Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The last rating for this service was Requires Improvement (published 18 October 2019) and there were four breaches of regulations identified. The concerns related to the unsafe management of people's risks and medicines, poor recruitment processes, unsatisfactory training, and ineffective governance of the service. We took enforcement action against the provider in the form of three warning notices and one requirement notice. At this inspection we found improvements had been made and the provider was no longer in breach of those four regulations. However, we found a new breach of regulation 13 (Safeguarding people) at this inspection. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. We also met with them to discuss how they could improve their repeated requires improvement rating.

#### Why we inspected

This was a planned focused inspection based on the previous rating and included checking compliance with warning notices served at the last inspection. We looked at the key questions of safe, effective, caring and well-led at this inspection.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to safeguarding people and responding to allegations of abuse at this inspection.

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

#### 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 always safe. Details are in our safe findings below.

**Requires Improvement** ●

### 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 effective findings below.

**Good** ●

### 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 was carried out by one inspector, an inspection manager and an 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. The Expert by Experience made telephone calls to people using the 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 as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

Inspection activity started on 10 August 2020 and ended on 25 August 2020. We visited the office location on 13 August. The other days were spent reviewing records and speaking to staff, people who used the service and their relatives.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included safeguarding alerts and feedback received about the service. We sought feedback from local authorities and professionals who work with the service. We used the information the provider sent us in the most recent

(2019) provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and fourteen relatives of the other people using the service about their experience of the care provided. We spoke with twelve members of staff including the registered manager, deputy manager, assistant deputy, office support staff, care coordinator and care workers.

We reviewed a range of records. This included six people's care records and a selection of medication records. We looked at four staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures. We received feedback from three representatives of the two local authorities who used this agency and a health care professional.

#### 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

. Systems and processes to safeguard people from the risk of abuse

- The service did not have a clear safeguarding procedure detailing the local authority's procedure. We saw two procedures, both of which were not the local authority's procedure which the service was required to follow. The provider didn't use the local authority's procedure for raising a safeguarding alert.
- The registered manager told us they raised any concerns directly with people's individual social workers rather than raise safeguarding alerts. They did not therefore know the outcome of concerns they had raised. This meant they would not be aware of any possible learning needed from the concerns.
- The service did not notify us of two safeguarding allegations as required.
- There was a substantiated safeguarding alert regarding a care worker who used inappropriate moving and handling techniques resulting in a fall. The local authority told us the registered manager did not respond to their request for further information. The registered manager told us they had managed the concern appropriately but did not send us the information when requested.
- Staff had attended training in safeguarding. Care workers said they would report concerns to the registered manager which is appropriate, but some senior staff were not clear on how to raise a concern externally.
- A lack of understanding of the procedure of raising safeguarding alert leaves people at risk of not being protected from risk of abuse. The registered manager agreed to amend the safeguarding procedure to ensure the service followed the local authority procedure.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management, Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and failed to manage people's medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- We found risk assessments had improved since the last inspection. These documents addressed risks such as falls, moving and handling, use of moving equipment such as hoists or standing frames as well as environmental risks. Staff had a good understanding of people's risks and needs. They told us they referred to the risk assessments and care plans to check how to provide each person's care safely.
- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received relevant training and since the last inspection the registered manager had ensured

staff were assessed as competent to support people with their medicines.

- Two people had their medicines administered by care workers and other care workers prompted people to take their medicines. People had medicines administration records (MAR) where staff recorded that they had administered or prompted someone's medicines.
- The management team were checking MAR regularly and signing the records as evidence that they had checked for errors.
- One person told us, "They help with my eye drops and something is written."
- Some MAR were ticked by staff instead of signed and the tick was not always next to the name of the medicine. The registered manager agreed to ensure staff signed their initials appropriately to reduce risk of error.

### Staffing and recruitment

At our last inspection we found the provider failed to operate a safe recruitment process for new staff. This was a breach of Regulation 19 (Fit and proper persons).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- At our last inspection the provider had failed to follow a safe robust recruitment procedure to ensure staff employed were suitable to work with vulnerable adults. At this inspection we found that recruitment practice had improved.
- The provider had undertaken criminal records checks for staff and had completed other required recruitment checks such as references and proof of identity.
- People told us that care workers were "usually" on time although those people requiring two care workers reported that at times one care worker was late or did not arrive. The registered manager was aware of this and told us they were addressing it. Most people said they would be informed if their care worker was running late. Staff told us they had enough time to travel between calls and that their workload was fair and manageable.
- Care workers provided care to the same group of people daily. This worked well as they got to know people's needs and wishes well. Staff were able to tell us in detail about people's needs. People told us they appreciated having consistent care workers who they got to know well.
- One person's night time and morning call were 17 hours apart which was too far apart as they were unable to use the toilet in that time. We brought this to the registered manager's attention who rectified this immediately.

### Preventing and controlling infection

- This inspection took place during the Covid 19 pandemic. The registered manager reported that they had taken action to ensure staff followed appropriate infection control practices. This included ensuring there was always a good stock of personal protective equipment known as PPE (gloves, masks, aprons and where required eye protection and shoe covers) and training staff. Staff had taken part in webinars teaching them how to use the PPE and how to wash their hands correctly.
- People told us their care workers wore PPE when they were visiting them. One person said their care worker removed their mask, putting the person at risk and this had been reported to the registered manager who told us they had removed this worker from working with that person and had retrained them in the proper use of PPE. Staff confirmed they had good supplies of PPE and never ran out. One care worker said of the registered manager, "With PPE she is perfect."



### Learning lessons when things go wrong

- The registered manager told us they had learned lessons from medicines errors and feedback from local authorities and CQC inspections. They said they had used the feedback to make improvements in the service. One example was learning from the last inspection feedback about medicines management. As a result, the registered manager had ensured that possible side effects from prescribed medicines were included in people's care plans.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA. There was no person subject to a deprivation of liberty safeguard at the time of the inspection.

- We found that senior staff understood the MCA, but had signed consent on behalf of people on several documents or typed the person's signature. or assessments. Where a person was not able to sign there was no explanation recorded why the person did not sign or a signature from their representative. This had also been identified as concern during a monitoring visit from a commissioner but had not been acted on. This practice was not in accordance with the MCA. The registered manager agreed to rectify this when we discussed it with them.

We recommend that consent to care is properly recorded in accordance with the MCA.

Staff support: induction, training, skills and experience

- At our last inspection the provider had failed to provide suitable staff training. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Records confirmed that staff received training on mandatory topics when they started work with this

service and that refresher training was also provided. We had concerns that five training topics were covered on one day but there was no evidence that staff did not have the knowledge and skills to provide effective care.

- Staff consistently told us they found the training helpful. Comments included, "They try as much as possible to make sure we are up to date with our training", "Training is quite beneficial" and "Training is helping you to refresh [your knowledge]."
- The induction process for new staff included classroom training and shadowing experienced staff before working alone. Staff confirmed they had been trained on the needs of people they supported by a more experienced member of staff before they started working alone. One care worker said that if they had any concerns or were unsure about a person's care needs, they could call the office and a senior worker would come and teach/advise them.
- Staff who were required to use moving and handling equipment confirmed that they had received training to do so including practical training in a person's home. One care worker told us, "Coordinators are good, they guide us on what to do. The manager is always coming out to do the care plan with service user."
- Spot checks were carried out by the registered manager, field care supervisor and care coordinator to check if staff were carrying out their duties properly in people's homes.
- Staff told us they felt well supported and found training, spot checks and supervision helpful.
- Most people and relatives of people using the service said they thought staff were trained and understood their needs.

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.
- The registered manager and deputy manager carried out assessments with new people referred to the service. This included information provided from the local authority. They then wrote a care plan based on the information gathered in the assessment.
- There were two types of assessments in place. The local authority's assessment information was included and where this was not available the service carried out a more comprehensive assessment.
- People using the service and staff told us they had copies of their assessments and care plan in the home for staff to refer to.

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

- There was a lack of information in people's care plans about their nutritional needs and preferences. Although care plans said care workers would prepare or heat up food there was a lack of information about what people liked to eat or about what they should not eat. The registered manager said they would check that any additional information needed was included in the nutrition plans.
- Nobody raised any concerns about the way care workers supported them with food preparation.

Staff working with other agencies to provide consistent, effective, timely care

- Professionals from other agencies said that the care workers worked well with them for the benefit of the person using the service.
- Staff confirmed they worked to the advice of physiotherapists and occupational therapists as needed.
- The brokerage team at a local authority said they found the service good to work with and that they were responsive.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us that they raised concerns about people's health or wellbeing with the

commissioning authority in a timely way and a representative from the authority confirmed this to be the case.

- Care plans had improved since the last inspection and now contained detail of people's health conditions but there was limited information available about how a person's health condition impacted them. This was a concern at the last inspection. Three care plans stated that the person's health condition 'affects my ADLs (activities of daily living)' but gave no further explanation. This information was insufficient to inform staff about the person's health condition.

- With one exception people or their relatives felt that their health needs were known and met by the service. Care plans were clear about what staff were expected to do to meet the person's care needs.

We recommend that the provider seek and implement national guidance about incorporating people's medical conditions into their care records to ensure these were always considered when planning and meeting their needs.

# 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 now 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 were treated well and their diverse needs were respected.
- People's feedback about staff was generally good, they described staff as "lovely", "kind" and "gentle" and were satisfied with their care workers.
- One person told us, "Yes the carer is very kind, I am happy with the care. Very gentle when giving a bed bath" and another said, "Nice people, respect. Excellent service."
- People said they had good relationships with their care workers as they had regular care workers and they felt treated with respect.
  - There was an exception where people were not happy with one care worker. We passed this information to the registered manager who said they would address the concerns immediately.
  - There was a selection of male and female care workers so people could choose the gender of their care worker according to religious, cultural or personal preferences.

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

- People said they were involved in decisions about their care. Staff gave examples of how they supported people to express their views including asking whether they wanted to have breakfast first or personal care and where and what they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People and relatives told us staff were respectful when providing personal care.
- Staff were able to tell us how they ensured people's rights to privacy, dignity and independence were respected. They told us how they always ensured a person was covered and bathroom doors closed when providing personal care in a family home. They told us that they encouraged people to carry out any tasks they could do for themselves and helped them rather than do everything for them.
- One person and one relative mentioned that the care workers always encouraged independence. One person said their aim was to be completely independent and not need the service any more.
- One person did not want care workers to visit them and the service had responded to this appropriately respecting the person's wish to be independent by arranging telephone calls to check on them and offer to visit while other professionals worked on supporting the person to accept care. A professional confirmed that the service was doing what was agreed for this person.



# 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.

We could not improve the rating for Well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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

At the last inspection we found management systems were not effective which was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice. At this inspection we checked if the provider had met the requirements of the warning notice.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- We informed the registered manager of the lack of details regarding medical information and nutritional needs in care plans and they agreed to make immediate improvements in those areas.
- There was a clear management structure. There were four senior office-based staff who each had clear roles and responsibilities. All staff told us the registered manager was a good manager who was clear about expectations and always available to advise and support.
- The provider had made improvements since the last inspection. They had introduced new systems to monitor calls which alerted the management team if a care worker had not arrived at a visit on time. Recruitment practice had improved, and the quality monitoring systems were more effective.

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

- Staff told us they were very happy working for this agency. They said the registered manager was supportive and communicated well with them, sharing information and listening to their ideas. They said that a member of the management team would come out to a person's house to try and resolve any concerns about their care.
- Staff said they felt the service put people's needs and wishes first and promoted good care and a positive person-centred culture.
- People using the service told us that the registered manager calls them to check how they are and to discuss any changes to their care.

- One care worker told us, "I think they are fantastic."
- The registered manager told us the service sees every person as unique "regardless of illness and circumstances. We look at their history and interests and respect their choices."

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 had a good understanding of their obligations under the duty of candour. They gave examples of where they had apologised for errors and made improvements to the service.
- Two relatives told us that the registered manager had responded to concerns to their satisfaction.

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

- The registered manager told us there had been a low response to quality assurance surveys sent to people and relatives, so they changed to making quality monitoring telephone calls to ensure people had regular opportunity to express their views. They then made changes to their care if needed as a result of their feedback.
- People told us that the registered manager phoned them to check how they were and see if they were happy with their service.

Continuous learning and improving care

- The service had made improvements in the quality of risk assessments and care plans since the last inspection.
- Three warning notices served on the provider at the last inspection had been complied with.
- Most people were satisfied with their care and gave us positive feedback about their care workers and the way they supported them. Where people raised concerns we discussed these with the registered manager who agreed to a plan of action to address individual needs.

Working in partnership with others

- Three health and social care professionals gave positive feedback about the way the care workers have worked with their clients.
- A local authority brokerage team told us they had positive feedback from people using the service and the service worked well with the brokerage team, responding to emails swiftly and raising concerns where needed.
- Only one local authority commissioned care for people from this service. Another local authority did not use the service for new people but had two people using the service who had been with the service for a long time and wished to stay with them.
- The local authority had some concerns at their monitoring visit. We found some of their recommendations had been acted on, but some had not. One example of this was also found that care plans were not signed and there was no explanation recorded on the plan why the person could not sign.
- The other local authority had no concerns about the care of the two people they were responsible for.



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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider did not have required procedures in place to safeguard people and respond appropriately to allegations of abuse.