

Julee Care Limited

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Inspection report

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Date of inspection visit:
02 October 2018
03 October 2018
04 October 2018

Date of publication:
23 October 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 2 October 2018 at the office location and was announced. We gave them 24 hours' notice of our intended inspection to make sure the registered manager or other senior staff would be available to support our inspection. Julee Care Limited is a Domiciliary care agency. It provides personal care to people living in their own homes in the community.

This was the first inspection since the service registered with CQC on 4 December 2015. The service had been dormant during this period and commenced providing a regulated activity in October 2017. At the time of our inspection five people were being supported with a regulated activity of personal care.

Following the inspection, we wrote to the provider to ask the provider to complete an action plan to show what they would do and by when to improve the key questions to at least achieve a rating of good.

The service had a registered manager. '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.'

We found that people were not always kept safe. The provider did not have adequate systems and processes in place to ensure risks were effectively assessed and measures put in place to mitigate them. The recruitment process was not robust or consistent.

The provider was unable to demonstrate that staff had received appropriate training and had the skills and abilities to ensure people received effective care. Support arrangements were ineffective.

The service was not consistently caring. People did not always receive care that was kind, compassionate and personalised.

The service was not always responsive to people's changing needs. There had been no complaints recorded so we could not assess the effectiveness of the policy as it was not current. There was no evidence of feedback from people or that their views were taken into account as a means of improving the service.

The service was not consistently well led. There was a lack of management oversight and the registered manager had not established or embedded systems and processes to manage the overall quality and safety of the service.

We found the provider was not meeting regulations 12,13,17, 18 and 19. You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work there.

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

The provider did not assess risks adequately. They did not put adequate measure in place to help mitigate risks.

Staff did not have adequate training to enable them to identify possible safeguarding concerns.

The recruitment process was not robust and they did not follow their own procedure when checking people were of good character.

The service was not supporting anyone with the administration of medicines at the time of our inspection.

There were infection control measures in place.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The provider did not have adequate training in place to ensure staff had the skills and knowledge to enable them to provide people with effective support.

People were asked for consent but the process was inconsistent.

We were unable to assess compliance with MCA principles.

We were unable to assess if people were supported to eat and drink sufficient amounts to maintain their wellbeing.

We were unable to assess if people were supported to access healthcare professionals.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People did not always receive care that was kind, compassionate and personalised.

People were not always involved in the development and review of their care plans.

Peoples dignity was respected and maintained.

Is the service responsive?

The service was not consistently responsive.

The service did not always respond to peoples changing needs.

There had been no complaints recorded so we could not assess the effectiveness of the policy as it was not current.

There was no evidence of feedback from people or that their views were considered as a means of improving the service.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

There was a lack of management oversight.

The registered manager had not established or embedded systems and processes to monitor or manage the overall quality and safety of the service.

There were no audits completed, or analysis done to identify possible areas for improvement.

Requires Improvement ●

Julee Care 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.

The inspection was announced, and was undertaken by one inspector. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available to support our inspection.

The inspection took place between on 2 October with a visit to the office. Further activity took place on the 3 and 4 October when we contacted people who used the service and staff to obtain feedback.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, to tell us about.

To help us with planning our inspection, we asked for information in relation to safeguarding and complaints. We asked for feedback from commissioners of the service. However, the care being provided was all being purchased privately.

During our visit to the office we looked at records relating to the provision of care which included reviewing three care plans and three recruitment files, training records and other documentation in relation to the overall management of the service.

We spoke with the registered manager, two care workers and a receptionist/driver.

Is the service safe?

Our findings

The service was not consistently safe

The provider did not assess risks adequately. As a result, they did not put adequate measures in place to help mitigate risks to people's health, safety and well-being. For one person, we found that no level of risk had been clearly identified. The same options and comments were recorded for each area of risk. We were unable to differentiate which applied to the persons current risk level.

Other areas of risk to people were also assessed in the same way included moving and handling, eating and drinking, memory, mood and mental health. The mental health risk assessment template suggested that people had chronic mental health conditions and may need specialist intervention from mental health professionals. We discussed these risk assessments with the registered manager as there were no strategies recorded on how to manage these risks to keep both the person and staff safe. In addition, there was also no evidence that staff had received training or had the skills to provide effective support to people with chronic mental health conditions.

Peoples care plans were pre-populated and did not always relate to the needs of the individual. This was confusing for staff especially new staff who were not familiar with peoples assessed needs. The registered manager confirmed that these would be reviewed and corrected following the inspection. People and their relative could also find this distressing to read a number of inaccurate statements within their care records which did not apply to them. The registered manager agreed to review the risk assessments for all the five people they were supporting and to remove any information that did not apply to them.

The provider failed to ensure people received safe care and treatment because they did not assess adequately risks. Nor did they put adequate measure in place to help mitigate risks. This was a breach of Regulation 12 HSCA RA Regulations 2014 - Safe care and treatment.

Staff did not have adequate training to enable them to identify possible safeguarding concerns. The registered manager told us that staff received safeguarding training as part of the Care Certificate. However, they were unable to provide evidence to demonstrate the training company sourced to deliver the training was qualified to do so. Staff had little knowledge about safeguarding, what constituted abuse and what the reporting process was. One staff member told us, "You need to make sure everyone is ok" when asked to tell us what they knew about safeguarding people from possible harm.

People we spoke with did not raise any concerns in relation to their safety. We noted no safeguarding concerns had been recorded since the service was registered. However; the safeguarding policy had not been reviewed since March 2015 so we could not be assured that the information contained within the policy was current or provided staff with current, accurate guidance. The registered manager agreed to update this policy as part of their action plan.

The provider did not have adequate training or systems in place to ensure staff had the skills and knowledge

to enable them to identify possible safeguarding concerns. This was a breach of Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment

The recruitment process was not robust. Relevant recruitment checks had not been completed to ensure staff were of good character. The registered manager was unable to locate a policy to show us the process they followed when recruiting staff. However, they talked us through the process. We found that recruitment was inconsistent. Each of the three recruitment files we reviewed contained different information. Application forms were incomplete and did not provide adequate information to enable the registered manager to check that people were of good character or suitable to work in this type of service.

We found that gaps in employment history were not explored. The application form stated that a minimum of five years' work history must be documented. However, we found that in one file only one previous employment covering a period of two years had been recorded and in another two files previous employments had been recorded. References had not been obtained from the most recent employer but from other employers not recorded on the work history. These inconsistencies had not been explored to help the registered manager determine the suitability of the candidate.

We found that in one recruitment file, no references had been obtained. In the other two files, one previous employer and one character reference had been obtained. The registered manager told us they verified references via email. However, they could not provide evidence that any of the references in the files we reviewed had been verified. Staff had Disclosure and Barring Service (DBS) checks completed however the registered manager did not have a current DBS record or details of staff certificates available for inspection. They told us it was being processed.

The provider failed to demonstrate that they undertook robust pre-employment checks to help them make informed decisions when checking people were of good character. This was a breach of Regulation 19 HSCA RA Regulations 2014 - Fit and proper persons employed

The service was not supporting anyone with the administration of medicines at the time of our inspection.

The registered manager told us staff were provided with gloves and hand sanitizer and that they requested that staff were provided with hand washing facilities within service users homes. Staff were aware of the need to wear gloves when providing personal care to reduce the risk and spread of infection.

The registered manager confirmed there had not been any accidents or incidents so we could not assess whether there was any learning.

Is the service effective?

Our findings

The service was not consistently effective.

The provider did not have adequate training arrangements in place to ensure staff had the skills and knowledge to enable them to provide people with effective support. We had found that not all staff had effective moving and handling training before supporting people who required to be transferred with the use of a hoists and sling. This put people at risk of unsafe care and could also result in injuries to staff. The registered manager showed us two training certificates which recorded staff as having completed moving and handling training for three staff members. However, they were unable to provide evidence that the independent training provider they used had the qualification to deliver the practical and theory training or to assess staff competency.

There were inconsistencies in the feedback received from staff in respect of the training they had received, where and when the training took place and the content. These inconsistencies meant we could not be assured staff had the required competence with moving and handling to support people safely.

Other training included during induction listed on the certificate included safeguarding, administration of medicines, health & safety, first aid and infection control. However, there were no competency checks or evidence to confirm what level of training had been covered or how staff understanding was tested. The registered manager was not able to demonstrate that the training had been provided by a person who had the required qualification or skills.

A member of staff who undertook receptionist duties in the absence of the registered manager and who drove care staff to people's homes had not completed any training at all. This meant that they would not have the skills or knowledge to understand if staff were calling to report a safeguarding or other serious concern. Training records held did not provide the registered manager or provider with a clear overview so that they could effectively manage the staff team's training needs or identify when any refresher training may be due.

The provider did not have adequate training or systems in place to ensure staff had the skills and knowledge to enable them to provide safe and effective care. This was a breach of Regulation 18 HSCA RA Regulations 2014 Staffing

The registered manager had no staff rotas or system in place to manage late or missed visits. They told us either a staff member or they themselves would cover the visits if a shortfall in staffing was identified. However, they were unable to demonstrate how they knew the visits had been covered, at what time or by whom. During the inspection, a rota of visits was provided by the registered manager. This showed that one staff member was covering all the visits for all people using the service and working seven days a week without adequate rest periods. We asked the registered manager to address this as this was an unacceptable and risky way of working.

We spoke to the registered manager about the need to develop a system to collect data on missed or late calls which would enable them to both have an overview and take remedial action. People and staff that we spoke with as part of this inspection confirmed there had been no missed calls. However, three people we spoke with told us that they had experienced late calls on occasions.

Staff received some formal support from the registered manager but there was no schedule to show the frequency or agenda of discussions held. We saw evidence of three meeting minutes which we found were statements from the registered manager about the service. We noted that the meetings were attended by the registered manager and two care staff. Two of the three meetings were terminated prematurely. There was no evidence of any input from staff and the registered manager agreed these were ineffective and would be reviewed.

People were asked for consent to care and support but the process was inconsistent. The consent policy had not been reviewed since 2015 so we could not be assured the register manager was following current good practice or an appropriate procedure. We noted that the consent form for people consisted of two pages. We found that these records were incomplete.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. However, we were unable to fully assess compliance with MCA principles as no one who used the service had their capacity for decision making assessed. We found there was no evidence that staff had received training on their responsibilities in relation to the MCA. The registered manager was aware of the MCA principles but had not ensured they were consistently applied.

The registered manager told us that none of the people they were currently supporting required support with eating and drinking or with accessing or attending healthcare appointments.

Is the service caring?

Our findings

The service was not consistently caring.

Feedback about whether the staff were kind, caring and compassionate was inconsistent. One person told us, "I am not sure the staff are particularly caring. They seem to be preoccupied on their phone. They rarely stay the full duration of the visit, if they offered to stay and have a chat that would be really nice". They went on to tell us the staff were reluctant to assist with some personal care tasks which the person found unhelpful. However, another person's relative told us, "I find [Name of care staff] to be very helpful, they have a chat and have developed a good relationship together".

People did not always receive care that was personalised. People were not always involved in the development and review of their care plans. We found that care records were inconsistent and contained some generic information. This did not inform care staff how to support the person in the personalised way they wished to be supported. For example, the care plans we looked at stated 'I want to be involved in my care planning'. We found this same statement recorded in the three care plans we reviewed; it was clear that this had been duplicated between plans and was a generic rather than personal statement. There were no details recorded of how people wished to be included or evidence of this being done. People we spoke with did say they were asked about their requirements.

People were not supported to make decisions about their care or express their views. One person told us, "My visit is often provided much later than I would like. I asked them [staff] if I could change the time to be more suitable to meet my needs but was told 'Your slot is [time] and that is all we can do.'" This demonstrated the service was not receptive to people's views and did not demonstrate person centred care.

People who used the service were positive about the relationships they had formed with staff. They told us their care was provided by a small and consistent team. One person's relative told us, "We have one of two people to provide my relatives care." Another relative told us, "We always have the same staff member but if they can't come the registered manager will usually cover the visits, so I always know more or less who it will be but not necessarily at what time."

People's dignity was respected and maintained. People told us they felt staff were respectful when supporting them. One person's relative told us "The staff are very respectful and I feel they treat [Name] with dignity and myself also."

Is the service responsive?

Our findings

The service was not consistently responsive.

Care plans we viewed contained information about the support that people required or the tasks to be completed but did not always detail how the staff should assist the person or detail what people could do for themselves. The registered manager was able to describe people's individual support needs but records did not always capture this information. For example, for one person who was partially sighted, the care records did not detail exactly what they could do for themselves or how staff should support them with other tasks.

We noted in one person's care records that a number of entries had been recorded on an incident form. For example, one entry stated, 'Noticeable skin damage refer to district nurse'. However, there was no record to confirm that this had been done or when. There was also no follow up or investigation by the registered manager to determine the cause of the skin damage and no measures were put in place to prevent further deterioration. For example, if any pressure relieving equipment had been considered necessary or if any changes to the care plan were required such as repositioning of the person. We saw that a further entry stated 'Signs of healing. Still being treated by the district nurse.' However, there was no further details as to what the entry related to.

We spoke to the registered manager about this and they told us the skin damage was caused due to chaffing as the persons leg joints had pressure on them and were close together. There was no Occupational Therapy or Physiotherapy referral made to see if they could reduce the risk of it happening again or to provide some specialist equipment for the person.

We noted another entry for the same person describing 'Pressure area healing after district nurse intervention'. However, no further details were recorded and it was not clear if this was another pressure area or the same one that had been previously documented.

It was not clear from people's records when reviews of care plans had been completed because dates were not always documented or changes recorded so we could not be assured that the information in the care plans remained reflective of people's needs. We noted one care plan did not have reviews routinely documented. We discussed with the registered manager who told us that there had been no changes since the last review but that neither the date or the outcome of the review had been recorded.

We found during the inspection, and the registered manager told us, that they had not received any formal complaints since the service began operating. There was a complaints policy in place however this had not been reviewed since June 2012 so we could not be assured it was still current and the same process for the recording, investigation and concluding of complaints remained the same. The policies had been developed a number of years before the service registered with CQC. The registered manager showed us a blank form on which complaints would be recorded. We could not assess the effectiveness of the process as there were no complaints to review.

All of the people and relatives that we spoke with during this inspection were confident that the registered manager would take the necessary actions to manage any complaints raised with them.

There was no evidence of feedback from people having been routinely sought or that their views were taken into account as a means of improving the service. However, the registered manager told us they planned to develop a system to enable them to obtain feedback from people who used the service and would use information provided to develop and improve where any shortfalls were identified.

Is the service well-led?

Our findings

The service was not consistently well led.

The service had a registered manager. 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 registered manager had not established or embedded systems and processes to monitor or manage the overall quality and safety of the service.

There was a lack of management oversight. The registered manager did not carry out regular audits and could not evidence how they continuously assessed and monitored the quality of the service. We had found that records were not always up to date and the registered manager could not provide evidence of how they assured themselves that staff always provided safe, effective and good quality care that met people's needs and expectations. Work was necessary to implement a robust system of meaningful audits so that the registered manager could satisfy themselves that people received safe care and support.

Care plan and recruitment files audits that had been completed had not identified the lack of missing information, missing dates in risk assessments and missing signatures which we found during our inspection. This meant audits were not thorough and failed to identify areas which required action. The registered manager was unable to demonstrate how staff training audits were undertaken because the information about the training attended was not clear or readily available.

The registered manager told us they had completed routine spot checks in people's own homes however these were of a tick box nature and did not effectively identify areas which required improvement.

The registered manager was unable to demonstrate they fully understood their individual responsibilities to providing a service under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is an area that requires improvement.

The provider did not have adequate systems and processes in place to monitor the quality and safety of the service. This was a breach of Regulation 17 HSCA RA Regulations 2014 Good governance

We found that the registered manager needed support to develop more awareness of their role and responsibilities in relation to their registration with CQC including increasing their understanding of the regulations and notifications they had to send to us.

The registered manager told us they had recently joined a local care provider's association to further assist them to gain a broader knowledge and experience of their regulatory responsibilities. They were in the process of contacting the association to check what training and mentoring support was available to them.

Three out of five people or their relatives could not recall being asked to provide feedback about the quality of the service. This meant that the provider could not easily identify areas which required improvements.

Following this inspection, we asked the registered manager to complete an action plan to tell us how they intended to make the required improvements and by when. Although this had been completed to help ensure that the areas that presented a higher risk would be addressed in a timely way, we requested they revised the planned timescales for action to be taken. They agreed to review the timescales to ensure risks were managed in a more proactive and planned way.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure people received safe care and treatment because they did not assess adequately risks. Nor did they put adequate measure in place to help mitigate risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to ensure staff had appropriate training to enable them to protect people from potential abuse.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have adequate systems and processes in place to monitor the quality and safety of the service.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to demonstrate that they undertook robust pre-employment checks to help them make informed decisions when checking people were of good character.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to deploy sufficient numbers of staff with the correct qualifications, skills and experience to meet the needs of the people they supported.</p>