

UR Hands Care Limited

# UR Hands Care

## 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

### About the service

UR Hands Care is a domiciliary care agency providing personal care to people living in their own homes. The domiciliary care agency provides a service to older people, people living with dementia and people with physical disabilities. At the time of inspection there were three people using the service, all of whom received 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

Risk and consent to care assessments were completed for people; however, some of the records included conflicting information. Medication administration records (MAR) and completion of observations did not always follow the provider's policy nor best practice requirements. This could have placed people at risk of harm.

The provider's statement of purpose was not up to date and they were signposted to the CQC website to review this. The provider had improved auditing and quality systems following the last inspection, however, there were still further improvements to be made. We found the provider's policies were not always reflective of the service provided to people in their own homes.

We have made a recommendation for the provider to review their records and policies.

People and their relatives were positive about the service provided to them and the difference it made to their lives. One relative said, "They [the staff] attend, great continuity which is what we wanted. They have never let us down. They come in singing to [person], they are just lovely! They are a joy. Nothing is too much bother."

People said they felt safe with the staff. Staff had completed a range of training courses and knew how to respond and keep people safe from harm. There were enough staff and safe recruitment had taken place. Infection control procedures and safe practice was evidenced. The provider demonstrated lessons had been learnt from past concerns.

People's needs were assessed, and staff had the skills and knowledge to meet them. Staff supported people to access healthcare services and consulted with healthcare professionals as needed.

People told us staff were kind and caring towards them, and assistance was provided in an unhurried manner. Care records were kept securely, and people had access to information in their own homes.

People's care records were person centred and provided staff with relevant personalised information. People and their relatives told us they were confident to raise concerns and felt action would be taken by the provider. End of life care training had been completed by staff.

People were positive about how the service was delivered and said they were involved in decisions surrounding their care. The provider promoted equality and diversity and was committed to treating people as individuals.

Staff told us they felt supported by the provider and contact had remained consistent during the COVID-19 pandemic. Staff had access to personal protective equipment (PPE), and people told us of the PPE staff used.

People were supported to have choice and control of their lives. Care was provided in the least restrictive way possible and in the best interests of people.

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 and update

The last rating for this service was inadequate (inspection undertaken 28 and 30 October 2019. Inspection report published 16 January 2021). There were multiple breaches of regulation and the service was in Special Measures. The provider sent us an action plan to evidence how they met the requirements and communicated with us regularly following the inspection.

This service has been in Special Measures since November 2019. During this inspection (April 2021) the provider demonstrated improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We carried out a comprehensive inspection.

Following our last inspection, we took urgent enforcement action to restrict any further care packages being delivered by the provider. We also required the provider to carry out a number of actions during the month of November 2019. We were provided with evidence of the actions completed which allowed us to monitor the quality of the service being provided to people. During this inspection we noted improvements had been made.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive 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** ●

# UR Hands Care

## 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

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.

The service had a manager registered with the Care Quality Commission. The registered manager is the provider of UR Hands Care and will be referred to as 'the provider' throughout this inspection report. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the provider 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider would be in the office to support the inspection.

Inspection activity started on 12 April 2021 and ended on 22 April 2021. We visited the office location on 15 April 2021.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

Before we visited the provider's office, we spoke with two people who used the service and two relatives for their experiences. We also spoke with two care workers. We asked the provider to send us a range of records so that we could review these away from the provider's office. Records included care plans, risk assessments, medication records and staff training and supervision records. Additionally, we requested some policies, the provider's statement of purpose and other records relating to the management and oversight of the service.

When we visited the office, we spoke with the provider and the care manager. We looked at two staff files and checked whether the provider was displaying their rating from the previous inspection correctly.

#### After the inspection

Following the visit, the inspection continued, and we reviewed the records which were sent to us. We also spoke with one further staff member and a relative. We communicated with the provider and care manager so we could validate the evidence in the 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 people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure staff had safe practice systems and processes, knowledge and training to safeguard people from the risk of abuse. People were not protected by robust assessments which identified risk, safety monitoring and appropriate management. Medication processes and management was not safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection, so the provider was no longer in breach of regulation 12.

- The provider had completed assessments of potential risks to people. However, some conflicting information was present. For example, one person's risk assessment contained different personal identification information. Another person's risk assessment mentioned the person had someone of a specific relationship living with them, when they did not. Timescales for reviewing risk assessments were not always clear. The provider said they would address this.
- Staff had completed medication training and the provider had assessed their competence to give medicines. However, no checks of the provider's or care manager's competence had been undertaken. The provider said this would be reviewed to increase safety for people.
- Medication records had improved but were not consistent for one person. We found a 'when required' medication dose was inconsistently recorded within three records, and the medication administration record (MAR) had no dose or route for administration recorded. This could have placed the person at risk of receiving the wrong dose of medication. Following the inspection, the provider sent us a revised MAR template to include this information. The effectiveness of this will be reviewed at the next inspection.
- People told us they felt safe and they knew how to report concerns. Relatives told us they were confident the provider would take any actions necessary should concerns be raised.
- Staff had received safeguarding training and described examples of abuse they may encounter and what they would do. This evidenced their knowledge of safeguarding and how they would escalate concerns.
- We saw safeguarding topics were regularly discussed during staff meetings. Staff told us scenarios had been used to promote discussion, learning and awareness.
- Staff assisted one person to take their medicines: their relative had no concerns about staff practice.

### Staffing and recruitment

At our last inspection the provider had failed to complete the appropriate checks to ensure staff were

recruited safely, which had placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff recruitment processes had been reviewed and were safe and appropriate. A process was in place for staff files to be audited regularly.
- We looked at two staff files and were satisfied pre-employment checks had been completed and suitability to the role had been explored. The provider had checked gaps in employment history and had a process to verify references.
- A staff member told us the provider completed pre-employment checks and they did not start work until they were received.

#### Preventing and controlling infection

- The provider had an infection control policy in place which was signed by staff to show they had read this. Staff had completed training which included topics in response to COVID-19.
- People told us staff wore personal protective equipment (PPE). One person said, "[Staff] wear a mask, a pinny (apron) and gloves. They wash their hands."
- Staff told us the provider had kept in touch throughout the pandemic by email and telephone. One staff member said, "What I was expecting and what has been happening is very different. PPE was not enough all over the country at the start. But (COVID-19) testing is done. PPE (for staff) is here. Training is very good. We have peace of mind."

#### Learning lessons when things go wrong

- The provider demonstrated they had learnt lessons. They had introduced safety systems since the last inspection.
- Concerns and incidents were discussed in staff meetings for learning to take place. No recent concerns or incidents had been reported.
- Staff were confident to raise concerns and told us issues were regularly discussed during meetings and supervisions.



# 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 inadequate. At this inspection this key question has now improved to 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; Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure appropriate training, competencies and induction were taking place for staff. 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 so that the provider was no longer in breach of regulation 18.

- The provider completed an assessment of each person's needs before agreeing to provide them with care.
- Care reviews had taken place and staff were knowledgeable about people's support needs. Staff were familiar with people's preferences and interests.
- People told us they felt the staff were consistent and well trained to meet their needs.
- Staff completed regular training and the provider or care manager carried out associated assessments of their competence. Staff said the training was beneficial and appropriate to their role and to the people they supported. Once training had been completed the provider or care manager would review this with staff to ensure objectives had been met.
- The provider told us that the previous one-day staff induction no longer took place. New staff had induction delivered over four days which allowed for more meaningful learning. Staff were receiving regular supervisions and told us these were planned and effective. Records supported this.

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

At our last inspection the provider had failed to ensure consent was given prior to delivering care and support to people and although training had taken place, staff had limited understanding of the MCA. This was a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection so that the provider was no longer in breach of regulation 11.

- The provider had completed mental capacity assessments for people and best interest decisions were in place. The provider told us that relatives would be involved in decisions where appropriate, and where a lasting power of attorney had been appointed.
- We found some assessments and best interest decisions needed to be reviewed to ensure content, such as initials, were appropriate to the specific individual. The provider agreed to review this.
- Staff had completed training and evidenced their knowledge of the MCA. Staff were aware of what a best interest decision was and in what situations one may be used.

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

- One person received live in care and was being assisted with meal preparation. Records evidenced their food intake was monitored and encouraged in their best interests. Food shopping was organised by relatives with likes and dislikes evident within the care plan.
- Staff offered to prepare people drinks. We were told by a relative this worked well.

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

- Support was available for individuals to access appropriate services and health care where necessary.
- A relative told us of an occasion where staff had acted promptly in response to a concern. They told us "There was a problem, had they [staff] not seen it, it could have been worse." We were told the person received appropriate review from the community nurses due to staff action.
- Staff had worked in partnership with community nurses for the specific needs of people. We saw evidence in daily notes of staff assisting a person to attend their medical appointment and have telephone consultations with their Doctor.
- Staff told us communication within the team had improved and they were regularly updated about people's needs. The provider and care manager told us meetings and communication with staff took place using email, telephone or video calls.

# 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 requires improvement. At this inspection this key question has now improved to 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 were treated well and were respected as individuals.
- People told us staff treated them with kindness and they were caring towards them. One person said, "They are kind. I cannot fault them – I would tell them otherwise." Another person said, "I think they are very caring and kind. Sometimes when I have got up and feel not so well, they assist me and never rush me. I feel safe with them."
- A relative said the staff felt like an extension of family opposed to a care provider. Another relative told us the continuity of staff helped to build positive relationships stating, "They always have something to talk about. They would sit and talk as needed with a cup of tea."
- Staff understood equality and diversity and recognised people had different interests; views; support needs; spiritual and cultural needs. Care plans evidenced that individuality was promoted.

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

- People told us they received the care they had agreed. People said they had been involved in care reviews and felt confident to say what they wanted.
- A relative told us how the provider had sat down with them and their family member to discuss their support needs. They said, "From the first day, the first assessment, [provider] came and made us all feel relaxed."
- Records evidenced people were asked to share their experience of the service and were involved in planning their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff announced their arrival in an agreed way before entering their homes. We saw this was documented in the care plan and people told us this gave them reassurance and control.
- Staff evidenced their awareness of privacy and dignity. One staff member told us the importance of approach, communication and consideration when assisting with personal care. Another staff member told us of the importance of ongoing communication to ensure the person is involved and they give consent.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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 spoke confidently of the support they received from staff. One person told us, "They know what to do when they come, and it is what I want." Two relatives told us that the support provided enabled their relatives to remain at home, which was where they wanted to be.
- In response to COVID-19, one person requested additional support with hair care as the local hairdresser was closed. Their care package was slightly increased to support this. Although no longer required at the time of inspection, it was evident this flexibility allowed the person to continue something important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People told us staff gave information to them in a way they understood.
- We saw people's care plans contained personalised communication guidance for staff. Guidance included using clear and concise information, allowing people to consider information and respond in their own time. Care plans also identified communication aids for people, such as hearing aids, glasses and emergency personal alarms.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities are socially and culturally relevant to them

- One person told us that due to the COVID-19 pandemic they went out less regularly. They told us when staff attended, "We talk about my interests, and theirs" and, "we have a natter."
- A relative told us that staff assisted their family member with virtual calls. This allowed them to have support to operate the device and maintain contact with their family. These calls were documented in the person's daily notes and evidenced regular support being provided.
- Staff were respectful of people's homes. We were told by a relative that activities remained reflective of the person's interests and the home environment was respected.

Improving care quality in response to complaints or concerns

- Systems were in place to respond to and investigate complaints or concerns.
- People and relatives had confidence in the provider and their communication processes.
- People had been provided with a copy of the provider's complaints policy and one person told us this was

in their folder in their home.

#### End of life care and support

- The provider had an end of life policy and training had been completed by staff. Staff told us that end of life care training had been effective and provided them with good awareness and knowledge.
- End of life care was not being provided at the time of the inspection.
- The provider told us how previous provisions of end of life care included the staff working with community healthcare teams. An individualised plan of care was developed which was responsive to the individual's needs.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. At our last inspection the provider had failed to develop processes to ensure risk management systems were in place. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We viewed some policies and found content was not always reflective of the domiciliary care agency. For example, the food hygiene policy referred to procedures which we would expect to take place in a care home. This did not provide staff with underpinning knowledge and guidance to support someone in their own home. The provider said they would review these.
- We found that medication processes were not always reflective of the providers medication policy. MAR sheets did not hold the information and guidance which was required. We also found that staff development policies stated staff appraisals would take place annually, however, these had not been completed.

We recommend the provider reviews their policies and records to ensure the service provided is underpinned by clear policy guidance.

- The provider did not always demonstrate a clear understanding of their legal responsibilities. We found the statement of purpose was not up to date and the provider's website displayed two different CQC ratings. The provider took prompt action to remove the incorrect rating at the time of inspection.
- The provider had contacted us prior to accepting a new package of care. This was a condition of their registration and we were satisfied the provider could meet the needs of the person.
- Following this inspection, the provider forwarded us a revised statement of purpose and action plan detailing their intention to review records and policies. We will review the effectiveness of this at our next inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care. At our last inspection the provider had failed to ensure staff supervisions and team meetings were undertaken and clear quality assurance systems were not in place. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We found an increased range of quality checks and audits had been undertaken by the provider and the care manager. Spot checks had been completed to ensure staff were completing calls and duties in line with agreed care plans. However, we found that management processes had not identified shortfalls we have highlighted during this inspection and therefore some further improvements are required.
- The care manager completed a service audit in July 2020 and identified areas for improvement. The audit included speaking with staff and gaining an understanding of their awareness of specific training undertaken. The action plan identified two staff required repeat MCA training and the training matrix evidenced this was undertaken. Staff told us the care manager ensured objectives were met following this training by speaking with staff.
- People told us the provider and care manager regularly asked for their feedback on the service provided to them.
- One relative told us they had previously used another care agency and added "I find this service to be more engaged and person focused."

Promoting a positive culture that is person-centred, open, inclusive and empowering which achieves good outcomes for people; How the provider acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

At our last inspection the provider had failed to develop processes to check the effectiveness of care provided. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We found surveys were completed and reviewed, and feedback was also gained through telephone calls and during spot checks. People told us they felt listened to and able to share their experiences.
- Staff told us they were confident to make suggestions and raise concerns. We were told the provider was responsive to requests and provided good support.
- The provider had a good understanding of their legal responsibilities surrounding the duty of candour. The provider recognised the importance of 'lessons learnt' and the need for transparency. A relative told us the provider had contacted them following the last inspection and shared the outcome and the measures put in place.
- At the time of inspection care was not being provided to people who were funded by the local authority or clinical commissioning group. The provider told us that they would provide support to people to access their health providers as needed.
- People, relatives and staff all told us they would recommend the services of UR Hands Care based upon their own experiences.