

Uriel Care2U Limited

# Uriel Care2U Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Uriel Care2u Limited is a domiciliary care service providing personal care to adults with a range of support needs including people living with dementia. At the time of the inspection the service was providing personal care to seven people living in their own homes in the local community.

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

Risks to people were not well managed. We found significant issues with safeguarding, risk assessments, staff recruitment, training and support which placed people at increased risk of harm.

Most people and relatives told us they felt safe with the support provided. However, concerns about people using the service were not always responded to appropriately. We found instances where the local authority and CQC had not been notified of safeguarding concerns.

Management oversight of the service was ineffective and did not identify the issues we found during the inspection. Managers were not completing checks in some areas where we found concerns. We found CQC notifications had not been submitted as required.

People's risks were not always assessed and documented in their care records with clear guidance for staff to follow. We were not assured people's care visits were being effectively monitored.

People were not always supported by staff who were recruited safely in line with procedure.

Staff told us they felt supported. However, we found people were not always supported by staff who had been appropriately trained, supervised and had their individual performance reviewed.

We made a recommendation around managing of medicines.

We made a recommendation around managing complaints.

We made a recommendation around the personalisation of people's care records.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us they were involved in planning and reviewing people's care and staff understood people's likes and dislikes.

Staff told us they could raise concerns with the management team. Most people and relatives told us they

were satisfied with the service.

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 requires improvement (published 27 October 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

At our last inspection we recommended the provider ensure people's consent to care is properly recorded in line with MCA and at the previous inspection we recommended the provider follow best practice in relation to end of life care. At this inspection we found the provider had acted on these recommendations and some improvements had been made. At the last inspection we also recommended the provider ensure people's medical conditions are considered when planning and meeting their needs. At this inspection we found the service had not acted on this recommendation and improvements had not been made.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 10, 12, 13, 14 August 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their safeguarding practice.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective, responsive and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Uriel Care2U Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We found several breaches of regulation and issued the provider with warning notices in relation to safeguarding and good governance.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector and one Expert by Experience who made telephone calls to people and relatives of people using the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 26 May 2022 and ended on 10 June 2022. We visited the location's office on 26 May 2022 and 1 June 2022.

#### What we did before the inspection

We sought feedback from the local authority and reviewed information we had received about the service and formal notifications that the service had sent to the CQC. Notifications are information that registered

persons are required to tell us about by law that may affect people's health and wellbeing. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We will report further on this in the well led section of the report. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and two relatives. We spoke with five members of staff including the registered manager, care coordinator and three care staff. We reviewed a range of records. This included three people's care records and two people's medicines records. We looked at eight staff files in relation to staff recruitment, training and supervision. A variety of records relating to the management of the service including safeguarding, and quality assurance were reviewed. We sought feedback from the local authority and professionals who work with the service. We sought clarification from the registered manager to validate the evidence found.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider did not have the required procedures in place to safeguard people and respond appropriately to allegations of abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13.

- Systems and processes in place to report, record and investigate any potential abuse were not established and operated effectively.
- Prior to the inspection a local authority informed CQC of two incidents of a safeguarding nature involving the service. Where an allegation had been made against a member of staff, we found little evidence of an investigation being completed by the provider or of any actions taken in response. We found the service was not maintaining appropriate records of safeguarding concerns and CQC had not been notified of the two allegations of abuse.
- During the inspection we became aware of two other safeguarding concerns which had been reported by a relative and a member of staff to the management team. In response to the relative's concerns, the provider told us about the action they had taken to improve the persons service. However, the service was not keeping records of the concerns reported or of any actions taken in response. The registered manager had not reported the concerns to the local authority as required.
- Records showed and the registered manager confirmed, not all staff had refreshed their safeguarding training in line with the provider's procedure.
- The registered manager told us they had not been informed of concerns which had been reported to other members of the management team. We found there was no system or process in place to ensure management oversight of safeguarding concerns. We will report further on this in 'Is the service well led?' section of the report.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate safeguarding concerns were being effectively managed. This was a repeat breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the registered manager, and they informed us they would take action to ensure any future safeguarding concerns were appropriately reported, recorded and investigated. The registered manager told us they were enrolling staff on safeguarding adults training.

- Despite our concerns, care staff we spoke to were able to demonstrate an understanding of their responsibility to report any safeguarding concerns.
- Other people and relatives we spoke to during the inspection told us they felt safe with the support they or their relative received from the service. One relative said, "[service] have helped me manage to keep [person] safe."

#### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had systems in place to assess risks to people before undertaking their care and support. However, during the inspection, we found examples where risks associated with people's health conditions had not been assessed and documented in their care records with clear guidance for staff to follow.
- For example, one person's care plan and risk assessment did not contain sufficient details about their long-term health condition, how the condition affected the person or the support to be provided.
- Some information about people's health had not been assessed by the provider and potentially placed people at risk. For example, one person was prescribed medication mostly used for the treatment of epilepsy, however the registered manager did not know if the person had a diagnosis of the condition or not. There was no information in the person's care plan or risk assessments to provide staff with guidance on how to support the person in relation to the condition. The lack of detailed information and guidance for staff meant people may have been placed at risk of possible harm.
- Records showed some people's care plans and risks assessment documents had not been updated to ensure information about people's risks was up to date. The provider was not completing a regular audit of people's care plans and risk assessments, we will report further on this in 'Is the service well led?' section of the report.
- We were not assured the system for monitoring people's care visits was effective to ensure people's safety. During the inspection the registered manager informed us the electronic care planning system which also monitored people's care visits was not currently working.
- During the inspection, a relative raised a concern about several missed care visits which they told us had previously been reported to the management team. A recent safeguarding enquiry completed by a local authority found the provider had also missed several care visits for another person.
- The management team confirmed, the service had recently restarted auditing records of people's care visits, however, we found spot checks of care visits were not being completed regularly for all staff in line with procedure. We found the provider was not keeping records of missed care visits or actions taken in response to prevent any reoccurrence.
- We raised these concerns with the registered manager who told us there may have been a technical issue with the electronic care planning system which meant notifications of missed care visits were not being received by the service.
- Where incidents had occurred, there was no record of management oversight in order to record actions, identify trends and opportunities for learning and improvement.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they would be introducing a new electronic care planning system to address the issues with the current system. We were told the service had recently introduced additional telephone monitoring calls to people to check care visits were happening as planned.
- Despite our concerns, other people and their relatives told us they were supported by a regular care worker who arrived on time. One relative said, "Not rushed and the carers stay the whole length of time."



- Staff told us people's care plans contained enough information to support them safely. One staff member said, "Yes they do, they are very helpful." The registered manager told us they would update people's care plans and risk assessments and following the inspection the registered manager sent us some updated records.

#### Staffing and recruitment

- Recruitment checks and processes were not always completed in line with procedure to ensure staff were recruited safely.
- Staff recruitment records did not contain a full employment history, gaps between periods of employment had not been explored and documented by the provider. Some application forms had not been fully completed.
- The registered manager informed us it was procedure to take up two employment references for new staff. However, we reviewed staff recruitment records where only one employment reference or one character reference had been obtained for each member of staff.
- The service was completing a checklist for each staff file to ensure recruitment procedures were followed; however, this process did not identify the issues we found during the inspection. We will report further on this in 'Is the service well led?' section of the report.

We found no evidence that people had been harmed however processes and checks were either not in place or comprehensively completed to ensure safe staff recruitment. This placed people at the risk of potential 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.

- Other recruitment checks including Disclosure and Barring Service check (DBS) and proof of identification had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines as prescribed, however, medicines were not consistently managed in line with national guidance.
- Two people had their medication administered by the service. The provider had a medicines policy in place and was completing a regular audit to check people were receiving their medicines as prescribed.
- Records showed staff had completed medication training, however, not all staff had their competency assessed within the past year in line with national guidance.
- Where details of people's medicines were transferred to the providers medication administration record form, we found this information was not being checked by another member of staff. This meant the provider could not be assured this information was correct.
- Feedback from people and relatives regarding support provided with medication was mixed. One person told us they were satisfied with the support they received with medicines and said, "I take my medication myself, but carers will remind me to take it." However, one relative raised a concern about the support a person received with their medication. The registered manager was informed, and a referral was made to the local authority safeguarding team for further investigation.

We recommend the provider reviews its procedures to ensure medicines are managed in line with national guidance

#### Preventing and controlling infection

- Policies and procedures were in place to prevent and control infection, including COVID-19.
- Staff told us they had received training and had access to regular testing and PPE. One staff member said, "We are doing it [training] every year. COVID test every day, we have PPE, gloves, aprons, masks, hand gel in every clients house."
- However, records showed, and the registered manager confirmed, not all staff had refreshed their training in infection prevention and control within the past year. We report on this further in 'Is the service effective and well led?' sections of the report
- People and their relatives told us staff wore appropriate PPE. One person said, "Masks, aprons and gloves are always worn by the carers."

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We were not assured staff were receiving appropriate induction, training and supervision to enable them to deliver safe and effective care to people.
- Records showed and the registered manager confirmed staff had not completed training in several mandatory topics such as first aid, food hygiene, MCA and health and safety.
- The registered manager told us staff training should be refreshed annually, however, records showed some staff had not refreshed training in other mandatory topics such as safeguarding, moving and handling and infection control in line with procedure. During the inspection we identified issues with the management of safeguarding concerns and staff knowledge of MCA, as detailed in the 'Is the service safe and effective?' sections of the report.
- Some training certificates we reviewed did not include details such as the staff member's name, title of the course and date completed.
- Staff we spoke to told us they received an induction when they started working for the service, however, we found induction records were not in place for all staff. The registered manager confirmed some staff induction records had been signed off by staff before being completed.
- Records showed most staff were not being supervised regularly in line with procedure and most longer-term members of staff had not received an appraisal within the past year. This meant staff were not receiving regular support and guidance from management and individual staff performance was not being reviewed.
- Feedback we received regarding staff skills and knowledge was mixed. Most people and relatives told us they felt staff were sufficiently skilled and knowledgeable. One person said, "I never have any trouble. They know what they are doing." However, another relative expressed concerns about the support provided by staff.
- There was no system in place for management to record and monitor the frequency of staff supervision and appraisals. The service had several documents in place to record and monitor staff training, however, we found these records were not up to date and some of the information was inconsistent with other records. We will report further on this in 'Is the service well led?' section of the report.

The lack of appropriate induction, training and supervision for staff meant that the service was in breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the registered manager, and they told us staff training, supervision and appraisals had fallen behind during the pandemic as they were focused on supporting people and their

staff. We were told the service would take action to update staff training and ensure staff supervisions and appraisals were up to date in line with procedure.

- The registered manager told us they were in the process of making improvements to staff induction by implementing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Despite our concerns, the staff we spoke to told us they felt supported and satisfied with the training they received. One staff member said, "Yes, any time we need anything they will take care of it."

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

At our last inspection we recommended 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. We found sufficient improvement had not been made.

- People's care plans contained limited details about people's health conditions. We found some examples where risks associated with people's health conditions had not been assessed and documented in their care records with clear guidance for staff to follow. The lack of detailed information and guidance for staff meant people may have been placed at risk of possible harm. We report further on this in 'Is the service safe?' section of the report.
- With one exception people and their relatives told us there was good communication with the service and they were assured staff would request assistance where required especially in an emergency. One relative said, "I am confident they would contact the GP if needed." However, another relative told us they did not have confidence in staff.
- The service worked with other health and social care professionals where required, including the community mental health team, GP and pharmacist.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

At our last inspection we recommended that consent to care is properly recorded in accordance with the MCA. The provider had made some improvements.

- People's care records documented their consent to care in line with the MCA.
- However, not all staff we spoke to were not able to demonstrate an understanding of the MCA and records showed staff had not completed training as detailed earlier in the 'is the service effective?' section of the report.
- Despite this concern, people and their relatives told us staff sought people's consent before supporting

them. One person said, "Yes and [care staff] keeps me informed of what he is doing, like when he puts some food in the fridge."

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

- People's care plans did not always sufficiently detail their needs and preferences in relation to eating and drinking.
- Most people using the service required minimal or no support with their meals. However, where this was required people's care plans did not contain sufficient detail of their needs and preferences. We will report further on this in 'Is the service responsive and well led?' sections of the report.
- Feedback we received regarding support with food was mixed. One person and a relative told us they were satisfied with the support staff provided with preparing meals. One person said, "No problems and they cook for me when I ask them to." One relative said, "Carers will prompt [relative] to eat. They know what food he likes. If he hasn't eaten, they will remind him to. All have basic cooking skills."
- However, another relative raised a concern about the meals provided to their relative. The management team told us they were already aware of this concern and had recently introduced spot checks and monitoring to ensure improvements were made.

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

- People's needs were assessed, and care plans and risk assessments were developed using information gathered during initial assessment. People's care records considered people's diverse needs, as defined under the Equalities Act 2010.
- A care plan was written based on the information obtained during the assessment process by the management team. However, we found some instances where information relating to people's needs and choices was not always sufficiently detailed in people's care records. We report further on this in 'Is the service responsive?' section of the report.
- Policies and procedures provided guidance for staff and referred to legislation and good practice guidelines. However, care was not always delivered in line with current standards and best practice guidance, we report further on this in other sections of the report.
- People and their relatives told us they were involved in discussions about their relative's support package and agreements about how their care was provided.

# Is the service responsive?

## Our findings

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

At the inspection before last (published October 2019) we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The service had an up to date complaints policy in place. However, we were not assured all complaints were being recorded in line with procedure.
- We reviewed a record of one complaint received since the last inspection. The complaint had been recorded in line with the provider's procedure and contained details of the complaint and actions taken in response.
- However, feedback we received regarding complaints was mixed. Most people and their relatives knew who they would speak to if they had any concerns and felt confident staff would listen and any concerns would be dealt with appropriately. One relative said, "I would contact the manager, but I have had no concerns." However, another relative told us they had complained and were not satisfied with the response received.
- We raised our concern with the management team who told us about actions they had taken in response to the concerns, however, we found the concerns had not been appropriately recorded in line with procedure.

We recommend the provider reviews its processes for managing complaints to ensure records are kept in line with procedure.

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

- People's care plans contained some personalised information about their life history, interests and relatives involved in their care. However, people's care records did not always sufficiently detail their preferences and choices.
- For example, we found people's care records did not always contain sufficient detail of people's preferences with personal care and support with food.
- The management team told us people's care was reviewed annually or more frequently if people's needs changed. However, we were not assured this process was effective, as some review records contained the same information from one review period to the next. In several cases the dates on people's care records had not changed to evidence documents had been reviewed and updated.
- People's individual health conditions were not always sufficiently documented in people's care records with guidance for staff to follow, as detailed in the safe and effective sections of the report.
- Despite our concerns, people and their relatives told us they were involved in planning and reviewing the care they or their relative received. One person said, "Yes, manager came to see me recently to discuss my care." A relative told us, "Yes, I am involved, I am his carer and [person] is involved too."

- People and their relatives told us staff understood people's likes and dislikes. One relative said, "Staff are kind and caring. One carer will bring [person] a newspaper when he comes."
- We raised our concerns with the management team, and they told us they would update people's care records to ensure they contained sufficient details of people's preferences and choices.

We recommend the provider reviews people's care records to ensure they contain sufficient details of people's preferences and choices.

#### End of life care and support

At the inspection before last (published October 2019) we recommended the service follows current guidance and best practice around end of life care and ensures people's wishes and needs are considered when planning and delivering all care. The provider had made some improvements.

- At the time of the inspection, the service was not caring for anyone who was at the end of their life.
- Where people had made an advanced decision to be resuscitated or not to be resuscitated, this was included in their care records.

#### Meeting people's communication needs

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

- People's care records contained information about their ways of communicating and their preferred methods.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Management oversight of the service was ineffective and did not identify the issues we found during the inspection. We found significant issues with safeguarding, risk assessments, monitoring of care visits, staff recruitment, training and support as detailed in other sections of this report.
- At the time of the inspection the service was not completing audits of safeguarding concerns, risk assessments, staff supervision and appraisals in order to monitor the quality of care delivered and records kept by the service.
- We found some management systems for staff training and recruitment, people's care visits and medicines were in place and people's care was being reviewed, however, these systems and processes did not identify the issues we found during the inspection.
- The service did not always promote good outcomes for people through personalised care and support. Care plans and risk assessments lacked details of people's individual risks, preferences and choices. This meant care staff lacked sufficient written information to deliver person centred care and mitigate risks.
- We were not assured of the registered manager's understanding of their regulatory responsibilities. The service was asked to complete a PIR in May 2021 however CQC did not receive a response. CQC had not been notified of two allegations of abuse or neglect.
- Policies and procedures were up to date and in line with best practice. However, we found examples where procedures were not followed and embedded into staff practice.
- There was little evidence of management oversight in order to record actions, identify trends and opportunities for learning and improvement in relation to missed care visits, safeguarding concerns or complaints.
- The lack of effective management oversight within the service placed people at risk of receiving care, which was not safe, effective and responsive to their needs. This also meant learning and improvements could not be identified or implemented.

Whilst we found there was no evidence people had been harmed by the issues identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



- We raised our concerns with the registered manager and were informed the service had been through a challenging period. We were told the service had "lost focus" in some areas of management oversight whilst focusing on support for people and staff during the pandemic. The management team told us they were committed to making the improvements required.
- The provider had an existing improvement plan in place which had been developed with a local authority. During the inspection we found some improvements had been made in response to previous recommendations around MCA and end of life care and support. A professional from a local authority told us, "Overall I feel the service is improving and is being managed well at the moment."
- Despite our concerns, most people and their relatives told us they felt the service was well managed. One person said, "They are well managed. A new manager came around the other week. Nice lady. She seemed very caring and called the next week to see how I was."
- Most people and relatives told us they were satisfied with the service. One person said, "I get brilliant care, marvellous." A relative told us, "The care is good. Nothing I would change about it." However, one relative told us they did not believe the service to be well managed and raised several concerns as detailed in the other sections of the report.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were formally asked for their feedback about the service and responses to satisfaction questionnaires we reviewed were positive. However, relatives and staff had not been formally asked for their feedback.
- People and their relatives were involved in planning and reviewing their care and support.
- Despite our concerns, staff told us the registered manager was supportive and they could raise any concerns. Records confirmed regular staff meetings were taking place. One staff member said, "Yes I do. [Managers], they call to ask how we are doing, to see if we are ok."
- Where required the service worked with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.

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

- Policies were in place which identified the actions staff should take in situations where the duty of candour would apply.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people were not always assessed, monitored and managed to keep them safe. Clear guidance and instructions were not always provided to care staff to minimise or mitigate any such risks.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Processes and checks were either not in place or comprehensively completed to ensure safe staff recruitment.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Appropriate support, training, supervision and appraisals were not in place for staff to enable them to deliver safe and effective care and support to people.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes were not established and consistently operated effectively to respond to any potential abuse. This placed people at increased risk of harm.</p>

**The enforcement action we took:**

We issued a Warning Notice on 6 July 2022.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Management systems were either not in place or robust enough to demonstrate that there was adequate oversight of the service. This placed people at risk of harm.</p>

**The enforcement action we took:**

We issued a Warning Notice on 6 July 2022.