

Julee Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Julee Care Limited is a domiciliary care agency providing care and support to older people in their own home. At the time of our inspection there were 26 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. Where they do, we also consider any wider social care provided.

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

Risks relating to people's care and support were not always assessed and care records lacked key information about how to manage those risks.

Staff were not always deployed to meet people's needs in a timely manner and at the time agreed.

Systems to administer and record medicines given to people were not robust and not understood by the registered manager or staff.

Care staff had access to training, however this did not cover all the areas required to ensure they had the right skills and knowledge to support people who used the service.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Quality assurance systems in place were not being fully effective and did not highlight the concerns we found during this inspection, or made improvements following previous recommendations. Notifications of significant events were not made to CQC as required.

People told us they felt safe with the care provided. People told us staff ensured people had adequate food and drink available and would support them to access healthcare professionals.

Staff were clear on what actions they needed to take in relation to infection prevention and control (IPC), including the wearing of personal protective equipment (PPE) and regular hand washing.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 November 2019).

Why we inspected

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

As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. 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 changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Julee Care Limited on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment, staffing, obtaining consent and good governance at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will follow up in a couple of months and request evidence of actions taken. We will work alongside the provider and 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Julee Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This 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.

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 26 October 2022 and ended on 04 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of our monitoring activity that took place on 14 September 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology and electronic file sharing to enable us to review documentation. We met with the registered manager via a videocall on 26 October 2022 and reviewed documents relating to people's care and overall management of the service. We spoke with three people and two relatives on 01 November 2022. On 03 November 2022 we spoke with two staff and the registered manager. We reviewed further information relating to consent, safe care, training and management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People did not always have complete risk assessments, which identified and explored all the risks which they faced. Staff did not have clear and thorough care plans to guide them about how certain risks should be managed.
- People's care plans included a list of healthcare conditions. The provider had assessed and planned for some, but not all of these. There was no information for staff to make a judgement as to whether someone was becoming unwell or needed additional support. For example, where people required positioning to reduce the risk of skin breakdown. Staff did not demonstrate an understanding of these risks to people they cared for. We found no evidence people were being harmed. However, there was a risk because the systems and processes for assessing and monitoring risk were not in place.
- Staff and the registered managers knowledge of people was not enough to ensure people received safe care. People told us they thought it would be helpful if staff understood more about their condition to be able to effectively support and monitor them. One person said, "I don't think they have the knowledge of my condition, which at the moment is okay because I can tell them, but I think if they understand how my health will decline they can help me to keep going. It can hurt sometimes when they wash me because they don't know my sensitivity changes day to day."

Risks to people's health, safety and well-being were not assessed when required. This placed people at risk of receiving unsafe care. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The provider had assessed the risks within people's home environment and gave guidance for staff on how to keep people and themselves safe.
- The provider responded immediately during and after the inspection. They organised training for staff to enable them to develop robust risk assessments and began to reassess people's health needs.

Using medicines safely

- Staff received training to manage and administer medicines safely. However, some people told us staff did not support them positively with this. One person said, "Some of them [Staff] put them [medicines] in a tumbler and I try to get them out with my fingers. Others put them on the table. They try to make sure I have them before they go but it is difficult. I can find it hard to swallow them sometimes, but they don't make sure I am ok, some are better than others and I need more help than just popping them on the table."
- Assessments for medicines support did not clearly define the level of support needed. They had been completed, in some examples, over two years ago and people's needs had changed. For example, people

who were able to manage their medicines merely required prompting to take them. However, as needs changed we found people were less able to manage and required their medicines to be administered. This had not been reassessed, which placed people at risk of not receiving their medicines as prescribed.

People were not supported to receive their medicines as required and assessments were not completed to ensure people's needs were met. This was a further breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The provider responded immediately during and after the inspection. They reassessed people's support needs with medicines and introduced MAR charts to document when staff administered these. They reviewed their policy in relation to medicines administration and sought additional training for staff.

Staffing and recruitment

- People told us that staff were regularly late when arriving to provide care. One person said, "I expect them at 5pm and they turn up at 6pm. They really can't get their times right. I am in bed all night and I want to get up, I want to get up at that time not an hour or two later. Sometimes I can end up with a wet bed and that is not good." A second person said, "They are rushing with my care because they are rushing to get on with the next call. That girl yesterday was here for about 2 minutes and was gone. They didn't change my pad at bedtime and left it until this morning. [Staff member] left all the lights on and the windows were open, so it was a rotten night. They are haphazard."
- Late calls also meant where people required support with their catheter, staff were not on time to change the night bag. This meant there was a risk due to lateness that the catheter may become blocked or increase the risks of associated infections such as urinary tract infections.
- Staff are required to log in when they arrive at a person's home and out when they leave. This creates an electronic log that can be monitored to ensure calls are provided as agreed. This log showed a significant number of these calls were either early or late, with some examples showing people waiting in excess of an hour.
- There were enough staff employed, however the registered manager told us issues with timeliness had been created due to a number of staff leaving, and badly planned routes. They told us they would immediately review these to ensure people received their care at the time agreed.

Although calls were not missed, people did not receive their care at the times agreed because staff were not effectively deployed to provide appropriate care. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The provider responded immediately and stopped any referrals whilst they continued to recruit and train newly employed staff.
- The provider undertook checks on staff suitability before they started working at the service. This included carrying out criminal records checks, and ensuring staff had the correct right to work documentation.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People mostly told us they felt safe. One person said, "I feel safe, I have some niggles about timings and things, but I feel very safe in their care. When they hoist me, they do it wonderfully well, I'm safe and feel very confident they know what they are doing."
- Systems were in place to safeguard people from the risk of abuse. The provider had clear procedures for dealing with suspected abuse and the staff received training. The registered manager had worked with the local authority to investigate any concerns and to help protect people.
- The registered manager was knowledgeable about safeguarding processes, however not all staff were able to describe what abuse was. Staff were also not clear on how to raise concerns outside of the organisation following whistleblowing procedures.

- Procedures to learn and develop staff practise when things went wrong were not in place. The registered manager had regular meetings with staff, but these did not discuss any concerns, accidents or incidents.
- The registered manager following our inspection contacted a local training provider to seek support with staff awareness of safeguarding and whistleblowing. They said they would review their procedures to ensure lessons learned were part of everyday culture within the service.

Preventing and controlling infection

- People told us staff followed the requirements of infection prevention and control (IPC) guidance. One person told us, "They always put their PPE on, no problems I have never known anything different."
- Staff were trained in IPC and knew how to keep people safe through practicing good hygiene such as wearing masks and washing hands before and after providing care.
- Staff told us they understood the importance of minimising cross infection and spread of disease. Spot checks had ensured staff followed the provider's policy of wearing masks, gloves and aprons when appropriate, which enabled them to reduce the risk of infection.

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

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

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

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

- Staff had received training in the Mental Capacity Act but their understanding of how to put this into practice remained poor. At our last inspection, the registered manager told us they assessed all people. We told them this was not in line with the principles of the MCA which says capacity must be presumed. They had not taken action to address this and continued to apply a blanket assessment to people who had capacity to make their own decisions. Under the MCA, you are only required to make an assessment of capacity before carrying out any care or treatment if you have reasonable belief someone lacks capacity.
- The registered manager told us there were three people whose capacity fluctuated and they believed an assessment of capacity was needed. They had not completed these at the time of the inspection.
- Staff shared intimate information relating to people's choices and care with family and friends of people. There had been no discussions with people to ensure they were happy to share their information, and that they consented to this.

The registered manager had not ensured the principles of the MCA were followed and applied. They did not have appropriate arrangements in place to obtain consent from people, regardless of whether they had the capacity to make their own decisions. This was a breach of regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff had received training in areas considered by the provider as mandatory. The registered manager advised these included safeguarding, moving and handling, fire safety and the Mental Capacity Act (MCA). Staff had not completed training in other areas to enable them to meet people's needs safely. These

included risks of choking, diabetes and skin integrity.

- Staff received supervision and competency observations to help confirm they had the skills and knowledge to perform their job roles. However, these competency observations had not identified improvements needed around areas such as medicines management and MCA.
- Although the registered manager and staff had received training, their knowledge of key areas was variable. The registered manager was not aware of the differences between prompting or administering medicines for example. Staff were equally unaware of the difference, meaning people were not provided with the assistance they required.
- The registered manager acknowledged the concerns and immediately contacted a local training provider. They requested a full review of their training needs, and booked training in the areas above.

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

- People's needs were assessed before they started to use the service. Assessments included people's support needs and their individual preferences. These assessments were intended to form the basis of people's care plan. However, these assessments and resulting care plans lacked the detail necessary to support person centred, effective and consistent care. The management team told us they would improve the care plans and risk assessments to ensure they reflected the individual.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people with meal preparation and people told us staff prepared meals based on their needs and preferences. People's care plans did not include clear details about people's dietary needs and requirements. Although not recorded, people said staff knew their needs well and were able to effectively support them with these.
- People told us before staff left, they placed drinks and snacks within reach.
- Staff shared information with people or their relatives if there were changes to people's health needs. Staff were not always responsible for booking appointments or contacting external healthcare professionals; this was done by people and their relatives. However, people said where staff did work with GP's or nursing teams, they followed the guidance provided.

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 good. At this inspection this key question has now changed 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; Continuous learning and improving care

- Audits in place to assess the quality and safety of the care provided were not effective in identifying improvements. Although the registered manager carried out regular audits, they had not identified all areas for improvement such as risk assessments, care plans not including all the risks related to people's health and support needs, some daily logs of the care provided were illegible and could not be read. There audits had also failed to identify, ongoing issues with medicines management, MCA, staffing, and lessons learned.
- This showed the registered manager had not taken enough action to make improvements following our previous inspection. Although they had developed a service improvement plan several areas of this had not been completed. For example, in 2019 they identified training was required in dysphagia, choking and diabetes awareness. This had not been provided, even though staff supported people with these healthcare needs. We also found actions in relation to MCA had not been completed.
- A business continuity plan was not in place. This helps to manage situations that may not happen but could have a major impact on the business and ability to provide care if they did. Such as the impact of bad weather, fuel shortage, COVID 19, staffing shortages and operational failings.
- The registered manager did not routinely share learning and information about good practice and lessons learned with staff through training, regular meetings or supervisions.
- People told us they usually had a call from the office to make sure they were happy about their care. However, they said this had not been completed since July 2022. The providers policy is for this to be completed monthly. Feedback received from people in the June 2022 raised continual issues with timeliness, which the provider had not addressed or improved, as our feedback from people has also demonstrated.
- The registered manager told us they had care staff and senior staff leave over the past year. They said this placed additional pressure on them, meaning they were not able to lead the service as effectively as before. However, they had not approached locally recognised support organisations for help or support. They acknowledged there were ongoing issues with delivering care in a planned way. They told us they had suspended any referrals or new business whilst they made the required improvements.

We found no evidence people were being harmed. However, there was a risk because the systems and processes for monitoring risk and quality were not always being effectively implemented. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us that the registered manager was approachable, that they regularly saw them and felt able to raise any concerns or complaints. However, they also said that when concerns were raised, these were not always effectively dealt with. For example, where there were concerns regarding a staff member's conduct, or timeliness of calls.
- The registered manager had sought the views of staff about working for the company. Seven responses were received from 11 staff employed. Most of these felt supported by the provider, that it was a good place to work and were proud of the job they did. One comment was received where a staff member noted, "Staff should be appreciated, development programs should be done so staff are properly trained. Attention should be paid to those bad eggs in the workplace, so good eggs are not discouraged to leave." This feedback however, had not been acted upon, or discussed further in staff meetings to develop the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had procedures to act on the duty of candour. The registered manager understood their responsibilities in this.
- The provider had liaised with people using the service and their representatives when things had gone wrong to explain what had happened.

Working in partnership with others

- Local organisations had not been accessed to keep up to date with changes to practise or to provide guidance or support to the registered manager. Throughout our inspection the registered manager was open and honest. They gave assurance our inspection feedback would be used to drive improvement and would engage with local organisations to deliver those improvements.
- The provider had worked in partnership with a number of different health professionals in order to support people's needs including primary healthcare services such as the G.P. and pharmacy.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>Need for consent. Regulation 11 (1) (2) (3).</p> <p>Care and treatment of for people was not provided with the consent of the relevant person. Where people who were unable to give such consent because they lacked capacity, the registered person did not act in accordance with the 2005 Act.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1) (2) (a)</p> <p>Safe care and treatment.</p> <p>Assessments of the risks of the health and safety of service users of receiving the care or treatment had not been carried out. People did not receive their medicines in a safe way and the proper and safe management of medicines was not followed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (c)</p> <p>Systems or processes were not operated effectively to assess, monitor and improve the quality and safety of the services provided.</p>

Systems and processes operated did not mitigate the risks to those service users.

An accurate record of the care and treatment provided was not maintained.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Regulation 18 (1)

Staff were not deployed in an effective way to ensure people received their care at the times agreed to safely provide care when needed.