

Uriel Care2U Limited

Uriel Care2U Limited

Inspection report

1 Bedford Mews
East Finchley
London
N2 9DF

Tel: 02036209796

Website: www.urielcare.co.uk

Date of inspection visit:
26 January 2023

Date of publication:
15 March 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Uriel Care2U Limited is a domiciliary care agency providing personal care and support to people with varied needs including older people and people living with dementia. At the time of the inspection the service was providing personal care to 2 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 always managed consistently as certain risks associated with people's health were not assessed. The lack of appropriate risk assessments meant people were at an increased risk of harm.

People spoke positively of the staff providing care to them. The service carried out checks to ensure only the right staff were recruited. However, these checks were not always clearly documented which affected the reliability of the relevant records.

Quality assurance systems were not always effective to ensure issues were identified and improvements were made and sustained in a timely manner.

Systems were in place to protect people from abuse. Staff were aware of their duties to report any safeguarding concerns.

Infection control measures were in place to protect people from the risk of infections.

People and their relatives were pleased with the care and support they received. They were also given the opportunity to be involved and provide feedback on their care.

The service worked in partnership with other agencies to make sure people received safe and effective care.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 July 2022) and there were breaches of regulations. We issued 2 Warning Notices to the provider for the breach of regulations 13 and 17 following the inspection. 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 improvements had been made and the provider had met the requirements of the Warning Notices. However, due to concerns identified at this inspection, the provider remained in breach of regulations, and the overall rating for the service has remained as requires improvement.

This service has been rated requires improvement for the last 4 consecutive inspections.

Why we inspected

We undertook this focused inspection to check that the provider had followed their action plan, to confirm they now met legal requirements and to check if they had met the requirements of the warning notice we previously served.

This report only covers our findings in relation to the key questions safe and well-led which contain those requirements. For the key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Enforcement and Recommendations

We have identified breaches in relation to providing safe care and the overall management of the service at this inspection.

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

Follow up

Due to a lack of improvement, we have requested an urgent action plan from the provider to understand what they will do to improve the standards of quality and safety. We will also 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?

The service was not always safe.

Details are in our safe 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 ●

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

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and/or specialist housing.

Registered Manager

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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed the action plan the provider had submitted following 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 all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 1 relative about their experience of the care provided. We spoke with 4 members of staff including a care worker, a senior care worker, the deputy manager / care coordinator and the registered manager.

We reviewed a range of records including 2 people's care records. We looked at 3 staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures, complaints and audits were also reviewed.



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 inadequate. The purpose of this inspection was to check if the provider had met the requirements of the Warning Notice we previously served. Improvements had been made and requirements of the Warning Notice had been met.

At this inspection the rating has improved to requires improvement. This meant that in certain aspects of the service, there was a risk people could be harmed if improvements and learning were not embedded and sustained going forward.

Assessing risk, safety monitoring and management

At our last inspection, systems were either not in place or robust enough to demonstrate risks associated to people's safety were safely managed. This placed people at risk of harm and was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement has not been made and the provider remained in breach of regulation 12.

- Risks related to people's health care and welfare were not consistently assessed.
- Where risks had been assessed, assessments covered a range of areas, including mobility, infections, nutrition and the environment where people lived. In these cases, guidance was in place to instruct staff on how to assist people safely with their needs.
- However, not every risk to people's health was assessed. For example, one person who had diabetes did not have any risk mitigation plan in place around this condition to help staff take the right actions if the person fell ill.
- We also found some risk assessments which had not been updated in more than a year. The registered manager told us these had been reviewed and provided updated versions of the documents following the inspection.
- Staff training records showed staff had not been trained in key areas, such as first-aid and health and safety. This meant there was a risk staff would have not been able to act appropriately and promptly to keep people and themselves safe in the event of an incident.

Whilst we found no evidence that people had been harmed, systems relating to the management of people's risks needed to improve to protect people from harm. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager told us further training arrangements were being made to ensure staff received the required training.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, systems were either not in place or robust enough to demonstrate safeguarding concerns were effectively managed. This was a repeat breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems and processes were in place to protect people from the risk of abuse.
- Staff received training in safeguarding and knew their responsibilities on how to report concerns. A staff member told us they would, "Call manager and explain, manager will fill safeguarding form and report to council; investigate," if they were to suspect any abuse. Another staff member said, "Speak to the person to find out what happened, speak to staff, report to [registered manager], escalate to CQC and safeguarding team."
- There were no safeguarding incidents since the last inspection. However, the registered manager told us they had learned from previous incidents and was able to demonstrate knowledge in safeguarding management.
- People told us they felt safe with the service they received and with the care provided by their care workers. The service provided people with key information on how to report abuse, including contact details of local authorities, CQC and emergency services.

Staffing and recruitment

At our last inspection, we found the provider did not always ensure staff were recruited safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements have been made and the provider was no longer in breach of regulation 19.

- The service followed safe practices when recruiting staff.
- Feedback from people confirmed staff attended to their calls on time and stayed for the whole duration of the calls.
- Staff files contained identity checks, written references, employment history and DBS. 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.
- However, details of pre-employment checks were not always clearly recorded. For example, the second references for 2 staff members were not dated and the employment history for 1 staff member lacked clarity. We raised this with the registered manager who told us they would review their recruitment procedures to ensure they followed best practice.

Using medicines safely

- At the time of the inspection, neither of the 2 people who received care and support needed assistance with their medicines. They were able to manage and administer their own medicines, and this was documented in their care plans.
- Nonetheless, staff received training in safe management of medicines and were prepared to offer this support if needed and as they had done in the past. A staff member told us they completed their medicines training "last month" and that they were observed to administer medicines to a person during their induction/shadowing (At that time the service was supporting a person who required assistance with medicines administration).

Preventing and controlling infection

- People were protected from the risk of catching and spreading infections.
- Staff had access to the appropriate personal protective equipment (PPE) when performing their work. A care coordinator told us, "Staff wear gloves, aprons and face masks. I myself go and deliver the PPE."
- Staff received regular training in infection prevention and control.
- The service encouraged staff to be vaccinated against COVID-19.

Learning lessons when things go wrong

- The staff team continuously learnt from past mistakes to provide better care to people.
- The registered manager maintained a close working relationship with the staff team and facilitated ongoing discussions to ensure any learning was shared as and when needed.

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. The purpose of this inspection was to check if the provider had met the requirements of the Warning Notice we previously served. Improvements had been made and requirements of the Warning Notice had been met.

However, the rating has remained requires improvement at this inspection. This is because the service management and leadership was not always consistent as further improvements were still needed in some areas. The management needed to ensure all improvements were fully embedded and sustained going forward.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 17.

- Management oversight was inconsistent and existing quality assurance systems were not always effective.
- Auditing systems had not identified the issues we found where certain risk assessments around people's health were not in place. Some of the care records we reviewed on the day of the inspection were not up to date.
- The management did not always ensure staff recruitment records were reliable. Where there were inconsistencies and inaccuracies around pre-employment checks, these had not been clarified and clearly documented.
- At the last inspection, we found staff were not provided with all the required training to enable them to perform their roles effectively. At this inspection, although further training was provided including safeguarding and infection control, records showed that staff had still not completed training in other key areas, such as, first-aid, health and safety, and the Mental Capacity Act 2005.
- As part of regular learning, staff completed workbooks in the relevant areas to improve their knowledge and understanding. Where staff wrote down the wrong answers, the registered manager told us they had discussions with them to ensure the exercise was effective. However, there was no evidence that these discussions took place. This meant there was a risk the service did not properly assess staff knowledge and competencies.

Based on the above, systems were either not in place or robust enough to assess, monitor and improve the quality and safety of the services provided. This was a continued breach of regulation 17 (Good governance)

of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Managers carried out regular spot checks to assess and improve the quality of care. Records confirmed this.
- Matrices and logs were in place to oversee staff training, accidents and incidents, and complaints.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People and their relatives told us the service was well managed and they were satisfied with the care they received.
- Staff knew people well and provided care and support in a way that met people's individual needs. Feedback from people included, "I'm pleased with her (staff member)" and "[The service is] absolutely brilliant."
- Staff felt supported by the management. A staff member told us, "If there are any concerns, they (managers) answer immediately. [Registered manager] is very nice, caring and supportive."
- The service collaborated with other agencies, including local authorities and multi-disciplinary teams, to provide effective care to people. We reviewed contact records which demonstrated how the service raised concerns to the relevant authority about a person's physical environment.

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

- Managers maintained a close working relationship with people and involved them in making decisions about their care.
- The service sought feedback from people in different ways, including through satisfaction surveys, telephone monitoring calls and visits. One person told us, "The manager comes down." A second person said, "A few times they call."
- The feedback gathered was discussed in team meetings and where there had been specific concerns, for example, around duration of care visits, the registered manager involved the support of local authorities.
- People and their relatives knew who the managers were and spoke positively of them.
- The registered manager was aware of their responsibilities to submit statutory notifications to CQC when needed, and be open and honest if anything went wrong.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: The provider did not always ensure risks to people's health, care and welfare were consistently assessed.</p> <p>Regulation 12(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider did not always ensure quality assurance processes were robust enough to assess and monitor and mitigate risks within the service.</p> <p>Regulation 17(1)</p>